

Nottinghamshire County Council

Start Service - Broxtowe, Gedling and Rushcliffe Locality

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 announced inspection was carried out on 22 March 2016. Start Service - Broxtowe, Gedling and Rushcliffe Locality provides a short term reablement service providing support and personal care in Broxtowe, Gedling and Rushcliffe. On the day of the inspection there were 51 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who understood the risks people could face and knew how to make them feel safe. People were given the support they required to regain their independence safely.

People received a flexible service that suited their individual circumstances because staff were available to provide this as planned. People were supported to be responsible for managing their medicines.

People were supported by staff who were trained and given guidance on how to do meet their needs. People's human right to make decisions for themselves was respected and encouraged.

People were supported to be responsible for ensuring they were able to meet their nutritional and healthcare needs.

People were treated with respect by staff who demonstrated compassion and understanding. They were encouraged to set goals to maximise their strengths and build on their independence.

People were given the support they needed to be responsible for meeting their own needs without being dependent on others. People knew how to raise any concerns if they needed to.

People used a service that was tailored to suit their needs. There were systems in place to monitor the quality of the service and make improvements when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe using the service because staff knew where people may be at risk of harm and acted in a way that reduced this.

People were supported to increase their independence and choice and maintain control of their lives. People's service was protected by ensuring the staff needed to provide this were available.

People were supported to find ways to enable them to be responsible for managing their own medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to provide people with their planned service.

People's rights to give consent and make decisions for themselves were respected.

People were supported to manage their own healthcare needs and be responsible for meeting their own nutritional needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected them as individuals.

People were involved in shaping the care and support they required for their reablement.

People were shown respect and courtesy by staff visiting them in their homes.

Is the service responsive?

Good 

The service was responsive.

People's reablement was the focus of the support they received and they worked together with staff to achieve this.

People knew how to report any worries or concerns and could be confident these would be taken seriously.

Is the service well-led?

Good 

The service was well led.

People received an individual service that was designed to facilitate their reablement.

People used a service where the registered manager provided the management team with the guidance they needed to manage the service.

People could be assured the quality of the service would be maintained through the quality monitoring systems in place.

Start Service - Broxtowe, Gedling and Rushcliffe Locality

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.

This inspection took place on 22 March 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted some other professionals who have contact with the service and asked them for their views. We also reviewed a Provider Information Return (PIR) completed by the provider. 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.

During the inspection we spoke with seven people who used the service and one relative. We also spoke with two reablement support workers (RSW), one peripatetic worker, two support coordinators, five reablement managers, two occupational therapists (OT) and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for eight people, staff training records and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People felt safe using the service. One person who used the service told us, "They have helped me feel safe and reassured." Another person said, "Definitely I am (safe) there is no problem there at all." A relative said, "We don't worry everything is done so well."

People received a service from staff who knew how to keep them safe and were supported by staff who knew how to provide them with the support and reassurance they needed to feel safe. One staff member told us part of their role was making sure people were safe in their home and reporting anything they saw that shouldn't be happening. One staff member told us about an occasion where they had reported a concern to their reablement manager who had reported this to MASH (MASH is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire.) The staff member told us this had led to positive action being taken to protect the person.

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. They told us if they had any concerns they would contact their reablement manager who would decide if they should refer this to MASH. Staff confirmed they had received training in safeguarding and the staff training matrix showed this had taken place. We received positive feedback from other professionals who worked with the service which included comments about the service being safe.

People were supported to rebuild their confidence and independence through carefully planned goals. One person who used the service told us, "I have been encouraged to do as much as I can, I am fully confident I will be back on my feet." Another person said, "They are getting me to be able to do a little bit more." A third person said, "I've made progress."

People were provided with their care and support safely. Staff told us before they carried out any type of care or support these activities were risk assessed to identify the safest way they could be provided. A staff member described how they made use of the equipment that was there to help people learn how to look after themselves safely. They gave an example of encouraging people to sit down when they were having a wash to reduce the risk of falling. The staff member also said they had to be able to respond when someone wanted to try to increase their independence and did a mental risk assessment in how to support the person to do so as safely as possible.

