London Borough of Ealing

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

Overall summary

The inspection was carried out on 27 and 29 October 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service to ensure the registered manager would be available for our inspection. The last inspection took place on 12 February 2014 and the provider was compliant with the regulations we checked.

The Reablement Service is run by the London Borough of Ealing. It provides short term packages of support to adults of all ages, usually following discharge from hospital, though also where a concern to someone's welfare had been identified. It is registered for the regulated activity of personal care.

The service is required to have a registered manager in post and there is a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

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 felt safe using the service and systems were in place to identify and manage risks within people's homes. People were encouraged to be independent with medicines management and staff understood how to support them with this.

People were very happy with the service and were assisted to regain their independence whilst receiving the support they needed to do so.

Staff recruitment procedures were in place and were being followed to ensure only suitable staff were employed at the service. There were appropriate numbers of staff available to provide the care and support each person required.

Staff had received training and demonstrated an understanding of people's individual choices and needs and how to meet them. Staff understood the importance of treating people with dignity and respect and people confirmed this.

Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow to report concerns. Complaints procedures were in place and people confirmed they would raise any issues they might have, so they could be addressed.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA). People using the service had capacity to make decisions for themselves and the registered manager and the staff understood their responsibilities in line with the MCA requirements. No person was being deprived of their liberty at the time of our inspection.

People received the support they required to meet their nutritional needs. Input from health and social care professionals could be accessed as part of the reablement process and systems were in place to respond to people's healthcare needs.

Care records reflected the care and support people needed to regain their independence. Staff understood the importance of meeting people's individual needs and provided the care and support they required.

The registered manager was committed to the provision of good quality care to enable people to regain and maintain their independence. They provided staff with training, experiences and support to maintain a high standard of care to people using the service.

Summary of findings

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. Risks had been assessed and action put in place to minimise these.

Procedures were in place and being followed by staff to safeguard people against the risk of abuse.

Staff recruitment procedures were in place and being followed. The service had enough staff to meet the needs of people using the service.

Staff understood medicine management procedures and provided the support people required to take their medicines.

Is the service effective?

Good

The service was effective. Staff received training so they had the skills and knowledge to care for people effectively.

Staff understood people's rights to make choices about their care and supported them to regain their independence.

People were supported to maintain appropriate nutritional intake. People had access to health and social care professionals and these were accessed when needed to promote good health.

Is the service caring?

Good

The service was caring. People told us staff treated them with dignity and respect and staff prioritised this in their care for people.

Staff had the time they needed to give people the care and support they required and people did not feel rushed.

Care records reflected people's individual wishes and staff understood the care and support people needed to regain their independence.

Is the service responsive?

Good

The service was responsive. People's care and support was planned and reviewed regularly so changes were identified and care adjusted to meet their changing needs.

People said they would be able to raise any concerns with the registered manager so they could be addressed.

Is the service well-led?

Good

The service was well-led. The registered manager managed the service in an effective and positive way. They participated in groups and projects relevant to the service and followed good practice guidance. They used and shared the knowledge they gained to review and improve the quality of the service provided.

People were happy with the way the service was run and felt supported and able to discuss any points they might have. All the staff were positive about the training and support they received from the registered manager.

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 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.

The inspection was carried out on 27 and 29 October 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that had occurred at the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we viewed a variety of records including five people's care records, recruitment details for two staff, medicine administration record charts for one person using the service, staff training and supervision information, risk assessments, meeting minutes and policies and procedures. The service had also submitted a provider information return (PIR) and this was viewed and information used to inform this report in conjunction with our findings at the inspection.

We spoke with six people using the service, one relative, the registered manager, three team leaders and eight care staff. We also spoke with the local authority commissioning manager for older people. We sent out questionnaires to thirty seven people using the service, thirty seven relatives, nine staff and five community professionals. These were completed and returned to us by five people using the service, nine staff, three relatives and no community professionals.

Good

Is the service safe?

Our findings

People confirmed they felt safe with the care staff and were happy using the service. Staff understood their role in keeping people safe whilst maximising their independence over the period the service provided each person with help and support. Comments from staff included, "People need to feel they can trust you and talk to you." and "Your home is your sanctuary." One care staff said they used the initial risk assessment and also looked out for any additional risks that might become apparent during a visit, stating, "You start looking for risks from the moment you go in."

