

London Borough of Greenwich

Royal Greenwich Re-ablement 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

This inspection took place on the 22 October 2018. We gave the provider 2 days' notice of the inspection as we needed to make sure the registered manager would be available. The Royal Greenwich Reablement Service provides personal care and support to people living in their own homes. It provides a short term programme to promote people's independence and rehabilitation following an illness, injury or admission into hospital. At the time of this inspection 43 people were using the service.

At our last inspection on 7 and 9 June 2016 the service was rated Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

The service had 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 2008 and associated Regulations about how the service is run. They were aware of the legal requirement to display their current CQC rating which we saw was displayed the providers website.

The service had safeguarding and whistle blowing procedures in place, and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was enough staff available to meet people's needs. Risks to people were assessed to ensure their needs were safely met. People received their medicines as prescribed by health care professionals. Staff received training in infection control and they were aware of the steps to take to reduce the risk of the spread of infections. There were systems in place for monitoring, investigating and learning from incidents and accidents.

People were referred to the reablement service by hospital discharge teams and social services. Their care needs were assessed before they started using the service. Staff monitored people's health and wellbeing, and when they had any concerns about people's conditions they were referred to appropriate healthcare professionals. People were supported to eat and drink when required. Staff received supervision and training relevant to people's needs. Staff were aware of the importance of seeking consent from the people they supported. 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 received personalised care that met their needs. People told us staff were kind and caring and their privacy and dignity was respected. They had been consulted about their care and support needs. They knew about the provider's complaints procedure and were confident their complaints would be dealt with appropriately. Staff supported people according to their diverse needs. People could communicate their needs effectively and could understand information in the written format provided to them. Information was available in different formats when it was required.

There were effective systems in place to assess and monitor the quality of service that people received. Feedback from people was used make improvements to the service where required. Staff said they enjoyed working at the service and they received good support from the management team and office staff. There was an out of hours on call system in operation that ensured management support and advice was available for staff when they needed it.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Royal Greenwich Re-ablement 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 checked 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.

This inspection took place on the 22 October 2018. One inspector carried out the inspection. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager would be available during the inspection. During the inspection we spoke with four people using the service and two relatives to gain their views about receiving care. We spoke with the registered manager, a reablement manager, a scheduling and support officer, three support workers and a senior support worker about how the service was being run and what it was like to work there. We looked at four people's care records, two staff recruitment records and records relating to the management of the service such as medicines, staff training, supervision, quality assurance audits and policies and procedures.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

Is the service safe?

Our findings

The provider had procedures in place to protect people from abuse. One person told us, "I feel safe with my carers. They make sure my home is secure when they leave." A member of staff told us they would report any safeguarding concerns to the registered manager or the provider. They also told us they would use the provider's whistle-blowing procedure to report poor practice. Training records confirmed that all staff had received training on safeguarding adults from abuse.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of two members of staff that had started working at the service since our last inspection. We saw completed application forms that included their qualifications and employment history. The files also included two employment references, proof of identification and evidence that criminal record checks had been carried out.

People using the service and staff told us there was always enough staff on duty to meet people's needs. One person told us, "My carers come when they are supposed to. I have never had a missed call." The registered manager told us staffing levels were arranged according to people's needs. A scheduling and support officer told us they organised the staffing rota so that staff were able to support people in the area that they lived. A member of staff told us, "There is always enough staff on duty to meet people's needs. We don't need to rush between calls. If someone requires more support than usual, for example if they were unwell or need extra support, I let the scheduling and support officer know and my next call can be covered."

Action was taken to assess any risks to people. People's care files included risk assessments, for example on their mobility and falls. Risk assessments had been carried out in people's homes relating to health and safety and the environment. The assessments included information for staff about action to be taken to minimise the chance of any accidents or incidents occurring. The registered manager told us that incidents and accidents were monitored to identify and learn from any trends. Where trends had been identified, for example where people had falls, they were referred to the falls team and their care plans were updated to reduce the likelihood of them falling again.

People could access support in an emergency. One person told us, "The folder they gave me has the office numbers to call day or night if I need any help." We saw that the provider's contact details were clearly displayed on the front of care folders kept in people's homes. Another person showed us a pendent and said, "I can press the button on my pendent to call for help. There is an emergency service and they will come and help me. I had to use it before and they took me to hospital."

People told us they managed their own medicines or received support from family members to take their medicines. Each person's care folder held a medicines assessment. This indicated if the person could manage their medicines independently or if they required a prompt from staff. The manager told us if any person required support to administer their medicines this would be done by a district nurse. One person told us, "I administer my own medicines, I don't need any help with that whatsoever but my carers always

ask me if I have taken my tablets." A member of staff told us, "People take their medicines themselves or they get help from their families. I don't give people medicines. I just remind them or check they have taken them and record it in their daily notes. We have had training on the administration of medicine so that we know what certain medicines are for. If someone was having a problem taking their medicines I would tell the registered manager or senior support workers, and they would sort things out with the person's GP and the district nursing team."

