

Cambridgeshire County Council Cambridgeshire County Council Reablement Service South (Sawston Team)

Inspection report

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20 March 2019
21 March 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

- Cambridgeshire County Council Reablement Service South (Sawston Team) is a domiciliary care agency. It provides personal care to adults living in their own houses and flats, 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. At the time of this inspection 23 people were using the service and in receipt of personal care.
- Not everyone using Cambridgeshire County Council Reablement Service South (Sawston Team) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

- Although systems were in place to monitor the quality of service provision and to drive continuous improvement, these were not always effective. The provider had not ensured that we were notified about events that we must be told about without delay. This limited our ability to alert other organisations should this be needed and prevented us from identifying trends.
- Opportunities for the service to learn and improve were mostly acted upon. The service worked in partnership with other agencies for the benefit of the people using the service. Everyone told us they were satisfied with the quality of the service to others and some people already had.
- People were protected from abuse and avoidable harm and risks to people were managed safely. Not all not risks had been assessed as well as they should have been and this put people at risk of harm. There were enough staff, with the right training and skills, to meet people's needs and help them to stay safe. People's medicines were administered and managed safely. Incidents were acted on and lessons were learned.
- The service acted in line with legislation and guidance regarding seeking people's consent. People were enabled 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.
- Staff provided people's care with kindness and consideration.
- People's care plans were not as detailed as they could have been and this put people at risk of their care not always being respectful. Staff promoted people's privacy, dignity, and independence. choosing.
- People received personalised care and were given opportunities to participate in activities of their. Systems were in place for people to raise any concerns or complaints they might have about the service. Feedback

was responded to in a positive way, to improve the quality of service provided.

- There was strong leadership at the service. The management team and the service culture they created drove and improved good-quality, person-centred care.

Rating at last inspection:

This service has not been rated since the provider registered this service in February 2018.

Why we inspected:

This was a planned inspection as part of CQC's routine inspection programme.

Follow up:

We will continue to monitor information about the service and will carry out another inspection in accordance with our published inspection programme. If any concerning information is received in the interim, we may inspect sooner.

For more details of this inspection, please see the full report which is on the CQC website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Cambridgeshire County Council Reablement Service South (Sawston Team)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This comprehensive inspection was carried out between 19 and 21 March 2019 by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Cambridgeshire County Council Reablement Service South (Sawston Team) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults, people living with dementia, people with a learning disability, autism and people with a physical disability.

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 the service 48 hours' notice of the inspection visit, because the management team are often out of the office supporting staff or at another service they are registered for. We needed to be sure that they would be available.

The inspection started on 19 March 2019 and ended on 21 March 2019. We spoke with people and relatives by telephone on 19 and 20 March 2019, to ask them about their experience of using the service. We visited the office location on 21 March 2019 to see the management team and care staff; and to review care records and policies and procedures.

What we did:

Before this inspection we checked the information, we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us.

The provider had completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked for feedback from the local authority who have a quality monitoring and commissioning role with the service. No concerns were reported.

We spoke with four people using the service, five relatives, the registered manager, the service manager, a senior care coordinator, a senior team leader, a senior support worker and three care staff.

We looked at various records, including care records for four people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them. We also asked for and received feedback from two health professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- People told us they felt safe. One person said, "[Staff] are usually punctual, they have been late on the odd occasion but only when they have been held up elsewhere. They have never missed a care visit." Another person told us, "[Staff] are very punctual. They have a time window and they stick to it."
- Staff told us they had been trained to recognise abuse and protect people from the risk of abuse. They spoke confidently about reporting any concerns if they needed to.

Staffing and recruitment

- People told us the service was reliable, with familiar consistent care staff. A relative said, "They are lovely [staff]. I feel very safe with all of them. I look forward to seeing them. They are very reassuring."
- The registered manager had effective systems in place to deploy staff to safely meet people's needs. Staff contacted the office to confirm when care visits had been completed. We found people's care visits took place as planned and systems were in place for unplanned events such as staff sickness. The staff rota reflected this. People confirmed if staff were delayed they were kept informed.
- Pre-employment checks were undertaken to ensure new staff were suitable to work at the service. Staff files contained the required evidence for pre-employment checks such as, employment history.