Staff told us they had undertaken safeguarding training and training records we saw confirmed they had received this. The service followed the London multi-agency policy and procedures to safeguard adults from abuse, with supplementary local authority policies for safeguarding and whistleblowing also in place. The registered manager provided refresher safeguarding briefings for care staff, giving them an opportunity to voice any concerns around safeguarding and review and discuss any examples of safeguarding incidents. Staff were clear around identifying and reporting any suspicions of abuse to the team leaders or registered manager. Staff understood whistleblowing procedures and knew the agencies they could contact if they had any safeguarding concerns, including the Care Quality Commission and the local authority safeguarding team. Information about safeguarding adults at risk was contained in the 'homecarers handbook' given to all care staff and they were encouraged to report any concerns promptly. Copies of the local authority booklet, 'Help to stop abuse – taking steps to safeguarding adults at risk' were given to people using the service so they had this information to hand should they ever need it.

Risks were appropriately assessed to keep people safe. Risk assessments were thorough and identified each area of risk to a person and the action to be taken to minimise them. For example, risks associated with behaviour, handling constraints, finances, medication and cleaning. There was also a section for people's property including a household safety hazard checklist, so the environment was also assessed for risks. Staff described the care and support people needed to improve and ultimately maximise their independence whilst maintaining their safety. They said if they identified any risks following the initial risk assessment they would inform the team leader who would come back to review the risk, for example, a loose mat or step up into a shower and the risk assessment was updated. There had not been any accidents involving people using the service in the past 12 months and staff knew to report and record any accidents should they occur. The service operated a telephone log-in process so they could monitor when staff arrived at people's homes and follow up with staff if they were late logging in. The care staff and team leaders were clear on this process, which ensured calls to people were not missed.

Recruitment procedures were in place and being followed to ensure only suitable staff were employed by the service. Prospective staff completed application forms and the information provided included a full employment history. Pre-employment checks had been carried out. These included Disclosure and Barring Scheme checks, health clearance, proof of identity documents including the right to work in the UK and two references, including one from the previous employer. Photographs of each member of staff employed by the service were taken and staff were issued with identity badges which they wore when attending people's homes. There was a lone working policy in place and staff had read this and understood their responsibilities and when it could be used, for example, if someone exhibited behavioural issues that could pose a threat to staff.

There were appropriate numbers of staff employed to meet people's needs. The service had a stable staff team, most of whom had worked for the local authority for many years. People confirmed they received the help and support they needed and staff always attended and stayed for the full time they were scheduled for. A team leader showed us rotas for three staff and these included the times of the visits and we saw travel time was factored in. Staff felt there were enough of them to cover all the people using the service and people were provided with a regular team of care staff for the time they used the service. Cover was provided for staff holidays and sickness and the team leaders and registered manager had the training and experience to provide cover in the event of any situation where a carer could not attend, which it was clear from our conversations they were happy to do. The team leader explained they found out people's wishes for input over festive periods, for example, Christmas, and they planned the rotas accordingly so people received the visits they

Good

Is the service safe?

wanted. The registered manager told us the service responded to weather alerts and travel disruption and took action to provide continued care and support to people safely.

Procedures were in place for medical emergencies and care staff were able to describe the action to be taken, including contacting the emergency services and recording and reporting events to the registered manager. The local authority had a business continuity plan in place and this covered the service and the plan of action to be taken in the event of an emergency situation and to ensure people still received the service they needed. The service had an on call system so people and care staff could contact them outside office hours should an issue arise that needed to be addressed, for example, a member of staff being unwell and needing cover to be arranged for a visit. This meant continuity of care was planned in so people received the care and support they required.

Staff said they received training in medicine administration and were able to describe the process of supporting people with their medicines. This was also verified in the staff training records we viewed. Care staff were therefore able to support people with taking their medicines, however when speaking with staff and people using the service we found generally people were able to manage their own medicines. Self-administration was encouraged for everyone using the service as part of their reablement programme and staff said they only occasionally needed to support people with medicines. An example given was to help someone with arthritis in their hands identify an effective way of opening the packaging medicines were supplied to them in so they could take them independently. Medicine administration records were available to be used for managing a person's medicines if required and staff understood how to complete these. The local authority had a medicines management policy in place specific to people receiving care in their own homes and this was being followed. The policy was being reviewed to ensure it met the current medicines management guidance.

Good

Is the service effective?

Our findings

Staff told us they were matched with people so they could meet their needs effectively. This included consideration of any religious, cultural and communication needs. Staff were clear about people's needs in this area and a relative confirmed his family member was cared for by staff who could communicate effectively with them. People spoke positively about the service they received.