The provider had an infection control policy in place. We saw that personal protective equipment (PPE) such as gloves, aprons, foot covers, face masks, hand wash and sanitizer was available in the office for staff. Staff we spoke with confirmed they had access to PPE when required. Training records confirmed that all staff had completed training on infection control and food hygiene.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, "They [staff] definitely know what they are doing." Another person said, "The staff are great. They are doing all they can to get back on my feet."

The reablement service provides a short-term programme to promote people's independence and rehabilitation for up to six weeks following an illness, injury or admission into hospital. People were referred to the reablement service by hospital discharge teams and social services. Assessments were undertaken to identify people's care and support needs before they started using the service. These assessments, along with the referral information and, in some cases, information from family members were used to draw up individual care plans and risk assessments. One person told us "Everyone has been brilliant, from the hospital team to the physiotherapist and the staff that come here to support me. We couldn't really ask for anything more from them."

Staff had the knowledge and skills required to meet people's needs. The registered manager told us that any staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Training records confirmed that staff had completed training that was relevant to people's needs. This included safeguarding adults, emergency first aid, infection control, food safety, health and safety, manual handling, medicines administration, dignity in care and the Mental Capacity Act 2005 (MCA). All of the staff we spoke with told us they had completed an induction, they were up to date with training and they received regular supervision.

There were arrangements in place to comply with the MCA. The 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that all of the people using the service had capacity to make decisions about their own care and treatment. However, they explained that if someone did not have the capacity to make decisions about their care, they would involve family members, and health and social care professionals in making decisions on their behalf and in their 'best interests' in line with the MCA.

Where people required support with eating and drinking we saw this was recorded in their care plans. One person told us, "They help me with my breakfast and dinner. That's part of the plan." A member of staff told us, "We encourage people to do as much as they can for themselves. Where people need support with cooking we try to build on what they can do." A member of staff told us, "I support one person that has been assessed as needing a soft diet and another person requires fluid thickeners in their drinks. I observe and

record if the person had a soft diet meal and that the other person had added thickeners to their fluids correctly. I complete food and fluid charts and this information is available to the district nurses so that they have up to date information relating to these people's dietary needs."

The registered manager and staff told us reablement team worked closely with health care professionals such as GP's, district nurses, occupational therapists and physiotherapists. They monitored people's health and wellbeing, and when staff identified concerns they ensured people were referred to appropriate healthcare professionals. One person told us, "The physiotherapist visits me regularly. They have given me a plan for exercises to do every day. The staff from the reablement team help me with these. They are very patient and make sure I get through the plan."

Is the service caring?

Our findings

People and their relatives said staff were caring and helpful. One person said, "The staff are very nice and very caring people. I am more than happy with what they do for me. I can't fault them at all, they are so good." Another person said, "They [staff] are excellent. They do everything they are supposed to do for me, they are encouraging me and helping me to get better." A relative told us the staff were very good. They had enjoyed them coming to their home to look after their loved one.

People and said they had been consulted about their care and support needs. One person told us, "When I came out of hospital they already knew what I needed help with, but they asked me how I would like things done. Every day without fail, before they leave they ask me if I need anything else doing." Another person told us, "The reablement team came to see me after I came out of hospital. They make sure I am doing all the things I need to do and they help me with my personal care. I know they are only with me for a short time, but I am getting better at things with the help they have given me." Staff told us they involved people in making decisions by offering them choices, for example, with the clothes they wanted to wear or the food they wanted to eat.

People were treated with dignity and respect. One person told us, "The staff keep things private for me. They are always very respectful." Another person said, "The staff always treat me with dignity and with respect. They are considerate, bright and always smiling." Staff told us they maintained people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could independently. When supporting people with personal care they made sure doors were closed and curtains were drawn. They told us they made sure information about people was not left lying around their homes and that it was kept confidential.

People were provided with appropriate information about the service in the form of a service user guide. The registered manager told us this was given to people when they started using the service. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. One person told us, "They gave me the service user guide along with other information about the telecare emergency system and the handyman service, it's all very informative and useful."

Is the service responsive?

Our findings

People told us the service was meeting their care and support needs. One person told us, "I have had all sorts of health care professionals coming to see me. The occupational therapist, the physiotherapist and the reablement team are all working together to make sure I am getting what I need." Another person said, "I have used the reablement team before, a couple of years ago, and they helped me a lot then. Some of the same staff are coming to see me now. They are absolutely on the ball with everything." A third person commented, "The staff are a very nice bunch. It's been great having them here giving me the support I need."