Assessing risk, safety monitoring and management

- Most risks to people, such as medicines administration and moving and handling, were managed safely. However, in some circumstances, risks around areas such as for skin integrity had not been sufficiently assessed. This put people at risk of harm. Staff were however, able to describe how they safely supported people. The registered manager addressed this matter before we completed our inspection. People were safe and their freedom respected.
- One person said, "We have never had any problems with any of the staff. They assist me with great care." A relative told us staff were "very careful" when fitting their family member's surgical stockings.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines as prescribed. The provider was following safe protocols for the administration and recording of medicines, including PRN (as required) medicines.
- One relative said, "[Staff] give my [family member] their tablets in the morning. They are capable of taking their own, but they could forget to take them so it's safer if staff do it."

Preventing and controlling infection

- Staff were trained in good standards of infection control and prevention. They recalled how they washed their hands before and after providing personal care and before food preparation. A health professional told us that staff were very quick to report any potential infections. Staff told us they had sufficient quantities of protective clothing such as aprons.

Learning lessons when things go wrong

- The management team reviewed incidents that happened and used feedback from people to improve safety across the service. They also monitored any changes that were made, to ensure lessons were learned and information cascaded accordingly. Staff and records confirmed that where incidents occurred, actions were taken to help prevent recurrence.

Is the service effective?

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

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 and their care delivered in line with current legislation, standards and evidence based guidance. The management team told us they kept themselves up to date through their regular contact with many health professionals and attendance at local registered managers' meetings as well as bulletins from relevant health and social care organisations. This was as well as face to face meetings with other local providers, to share good practice and information.
- One person confirmed the care they received helped them to have a good-quality of life. They told us, "[Staff] always ask if everything is ok for me and if there is anything else I need doing. They do that every day."

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in the areas the provider had identified as relevant to their roles. One person said, "I do think [staff] are very competent and also very observant, they just know what needs doing." A relative told us, "From what I have seen they are well trained. They know exactly what they are doing and just get on with it."
- Staff confirmed their induction and ongoing support was tailored to their needs and experience. One staff member told us they had appreciated this. They said, "I was not sure about being a senior team leader but the [registered] manager could not have given me more encouragement." Senior staff checked to make sure staff were competent before providing care to people.
- Specific information had been developed to support staff with understanding people's needs, such as using small aids to help put socks and to effectively apply topical skin creams.
- Staff were provided with additional support to carry out their roles and responsibilities through forums including meetings, observed practise sessions and ongoing supervision.

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

- Where the service was responsible, people told us they were supported to eat and drink enough to maintain a balanced diet. They told us that this was done well by staff, with preferred drinks and food prepared to their liking. One person said, "I make my own meals. [Staff] will get something for me if I am not up to it. They always leave me a cup of tea."
- If required, food and fluid charts were used to monitor anyone assessed as being at risk of not eating and drinking enough.

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

- Staff told us that they liaised with GPs and hospital discharge teams and people's relatives to arrange and

organise healthcare support. People and relatives knew how to contact relevant healthcare professionals such as the community nursing team, if required and gave examples of when this had happened.

- People confirmed that staff followed advice from relevant healthcare professionals to ensure that they received appropriate care. One person said, "I have regular physiotherapy and this is getting me back to good health."