Staff received training to provide them with the knowledge and skills to support and care for people effectively. Skills for Care Common Induction Standards had been completed by all care staff except those employed in the past few months. They had completed the Care Certificate, which was the replacement qualification. Staff said they shadowed and worked alongside colleagues as part of their induction and had not worked alone with people for three months, which was until they had fully completed the recognised induction training. We viewed training records and saw care staff received training in topics including health and safety, load management, infection control, first aid and medicines management. All except one member of staff had a recognised qualification in health and social care and all those we spoke with were knowledgeable about their work and their understanding of meeting people's needs. Training was ongoing and we saw plans had been made for refresher training in topics including safeguarding.

Care staff were supervised and their care provision observed to ensure they were caring for people effectively. Spot checks were carried out in people's homes so the team leaders could observe care, support staff and get feedback from the person about the care they received. All the staff told us they received supervision every two months and found these sessions productive and felt able to discuss any points they wished to. Annual appraisals were also carried out for staff, to discuss their progress and any training and support needs. Staff said the training and supervision they received was appropriate and helped them with their work.

Staff had received training in the Mental Capacity Act (MCA) 2005 and understood about acting in a person's best interests. They respected people's rights to make choices for themselves and encouraged people to regain their independence. Staff said if they had any concerns that someone became unable to make decisions for themselves, they would inform the team leaders or the registered manager so action could be taken to reassess the person. Staff understood mental capacity assessments could be undertaken to identify if the person could make their own decisions. This meant staff understood people's rights to make choices and the action to take if someone's mental condition deteriorated.

The law requires the Care Quality Commission (CQC) to monitor the operation of deprivation of liberty. This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The service offered up to six weeks care and support to people to regain their independence. The registered manager understood Deprivation of Liberty Safeguards (DoLS). The service did not offer support to people whose condition would require a DoLS assessment as the Safeguards do not apply in community settings, nor were there any restrictions in place which deprived people of their liberty at the time of our inspection. The registered manager said should someone's condition unexpectedly change then the person would be referred to medical and social services for input.

The registered manager told us that one third of the care staff had been trained by the Royal Society for Public Health in Nutrition and Dietary requirements in order to support people to live healthier life styles. Staff understood the importance of ensuring people had a good diet. Staff said the majority of people who were unable to prepare a meal for themselves ordered frozen meals that could then be heated up in the microwave. People were encouraged to regain their skills to make drinks and simple meals as part of their reablement programme. If there was a concern someone was not eating properly then staff said they would report this to the team leaders or the registered manager so medical help could be sought. Staff were able to describe examples of religious and cultural needs in relation to meals and knew how to ensure these were respected.

Information regarding people's healthcare needs and histories was recorded in the care records, so staff had this information to hand and knew people's medical needs. A team leader explained to us that for people coming out of hospital it was the Homeward Team who arranged for people to transfer back into the community. Healthcare professionals involved with this included occupational

Good

Is the service effective?

therapists, physiotherapists, community nurses, GPs and the reablement service. This ensured people's transfers home were planned. If they needed input from health or social care professionals once at home this was arranged. We discussed with care staff the action they would take if someone was unwell. They said they would seek medical help and, depending on the seriousness of the situation, they would contact the person's GP or the emergency services for assistance. They also said they would record the event and report it to the team leaders or registered manager. Staff spoke about being flexible with visits to make sure people were ready to attend hospital or other healthcare appointments and these were planned for. This meant people's healthcare needs were identified and input sought from healthcare professionals when needed.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received and confirmed they were always treated with respect. Comments about staff included, “Absolutely great.” “They are very good.” “Carers do a brilliant job.” Comments on cards received by the service included, “Reablement carers are wonderful.” “I’d like to thank all my carers, they are all so cheerful when they come.” “The customer care services I received were excellent.” “Thanks for all the care and courtesy shown to me.” The commissioning manager for older people said the standard of care provided by the service was high and the outcomes for people using the service were good.

People’s needs were identified and a plan of care was agreed, so they knew what to expect from the service. People living in the borough could be referred to the service for a variety of reasons including being discharged from hospital, a trauma or bereavement and to regain their independence in the community. People were then assessed by the team leaders to identify their needs and draw up a package of care. Care records were person centred, identified the care and support each person needed and included information about the person’s life and interests. People could choose the gender of the carer they wanted to work with them. Care staff confirmed they read the care records and spoke with people to ensure they fully understood the care and support people wanted and needed. They said it was important to know about people’s life histories and interests as this provided topics of conversation that the person would be interested in. The service had a customer contract agreement that was agreed between the service and each person using the service. This laid out what people could expect from the service and the expectation of the service in return, which was clear and promoted openness and understanding between the person and the service.