We saw copies of risk assessments in people's support plans. The provider had recorded on the PIR, "An Occupational Therapist will visit to build on the Support Plan with the individual to write re-ablement goals towards independence." Other professionals who worked with the service told us the occupational therapists provided support with aids and adaptations that enhanced people's independence. Staff told us there was an environmental risk assessment carried out on any property they provided people with care and support in. We saw there were copies of these assessments in people's support plans.

There were sufficient staff to provide people with the reablement care and support they required. People understood the way the staff worked in teams and changed over every four days. They told us they were

punctual and they got to know the staff who were supporting them.

Staff described how there were enough staff available for them to provide people with a flexible service that met their needs. They explained that if someone needed more time during a scheduled visit they only had to call one of the reablement managers and arrangements were made to cover their next visit. A staff member told us it was important to be able to spend the time with people they needed to complete a specific piece of support. One staff member said, "It is brilliant to see them reach the point when they don't need any care. That is brilliant, it is the reward of the job."

People received their service as planned because there were systems in place to ensure there were enough staff to provide the level of service they required. The support coordinators explained how they operated a gatekeeping system so no new people started to use the service until there were the resources available to provide them with the service they needed, and did not disrupt other people's plans. The reablement managers said it was important to protect the service people received so each person could complete their reablement package. Where needed some people were able to use an interim service, which was separate from this service, until room was available in this service. The service was available seven days a week and if needed there was an out of hours service anyone could call if they needed to.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. The registered manager told us the staff recruitment files were held at County Hall offices once a recruitment process had been concluded. They assured us the correct recruitment checks were carried out as part of the recruitment process, including a DBS check.

Part of the initial assessment of people's needs included identifying if there was any support needed to help the person manage and take their medicines. People we spoke with told us they managed their own medicines and did not need help with these. Some people did say that the staff visiting them would, "Ask me if I have taken my tablets."

A staff member said they only occasionally helped people to take their medicines as most people were able to do this for themselves. They said any assistance people needed was recorded in their support plan. They also told us they had completed medicine administration training and had their competency assessed to ensure they could provide this support safely. Staff said they made a record of any assistance they provided someone with their medicines on a medicine administration record (MAR.) A staff member said, "I have never seen a gap on a MAR chart yet. We are told to report it straight away if we do."

The registered manager told us in most cases people would continue to manage their own medicines as this was something they would need to continue when the service finished. They said they looked to find ways for people to have a system that reminded them when it's time to take a medicine. This could be a relative phoning up to do so or having an alarm set.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to support them with their reablement. A person who used the service told us, "They have been excellent, they are there if you need them to help you. I would say they are trained properly." Another person said, "They are well trained and very cheerful."

Staff confirmed that they had an induction when they started work and they were now also enrolled on the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. A staff member said, "We get the training we need." Reablement managers told us there was a training programme and showed us the training matrix which confirmed staff had received the planned training. We received positive feedback from other professionals who worked with the service which included comments about the staff being well trained and proficient.

Staff said they had regular supervision and could request additional support if they wanted it. They also told us they had their practice observed to see how they were working. The provider had recorded on the PIR, "All staff have regular supervision, weekly drop-ins, appraisal (EPDR), observation, team meetings and additional support sessions from their manager if required. Within supervision sessions there is a set agenda in relation to health and safety, safeguarding, performance, service delivery, training and development and the individual's well-being."

People made decisions for themselves that they had the capacity to make. People were asked to agree to their reablement plan and then asked for their consent prior to any care and support being provided. A person who used the service told us, "If they want me to do anything I will do it if it is good for me."

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.

Staff told us people who used the service had capacity to make decisions for themselves so they had not needed to make any decisions in people's best interests. Staff also told us they had received training on the MCA and the staff training matrix we saw confirmed this to be the case. The registered manager said that the service was about helping people to have the necessary support they needed to make decisions for themselves so this entailed them having the capacity to do so.