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. We checked whether the service was working within the principles of the MCA.
- All staff and the registered manager put the principles of the MCA code of practise into good effect and gave people choice in all areas of their care. They explained if someone using the service lacked capacity, then either a relative or advocate with power of attorney could make decisions that were in the person's best interest. One person said, "[Staff] know how I like things doing now. We get on very well."
- The registered manager confirmed no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make decisions at the time they need to be made.
- People we spoke with confirmed they were asked for their consent before support and care was provided. Records we looked at supported this and showed that people were asked to consent to their care and support in advance.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- All four care plans we looked at lacked detail about people's care needs. For example, they stated, 'provide full assistance to wash and dress', and 'support person to put clothing on', but there was no further detail about how this was achieved. This put people at risk of having care that was not as respectful or caring as it could have been. Staff were able to tell us in detail what people's needs and support involved. The registered manager told us they would add this extra detail by including staff's knowledge.
- The management team understood their responsibilities in terms of general data protection regulation. One person told us that staff respected their personal information. Policies and procedures supported staff on keeping records secure, to assist them keep information about people confidential.
- People's privacy and dignity was respected and upheld. One person told us that staff always knocked on the door and called out before they go in the house. A relative said, "I think they are very respectful and even though [family member] is deaf, they don't shout at them." Staff were mindful of people's privacy and enabled them to do as much as possible to be independent. A relative said that staff were "Very much so respectful" towards their family member. They said that, "[Staff] will have a laugh and chat to them, which they really like."

Ensuring people are well treated and supported; equality and diversity

- People unanimously told us that staff treated them with kindness and compassion and enjoyed staff's companionship. They were also positive about staff's appearance too. One person said, "[Staff] are absolutely very respectful but are still friendly and will have a laugh and a joke. They never gossip about other people either." A relative told us, "[Family member] is a bit deaf but [staff] take their time explaining things and don't rush them. They are very understanding and patient with them."
- All the staff we spoke with, enjoyed working at the service. They were motivated and spoke warmly about the people they provided care and support to.

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

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as what people liked to do during the day such as, going to get a newspaper.
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.
- One person told us, "I think [staff] are very kind and caring people. They actually care about the people they look after. They always listen to me too."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People confirmed they had contributed to the planning of their care and support. Relatives told us that staff kept them informed about family members' progress and how equipment and technology was assisting people to become more independent. For example, electronic devices that prompted people to drink every 45 minutes and recorded the quantity drank. One relative said, "Oh yes, [staff] ring me all the time to keep me informed about what is happening with notes and records in the [reablement] plan."
- Individual goals were set for people and were regularly reviewed with them due to the frequency people's needs changed.
- Staff supported people to achieve their goals for independent living. One relative told us, "[Staff] just go the extra mile for [family member]. Just talking to them passes the time for them." Another relative said, "Up to now, [family member] likes to make their own meals. It keeps their independence a bit."
- Care plans were developed over time and individual preferences such as gender of care staff and further information was added as people regained general living skills. This was planned to meet their individual assessed needs. Staff knew people's likes, dislikes and preferences well. They used this detail to care for people in the way they wanted. For example; details around how a person needed to be helped to use the shower and get dressed. Other records and monitoring charts were kept, demonstrating the care provided to people daily.
- Where the service was responsible, people were supported to follow their interests including activities within the local community. One person had, due to a sock fitting aid, been able to dress themselves and get their daily paper from local shops. This had also enabled the person to socialise.

Improving care quality in response to complaints or concerns • Information was provided to people how to raise concerns or make a complaint, if needed. Everyone we spoke with confirmed they knew how to raise concerns or make a complaint. One person said, "I would do if I wasn't happy with them. But there has never been any reason to." A relative told us, "We have never had any problems at all. [Staff] sort any niggles out straight away."

- The provider told us that where people had raised minor concerns these had been resolved to the complainant's satisfaction. The registered manager told us they always checked to ensure the actions taken had resolved the concerns raised.
- We saw lots of people had taken the time to compliment and thank staff for the service provided to them or their relative. One comment read, 'What a brilliant team. We have no complaints with the care given. You address any issues we have and the care coordinators always update us'. Another read, 'Many thanks for all your excellent caring and practical services provided recently'.

End of life care and support

- The service was not currently supporting anyone receiving end of life care and the nature of the service

provided meant this support would be undertaken by other providers. However, the provider confirmed that arrangements and systems were in place should any person require this care. The registered manager told us they would involve palliative care nurses, GPs, relatives and care staff if needed to support people at the end of their life to have a comfortable, dignified and pain free death.

Is the service well-led?

