

Central Bedfordshire Council

# Reablement - Urgent Homecare and Falls Response Service

## Inspection report

Priory House  
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Tel: 03003008164

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Reablement - Urgent Homecare and Falls Response Service is a domiciliary care service providing short-term personal care to people needing support to regain their independence after illness or surgery. At the time of this inspection, 59 people were being supported by the service.

Not everyone using the service 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 consider any wider social care provided.

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

The manager had made the required improvements to the quality of people's care plans and risk assessments. This ensured that staff supported people safely to meet their individual needs. The detailed information in the care plans now helped staff to provide person-centred care. The manager now had access to records stored on the provider's electronic system. This helped them to carry out their role well.

People were happy with how staff supported them to meet their individual needs, and they felt safe. Those who required longer-term support would have preferred to continue being supported by the service. Most people and their relatives described staff as 'good, caring, friendly and helpful'. There were now systems to ensure that risks to people were well managed.

Communication between people, staff and the manager had improved. People and their relatives told us that they had been involved in planning people's care. They felt able to contact the manager if they had any concerns. There was a system to manage people's concerns and complaints.

The provider had systems to regularly assess and monitor the quality of service. This helped them to continually improve the service. The manager and staff worked closely with health professionals to ensure that people received the right care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 June 2019).

### Why we inspected

We undertook this focused inspection to check that the provider had made improvements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has

changed from requires improvement to good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Reablement - Urgent Homecare and Falls Response Service

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out by two inspectors 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

This service is a domiciliary care agency. It provides short term personal care and support to people living in their own houses or flats, or within two rehabilitation units. The service typically supports people for up to six weeks to regain their independence after an injury or illness. The service also provides urgent support when people have had a fall in their homes.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave a short period notice of the inspection. This was because we wanted to ensure the manager would be available to support the inspection during the site visit.

Inspection activity started on 11 June 2021 and ended on 20 July 2021. We visited the office location on 16 July 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

#### During the inspection-

We asked the provider to send us various records and documents that we reviewed before the visit to the office location. This included care records for four people, and staff recruitment, supervision and training records. We also looked at records relating to the management of the service, including quality monitoring audits.

We spoke with 11 people who used the service and eight relatives by telephone.

We looked at further records during the visit to the office location. We also spoke with the manager.

#### After the inspection

We spoke with three staff by telephone. The manager sent us information about their plans to further support people with their physical health needs.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection risks to people had not been effectively and consistently managed. There were only risk assessments for falls. We found improvements had been made at this inspection.

- There were now relevant risk assessments for each person. For one person, these were for mobility and movement, fire risk, choking, pressure area, and self-medication.
- People told us they were supported safely by staff to meet their individual needs. One person said, "They are very careful in what they do for me. [Staff] put in a request for some rails on the stairs to help me."
- Other people also told us that staff made referrals to health professionals if equipment and home adaptations were required to reduce risks.

### Staffing and recruitment

At the last inspection not all staff recruitment records were available. We had no concerns at this inspection because the manager sent us all the staff records we requested.

- The records showed that staff were recruited safely. The manager told us staff records were now accessible through an identified staff member within their human resources team.
- People told us there had been no missed care visits, but they had mixed views about the timeliness of the care visits. The manager explained that due to the service rapidly changing daily, people were not given specific care visit times. They told us that people had been told to expect staff anytime within agreed timeframes. Some people knew, understood and accepted this. Others said they preferred to know the exact time staff would arrive to support them. However, we found people had not been harmed as a result of this.
- Staff said there were enough of them to support people safely. One staff member said, "Staffing is good now, but we had agency staff at some point. They had to cover for staff who were self-isolating because of COVID-19."

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff who supported them. One person said, "It has been very good, and I wish we were still with them. I felt safe with them." One relative said, "Everything was extremely good; they were very kind, and they looked after me as well as [person]."
- Staff were trained on how to identify and report potential abuse. There was also guidance to help them with this. One staff member told us, "I report to the manager if I see any abuse."
- The manager appropriately reported incidents of concern to relevant agencies, including the Care Quality Commission.