People were supported to purchase and prepare food in order to prepare their meals. A person who used the service told us, "They will help me make up sandwiches and open tins of soup for me." Another person said, "I get someone to help me with my personal care and do my shopping. We go food shopping every Thursday, they never let me down with that."

Staff told us they gave people the assistance they needed to prepare meals. This sometimes involved showing them different food to prepare than they may have previously used. This would include food they may be better able to manage independently. A staff member told us they sometimes needed to encourage someone to eat and had helped people blend their food when they had been advised to have a soft diet to aid their swallowing. Another staff member told us, "We work to get people to be independent making their own meals."

The registered manager told us the support they provided around nutrition and hydration was enabling people to prepare their own meals. We saw one person's support plan for dietary requirements said they needed to, "Regain my independence with my morning routine." Another person's plan contained correspondence from the speech and language therapy team (known as SALT who advise on nutrition and swallowing difficulties.) They had discharged the person saying they now had normal fluids and diet.

People had other arrangements in place to support them with their healthcare that did not involve this service. Staff told us they had information about people's healthcare conditions and knew how to respond in an emergency. Reablement managers told us they may liaise with some other healthcare professionals when needed but their roles did not include providing people with healthcare support.

Is the service caring?

Our findings

People were provided with the reablement support they needed with care and compassion. A person who used the service told us, "I am happy, it has been lovely. I could not have managed without them. I'm really grateful." Another person said, "They have done what they said and even more. Nothing seems to be too much trouble." A relative said, "I am very pleased to be able to tell you about them. I have seen the work that they do, it has been well worthwhile."

Staff described how they built up relationships with people by treating them with kindness and respect. One staff member said, "We get to build up a rapport with people whilst providing them with care." Staff also told us how they ensured they provided support that respected people's individual characteristics. One staff member told us how they had used a translator to help speak with someone in their first language. Another staff member said, "We adhere to people's cultural and religious requirements." We received positive feedback from other professionals who worked with the service which included comments about the staff being caring and keen.

Staff also spoke of following the aims of the service to support people to do as much as they could for themselves as this was a time limited service and they did not want people to rely upon them. A staff member told us, "They know it is a time limited service and we work to goals and timescales." Another staff member said, "I like this job so much because you never feel rushed so we are able to provide the level of support needed." The provider had recorded on the PIR, "People who use the service and those who matter to them, are consistently positive about the service and the caring attitude of staff."

People were involved in shaping their care and support and how this should be provided. People set goals of what they needed to do to regain their independence and plans were made of the support each person needed to achieve their goals. One person who used the service told us, "We discussed my plan to see if there was anything they could do." Another person said, "They went through things with me, it was pleasing they listened to what I needed and that is what I got."

A staff member told us one of the peripatetic staff visited people and, "Asked them loads of questions to build up the support plan." They added that this could take a long time as it was important to get the detail right of the support people needed. Another staff member said, "It is person centred care, the plan is done around the person. Any changes are made with them."

People who used the service said they were treated with dignity by staff when they visited them. A person who used the service told us, "They are all very polite and respectful. They are all different personalities. None of them have ever shown anything other than respect." Another person said, "They are very respectful. They do what I want."

Staff told us how they showed respect when entering people's homes. This included announcing their arrival and respecting their routines. A reablement manager told us staff had recently taken part in a dignity action day. This meant the staff were now accredited as dignity champions who challenge poor care and act

as good role models.

People found their independence was encouraged and promoted. One person who used the service told us, "I am independent so didn't know how it would go, it was lovely." Another person said, "They let me do what I can do." A staff member gave an example how changes to people's previous routines could make a big difference to them. For example the order in which people put their clothes on could help them maintain their independence in getting dressed.

Is the service responsive?

Our findings

People had their needs assessed so plans could be made as to how to provide them with the care and support they needed with their reablement. A person who used the service told us, "I have had the help I need. I have been encouraged to do as much as I can and I am fully confident I will be back on my feet." Staff told us everything they needed to know about the support people required was included in their support plans. They said that any changes needed to a person's support plan were made straight away.