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

- The registered manager was clear about their role but they and the provider had not always ensured incidents were reported as required.
- The provider had not ensured that we were notified about events that we must be told about without delay. This related to five incidents which had occurred since April 2018 and included allegations and incidents of abuse. The provider immediately updated their policy and submitted all five notifications. However, we wanted to be sure that this improvement was sustained over time. This lack of reporting limited our ability to alert other organisations should this be needed and prevented us from identifying trends. The registered manager and the provider told us they had now learned what incidents needed to be notified to the CQC.

Continuous learning and improving care.

- Some elements of the providers governance systems were not fully effective. Quality monitoring systems were in place but these were not always effective. They had not identified shortfalls in the reporting of incidents, a lack of detail in care plans as well as some risk assessments that were not in place. Staff who undertook audits told us they would review their processes and the registered manager told us they would ensure care plans included all required details and risk assessments. Other audits such as for checking medicines management helped to drive improvement. The registered manager led by example and fostered a positive, open and honest staff team culture.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was supported by a service manager, senior care coordinator, senior team leaders and care staff. The senior care coordinator managed the service on a day-to-day basis with the support of the registered manager. People felt positive about the way the service was managed and the support they received. All people and relatives were complimentary about the provision of reablement service and told us they could not think of anything which could be improved in the service. People and all relatives told us the management team were approachable, always polite, listened to requests and dealt with any issues. One relative told us they met with the registered manager and said, "I met them when they set the service up. They are very helpful if we need anything. They always do their best to help."
- The provider told us in their PIR that they worked in partnership with the local 'Social navigator based in Sawston medical practice.' The social navigator sign posted people to the most suitable pastime in the local community. For example, bridge clubs, religious establishments. This was as well as setting up a joint drop in meet and greet coffee sessions at the GP surgery where staff could talk to people about reablement and other local services.

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

- The management team were organised, open and very informed about the service and the needs of the people using it. They spoke about their roles with passion and it was evident that they both strove to provide a service that exceeded people's expectations.
- Staff also spoke very positively about management staff and confirmed they felt well supported. One staff member said, "It doesn't matter when I call, even the out of hours contact. I always get positive support and a solution to my query."
- People confirmed the service was well organised and responded to their needs as required. One person said, "The service is very well managed, all through the agency. We have never had any problems, just solutions." Another told us, "I think it is very well managed." A health professional told us that the registered manager was very open with the GP service team and they communicated people's needs well.
- Records showed that this happened on a day to day basis too. For example, when it became apparent that one person was at risk of not taking their medicines as prescribed the care coordinator spoke to the GP about the concerns. The GP's medication management team arranged for an automated medicines dispenser to be put in place. This device also provided reminders to people if they forgot what time it was. This action resulted in the person taking medicines as prescribed.
- Everyone we spoke had nothing but praise for the quality of care provision. One person said, "I can't fault them. I would recommend them to anyone." Another told us, "I can't fault them. I would recommend them to anyone."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Satisfaction surveys, telephone calls and face to face reviews ensured people, their relatives and staff were engaged and involved. The results of the comments and compliments included, "[Staff] are full of enthusiasm and encouragement. I am delighted with everything" and "All the staff were professional and are a credit to the organisation." Many other positive comments demonstrated a high level of satisfaction with the service people received. Many staff had worked within reablement for over 20 years. All staff we spoke with considered the service as a great place of work.
- Staff were motivated and proud to work at the service. The registered manager valued the whole staff team and encouraged their input and personal development. One staff member said, "My [registered] manager is one of the best managers I have ever had. I wouldn't be in my current role without them. They have been so supportive." It was evident from speaking with the office based management team how well they worked together and helped care staff when needed.

Working in partnership with others

- The service worked in partnership with other key agencies and organisations such as the local authority and external health care professionals to support care provision, service development and joined-up care.
- One GP service staff member told us, "There is a very good relationship between our clinicians and the reablement team. There is good communication between care staff and our team when appropriate. The staff work well with our emergency care practitioners such as, for falls, care staff pharmacists and GP's." We found many examples where early interventions with other stakeholders had benefitted the quality of people's care such as for motion sensors to alert relatives when people got up. Many small aids provided to people such as devices for putting socks on and adapted brushes that enabled people to clean their toes made a huge difference to the quality of people's lives and wellbeing.