People were receiving appropriate care and support that met their needs. Referral documentation included detailed information about people's medical conditions and the support they required. Care plans were developed that included guidance for staff on how people's needs should be met. For example, one person's care plan recorded that staff were to prompt, observe and record that they had taken their medicines. Another person's care plan included diagrams of exercises from a physiotherapist for the person to complete with support from staff. Both of these people told us that staff supported them with these tasks. We saw that staff had referred to the completion of these tasks in people's daily notes.

The referrals also included a section relating to people's diverse needs such as their religion, culture, ethnicity and their preference of gender support. The registered manager told us the reablement team supported people from all different backgrounds. They had tried to match people with staff from the same cultural or religious background if the person requested this. The staff we spoke with told us they would always respect people's differences and would support people to do whatever they wanted to do. The registered manager told us that staff had received training on equality and diversity as part of their vocational qualifications. We saw plans were in place to provide staff with refresher training on the topic. Staff that had recently commenced employment with the provider had completed training on equality and diversity as part of the Care Certificate.

Multi-disciplinary meetings were attended by the registered manager, reablement managers and senior support workers. The reablement manager told us that the purpose of these meetings was to assess whether people could safely stop using the service, or if an on-going package of care was required from another service. If a person required, an on-going package of care the reablement team made a referral to social services.

The provider had a complaints procedure in place. People told us they would complain to the office staff if they needed to. They said they were sure their complaint would be listened to and dealt with appropriately. One person said, "I know how to complain if I need to, but I don't think I will ever have any cause to." The registered manager showed us a complaints log. One complaint had been raised since our last inspection in June 2016. The log showed that when the complaint had been raised it was investigated and responded to appropriately.

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who

have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. The registered manager told us that people could communicate their needs effectively and could understand information in the current written format provided to them, for example the service users guide. They told us documents were provided to people with poor eyesight in large print. They said information could be provided in different formats to meet people's needs for example, in different written languages.

Due to the nature of the service, no one was currently receiving end of life care.

Is the service well-led?

Our findings

People spoke positively about the service they received. One person told us, "This is a fantastic service. Trust me it's all been very good." Another person said, "The care and support I have received has been very good. The office staff are very nice too; when I have called during the day or at night they are always helpful and polite." A relative commented, "I am always telling people how pleased I am with the reablement service."

The service had a registered manager in post. They had managed the service since June 2016. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. Notifications were submitted to the CQC as required, and they demonstrated good knowledge of people's needs and the needs of the staffing team. They were also aware of the legal requirement to display their current CQC rating which we saw was displayed on the provider's website. The registered manager and staff worked closely with other professionals to ensure people were able to move on from using the service.

All of the staff we spoke with said they enjoyed working for the service and they received good support from the registered manager, reablement managers and the office staff. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. One member of staff told us, "I love working here. I have been here a long time. Most of the other staff have been working here for ages too; there is a very low staff turnover. We all know each other well so team work is really good. The managers and office staff are great and very supportive whenever I need them." Another member of staff told us, "Personally I think this service is brilliant. It's well run and we all work together. I get great job satisfaction. I love seeing people getting better and regaining their lives after illness." A third member of staff commented, "I feel proud to work for the reablement team. We are doing a good job for people. The registered manager 100% deals with things straight away and if I ever need anything she is very approachable."

There were effective systems in place to regularly assess and monitor the quality of service that people received. The provider used a computer system to plan staff rotas, record spot checks and telephone monitoring calls, and to monitor staff training, supervision and appraisals. The system also alerted the office if staff were running late for a call. The system was continuously monitored by scheduling and support officers. A scheduling and support officer told us that staff logged into the system using a tagging system when they started and finished calls to support people with their care needs. If there was a late call alert they would contact the relevant member of staff and enquire on their whereabouts and, if need be they would speak with the person using the service and arrange for another member of staff to complete the call.

We saw records of unannounced spot checks carried out by the senior support workers on staff. A senior support worker told us they carried out these checks to make sure staff were supporting people to the best of their ability, to achieve their objectives. They checked that staff wore their uniforms, they had access to personal protective equipment and they carried identification cards. They also checked with people that staff were supporting them correctly. These checks were followed up with telephone monitoring calls to enquire if people were happy with the care and support they were receiving.

The provider also sought people's views about the service. We saw discharge forms that were completed by people at the end of their care packages. These indicated that they were satisfied with the support they had received from the reablement team. The registered manager told us they used feedback from the discharge forms, spot checks and telephone monitoring calls to constantly evaluate the service. They told us they had not yet received any negative comments from anyone that had used the service. However, if they did receive any negative comments they said they would put an action plan in place to address the issues and make improvements to the service where required.