We asked care staff what was important to them when supporting people and their comments included, “Each customer is unique and you learn to respect what they can do.” “Treating people the way I would like to be treated.” “It might be me waiting for someone. You greet people with a smile to make them feel comfortable.” “Treat people with dignity and respect at all times, give choices and respect their home.” The care staff handbook contained comprehensive information around treating people with dignity and respect. The registered manager told us the service was committed to the Dignity in Care Challenge, a government initiative. Sixty percent of reablement staff had become Dignity Champions and also Dementia Friends, an initiative from the Alzheimer’s Society and the service planned for all staff to become involved with these initiatives. This showed a commitment by the service and the staff to delivering a caring service. Staff spoke about the importance of maintaining people’s dignity at all times and they placed this at the centre of their work. This was clear from our conversations with both staff and people using the service and staff took pride in their work and achieved great satisfaction from seeing people regain their independence. One carer said, “I love my job and love being with people.”

Where people had specific cultural needs, they were matched with care staff who could communicate well with them and understood their culture and beliefs. We discussed cultural and religious needs with the staff and they were able to describe scenarios they would respect, for example, routines for prayers and any specific washing routines. The registered manager said staff understood Equality and Diversity and responded in an appropriate manner to situations that may arise. For example, a team leader arranged for a carer who could speak Punjabi to assist a person in explaining the level of support required and identify areas where they felt they needed support from the care staff. The Team Leader was then able to complete the support plan successfully. People and relatives confirmed staff were able to communicate with them well and understood any cultural and religious needs.

Good

Is the service responsive?

Our findings

People confirmed the service responded appropriately to their needs and helped them to regain their independence. A member of staff described their feelings as "The satisfaction of knowing you've left someone happy and helped them to get back on their feet." Staff recognised the importance of supporting relatives also, and one said, "We make a difference for relatives too by supporting them."

The registered manager told us the service worked closely with occupational therapists (OT) from the Ealing Intermediate Care team to achieve better outcomes for people. For example, if an OT needed to visit a person and the appointment clashed with a planned visit, then the carer would ensure that their visit was re-scheduled for a more suitable time, if the person was in agreement. Staff told us they were flexible with their visits to meet people's needs, for example, moving the time to ensure people were ready in time to attend religious services or day centres. Staff confirmed their rotas allowed them to attend people's homes for their allotted time and there was also appropriate time allowed for travel between visits, so their work was not rushed. People also confirmed that staff stayed the full time and the only times they might be late were usually due to traffic. Care staff said if they were going to be more than 15 minutes late they would contact the office so the person could be informed and reassured their care staff would be attending. The registered manager told us the service listened to what people wanted, for example, they had introduced plastic covers for care staff to wear over their shoes. This was in response to a request from a person who did not want care staff wearing 'outdoor' shoes inside. Care staff needed to have appropriate footwear so the plastic covers were a suitable solution and the person was happy with the action taken.

The service was responsive to people and their needs were being identified and met. The registered manager explained they received requests to carry out welfare checks and these could come from anyone who had a concern about someone living in the borough, for example, from a health or social care professional, relative, friend or neighbour. Two care staff would visit the person and see if they would benefit from receiving the reablement service or identify any other assistance they might need, for example, the offer of assistance with clearing their home in the case of someone who hoarded items. The service also worked with duty social workers to support people in the community and avoid hospital admissions where possible. Referrals to the service could be responded to outside office hours and there were home working arrangements in place for the team leaders when they were on call, enabling them to access the information they needed to respond promptly to such referrals. The commissioning manager for older people told us there was a good working partnership between the borough health and social care providers, the reablement service and the person receiving care and support.

People were regularly assessed to ensure their changing needs were being identified and met. Following on from initial assessments of people's care and support needs, reviews were carried out by the team leaders after two weeks and identified a person's achievements and improvements during those first two weeks. A further assessment was done at four weeks and again identified improvements and any longer term care and support people might need. This enabled the service to monitor people's progress and adapt their package of care to meet their changing needs. Although for the majority of people progress was good, if someone was identified as needing long term care there was a process in place for signposting people to other support in the community when necessary. For example, if a person became independent with their personal care but needed minimal support with shopping or cleaning, the service could refer them to the 'floating support team' for assistance with these tasks.