People received the support they needed to regain the ability to look after themselves. One person told us that when they had started to use the service they had been disorientated and needed a lot of help and that they were making good progress with their reablement. They said the service had, "Set me up nicely I don't know where I would have been without them. I don't know what I would have done without them." A person who had just been discharged from the service having completed their reablement told us, "I have had very good care we finished today. They are very nice and caring. One lady said how much better I look now than I did a month ago. They are pleased how I have come on, so am I."

Staff explained how they provided people with the support they needed whilst encouraging and enabling them to do these things for themselves. Staff said part of their role was making suggestions about alternative ways people could do things and prompting them to do these. A staff member told us how things were taking longer with one person as they were now doing things for themselves that previously they had done for them. The staff member said the more people could do for themselves had all round advantages as they regained their independence. The provider had recorded on the PIR, "Individuals in START receive a service for a maximum of 6 weeks, which is consistent and personal to them to help regain their independence."

The progress people made was recorded in their support plans. A person who used the service told us, "I have got to do more and more as time went on." A staff member showed us how the daily records were separated into two columns, one showing what the person had done during the visit and the other what the staff member had done. These were a good way of showing how much people progressed during their time using the service as the column showing what they had done grew and the column showing what staff had done was smaller. We received positive feedback from other professionals who worked with the service which included comments about providing people with the support they needed to regain or maintain their independence.

People who used the service were informed on how to raise any concerns or make a complaint if something was not to their liking. People were provided with a copy of the complaints procedure within their support plan. Most people knew this was there but told us they had not needed to use this. A person who used the service told us, "Yes I've been told how to complain but I haven't needed to."

One of the managers showed us the records made of any concerns, complaints or compliments. There were a number of recent compliments made, but there had not been a complaint made within the last year. We saw previous complaints made had been recorded with details of what action had been taken to resolve the

person's complaint. The provider had recorded on the PIR, "All complaints are seen as an opportunity for improvement and Action Plans are drawn up where deemed as necessary."

Is the service well-led?

Our findings

People told us they were happy with the service and they could not think of anything that would improve it for them. A person who used the service told us, "There is nothing I would change, there is nothing else they could do for me." Another person said, "I believe they are doing the job they should be doing and I am very happy with them."

Staff told us they had regular contact with the reablement managers and they could discuss any issues they needed to with their nominated manager. One staff member told us, "The systems here are fantastic, we are a great team. Information gets passed on." The reablement managers described the service as a listening service. One reablement manager said, "That is a key part of what we do." Staff and reablement managers said they held regular meetings where suggestions were made and issues could be discussed.

People were confident in the way the service was managed. They told us they knew how to contact the office if needed, but had not needed to do so. People told us they could ask anything they needed to know about or discuss anything with the staff who visited them. One person told us, "I am very pleased, this has been a much better experience than before (when they had used another agency.)" Another person said the agency was, "Well managed."

Staff told us each member of staff had a named reablement manager that provided them with day to day management and support. They said the registered manager was there and available for them if they needed to speak with her about anything.

Reablement managers told us they felt the service was well managed and that they operated well as a management team. They said they were allocated responsibilities and managed the service delivery in different geographical areas. They also said they felt they received the guidance they needed from the registered manager. We received positive feedback from other professionals who worked with the service about how the service was managed.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about.

Staff told us there was a survey form included in each person's support plan for them to complete when they had finished using the service to provide feedback on how this had been. A reablement manager showed us the completed surveys and how they used this information to review the service each person had and whether there were any improvements they could make to the service.

The reablement manager also showed us the most recent annual quality audit that was being carried out. They told us there would be an action plan prepared of any areas identified for improvement and showed us the one from the previous year where this had been done. The provider had recorded on the PIR, "Customer

Satisfaction Surveys are completed by individuals about their experience of the service and also about the initial visit they received to complete their Support Plan." The provider also informed us on the PIR that, "Areas that are monitored for quality include the Customer Satisfaction Survey (available in different formats), Staff Questionnaire, Staff Observation, Support Plan Audit, First Visit Questionnaire and the monitoring of concerns, complaints and compliments.