### Using medicines safely

- People who were supported by staff with their medicines said this had been done well. One person said, "They helped me to take my pills. They then helped me to set up my box so I could do it myself."
- Staff had been trained and assessed as competent to manage people's medicines safely. There were audits of medicines administration records to ensure staff followed good practice guidance.

### Preventing and controlling infection

- People told us staff always used appropriate personal protective equipment (PPE) to prevent the spread of infections.
- The provider had policies and guidance to help staff to work in accordance with current guidance on infection prevention and control. There was also guidance regarding working safely during the COVID-19 pandemic.

### Learning lessons when things go wrong

- The provider recorded and reviewed incidents that occurred during the provision of care. They took appropriate action to prevent these from happening again.
- The manager shared the learning from incidents and audits with staff to help them to provide safe care. One staff member told us, "Staff have email accounts and we can exchange information easily."



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At the last inspection care plans had not been written in a way that enabled staff to provide person-centred care. They lacked details about people's varied needs and what was important to them. We found this has now improved.

- Care plans developed using an electronic care planning system had detailed information about people's support needs, health, risks and their preferences. These had been implemented in the rehabilitation units first. The manager told us they planned to use this system for everyone by September 2021.
- People told us staff supported them well to meet their individual needs. They said they had been involved in the assessment of their needs and they contributed to their care plans. One person said, "I got involved with the assessment. They did what was needed."
- The type of service meant that staff did not usually support people at the end of their lives. However, staff told us that if this support is required, they would seek help from health professionals to ensure people had the right care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans showed that people's communication needs had been assessed to ensure they were able to be involved in all aspects of their care.
- There was information about people's communication methods, means of contact with friends and family, and how they preferred to socialise with others. This ensured people did not experience social isolation.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain to the service. Some people told us they had not had a reason to complain.
- Records showed that the provider had a system to manage people's concerns and complaints. The manager investigated these and responded to the complainants in a timely way.
- Two relatives who told us of incidents they had reported to the service had no concerns with how these

were dealt with.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider's new electronic system was not accessible by the registered manager to allow us to review staff recruitment records. Risks to people had not been effectively assessed and managed. Care plans did not support person-centred care. We found improvements had now been made.

- The manager could access all records and documents they needed for their role.
- The service had started using an electronic care planning system which enabled staff to carry out more comprehensive and holistic assessments of people's needs. This had greatly improved the quality of people's care plans and risk assessments. This was still being rolled out across the service.
- During this inspection, there was no registered manager in post. The provider had not been successful in recruiting to the role, and there was an ongoing advert. However, the service was well managed by an interim manager who was supported by an operational manager.
- People and their relatives said the service was well managed. One person said, "They are pretty good overall." A relative of another person said, "The [staff] are fantastic and polite. They use the key safe, and still ring the bell so [person] knows they are coming in."
- Staff told us they were supported well by the manager and other senior staff. One staff member said, "There are various levels of support for staff and it is good."
- One staff member told us that the on-call system ensured staff always knew who to contact if they needed support outside of office hours.
- The manager was confident they had made significant improvements since the last inspection. However, dealing with the COVID-19 pandemic had meant that their plans to introduce new care plans for everyone had been slower than expected.

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

- People told us they were involved in making decisions about their care and support. The type of service meant that people were clear about the support they would receive. They understood that they would be referred to other services if they required longer-term care and support.
- One person who had recently stopped being supported by the service said they wished they could continue being supported by the same staff. This showed that people were happy with the quality of care

provided by the service.

- There was a system to enable people and their relatives to provide feedback about the service. They told us about senior staff visiting them to complete necessary paperwork and to ask how they found the support they received. One relative said, "Generally speaking, we were quite pleased."
- Staff said they felt involved in discussions about the service. One staff member said the provider was a good employer and everybody was treated equally.
- The manager and staff worked closely with health and social care professionals to ensure people received the right care and support to help them to regain their independence. Most people had physiotherapists and occupational therapists involved in their care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager said the provider promoted a culture of dealing openly with incidents and concerns so that they learned from these.
- Staff told us there were open discussions about events that did not go well, and electronic communication systems allowed the manager to share information easily with all staff.
- The manager understood their responsibility to appropriately record and report incidents, and to use these to continually improve the service.