Copies of the complaints procedure were given to people when they started using the service and people confirmed they would feel confident to raise a concern if they had one. We asked care staff what they would do if someone wished to complain and they knew about the procedure and said they would encourage people to speak with the team leaders or registered manager. When asked about complaints one carer said, "People have got their rights." Another said "We can always go to the manager." The manager told us if they received a complaint, they reviewed relevant practices to see where future occurrences could be avoided. They discussed improvement ideas as a team and saw where things could have been done differently or better and then implemented new strategies as a result.

Good

Is the service well-led?

Our findings

Comments on satisfaction surveys completed by people using the service included, "Very good service, nice, kind, efficient people" and "I really appreciated all the help I received." Care staff said they enjoyed their work and felt well supported by the registered manager and the team leaders. Comments included, "100% job satisfaction and I feel privileged to do the job" and "I am recognised and valued by my managers." Staff said they worked well together and comments included, "We all work as a family" and "We all work as a team." The registered manager had worked for the provider for several years and along with the team leaders made up the management team for the service. The management team had an 'open door' policy and staff confirmed they could contact them for support and guidance at any time. All the staff told us the registered manager and team leaders were approachable and supported them in their work.

The registered manager was involved with the Ealing Dementia Programme which facilitated a multi-disciplinary team approach to dementia care within the borough. The registered manager had set up the 'Forget Me Not' dementia café in the community and said twenty percent of the reablement staff volunteered there. This was open every month and people and their relatives could meet together in a social environment and receive help and support from experienced staff. A volunteer social worker also attended and was available to provide advice and could refer people for input from social services. The borough also had a Hoarders Panel and the registered manager attended this and said that as part of their work reablement staff had been able to provide support and assistance to people who hoard.

Systems were in place to monitor the service to maintain a good standard of service provision. Dignity in Care workbooks were completed to audit how effectively staff maintained people's dignity in all aspects of the care and support they provided. The service had devised a 'Dignity Toolkit' which was a detailed questionnaire to obtain a clear picture of the service delivered to people and their experience of this. The results evidenced that the people surveyed had had an excellent experience whilst receiving support from the service and people we spoke with echoed this. The registered manager said this document had recently been reviewed to make it easier for people to complete. The local authority carried out an annual staff survey and staff were encouraged to provide feedback and said they could also speak with the registered manager at any time, and felt they were listened to.

Systems were in place for monitoring the service. The registered manager had introduced monthly quality monitoring and this covered telephone spot checks and direct observations for staff, reviews for people supported by the service, complaints, compliments, safeguarding referrals and welfare checks. The administration staff produced a weekly report that compared people's planned visits against actual visits. If discrepancies were noted these were discussed with the relevant carer and the reason for the discrepancy recorded, so visits were being monitored. Information about the service was also provided to the local authority management team each month so they were kept informed about the service provision as part of their overarching monitoring processes for the borough. Policies and procedures were in place and were updated periodically to keep the information current.

There were monthly group meetings for staff and these were used to discuss new topics, for example, using the Skills for Care training materials for use of everyday English in care work. Care staff told us how useful it had been to help them to understand English expressions and gave examples including, 'feeling full of beans' and 'spending a penny.' There had been a quiz as part of the training, which care staff said had been engaging and helped to consolidate their learning. The registered manager and team leaders attended conferences and provided feedback learning to staff in the group meetings. The registered manager said staff were encouraged to feedback to colleagues about any training they have undertaken, so learning experiences were being shared, and staff confirmed this. There were team leader meetings and good practice ideas were discussed and implemented. For example, discussion with team leaders had led to arrangements for people to have access to the duty team leader in the evenings and at weekends as the mobile phone number was added into the reablement information folder people received. This was in addition to access to the local authority emergency duty team.

The registered manager worked to continually improve the knowledge and skills of everyone working for the service and this included undertaking regular training sessions and ensuring staff had access to training and discussion forums

Good

Is the service well-led?

at group meetings to keep them up to date. They were signed up to the 'Social Care Commitment', a voluntary agreement made by employers in the adult social care sector to improve the quality of their workforce by undertaking tasks to ensure good recruitment, supervision and training practices. The evidence we saw and received from staff during the inspection confirmed the registered manager's commitment to this agreement. The registered manager also attended the Integrated Care Council conferences. This was a forum for sharing information and good practice across the London boroughs and had included topics such as safeguarding vulnerable adults and hoarding. In conjunction with the team leaders the registered manager monitored the performance of all care staff and recorded findings from direct observations in the people's homes and telephone checks. The registered manager attended the local authority leadership forum and fed back to the team any changes or initiatives within the council as a whole, to keep them up to date.