

## Wakefield MDC

# Reablement Service

### Inspection report

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14 March 2016  
18 March 2016

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### Ratings

Overall rating for this service	Good ●
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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

We carried out this inspection on 14 and 18 March 2016. The inspection was announced. We concluded the inspection on 23 March 2016 with telephone calls to staff and people who used the service, to gather evidence to support the inspection findings.

This is an enablement service which provides short term, time-limited personal care and support to people living in their own homes. The focus of the service is to enable people to maximise their potential to manage their own care without further support, or with minimal assistance. If at the end of the service a person still required assistance, their care would be transferred to a more permanent provider of the person's choice. At the time of the inspection there were 39 people using the service and two people waiting to commence this support.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were confident in their knowledge of the safeguarding procedures and their ability to ensure people were safe.

Risks to people were documented and staff made sure they understood these and responded appropriately to people's changing needs.

Staff felt very well supported and there were clear systems in place for training, supervision, appraisal and staff meetings. Staff were confident in their skills and abilities to support people.

Communication and collaborative working across the range of professionals and within teams worked effectively to meet people's needs in a timely way.

Staff demonstrated an overwhelming passion and dedication to caring for people in an empowering way, with a clear focus on promoting people's independence.

Positive outcomes for people were emphasised and staff were focused on people's achievements and goals.

Procedures were in place and understood with regard to concerns, complaints and compliments about the service.

A clear management structure and shared values, along with an open and transparent culture meant staff understood their roles and responsibilities.

Processes were in place for reflecting upon and evaluating the quality of the provision and these were being developed further as the service evolved.

We did not identify any breaches in regulation.

## 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 and staff had a clear understanding of risk management.

Staff understood safeguarding procedures and were confident to implement these.

Staffing levels were tailored to meet the needs of the individual.

### Is the service effective?

Good ●

The service was effective.

Opportunities for staff training, support and development were in place.

Communication was clear and staff understood their roles and responsibilities.

### Is the service caring?

Good ●

The service was caring.

Staff were highly committed to providing a caring service with a clear focus on meeting people's needs in sensitive, enabling way.

There was clear emphasis on promoting people's independence and dignity and staff were respectful of people's wishes and preferences.

### Is the service responsive?

Good ●

The service was responsive.

The service was able to respond to people's needs at very short notice in order to maximise their independence.

Staff were focused on person-centred care and involved people with every stage of their progress, in ways that encouraged and

enabled people.

**Is the service well-led?**

**Good** ●

The service was well led.

There was clear leadership and management of the service.

Staff contribution to the service was given high regard and staff had a strong sense of pride and ownership of their work.

Systems and processes were in place to reflect upon the service delivery and look for ways to drive improvement.

# 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

This inspection took place on 14 and 18 March 2016 and was announced.

The inspection was carried out by one Adult Social Care inspector. Before the inspection we reviewed the information we held about the service. This included looking at any concerns we had received about the service and any statutory notifications we had received from the service. Before the inspection, the provider completed 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 used a number of different methods to help us understand the experiences of people who used the service. We spoke by telephone with four people who used the service and one relative of a person who used the service. We also spoke in person with six members of staff and by telephone with one member of staff and four associated professionals

We looked at two people's care records on the computer and three staff recruitment files. We also looked at records relating to the management of the service including policies and procedures.

# Is the service safe?

## Our findings

We asked people who had used the service if they had felt safe when supported by the reablement team. One person said: "Oh, no hesitation, absolutely safe". Another person said: "Safe? Yes I did feel safe. They gave me my confidence back". Another person said: "I didn't feel safe in my own abilities at first but they were brilliant with me and that came with time". Another person told us they were naturally not a trusting person, but said: "My trust in the staff grew and grew with each and every visit". The relative we spoke with said: "As well as the support they gave [my relative] they gave me tips on how I can support [my relative] safely.

Staff told us they became quickly familiar with individual risks to people when providing care at short notice. They said they relied upon information from other professionals as a starting point. Staff told us they carried out a pre-visit with each person to find out what they are able to do safely and what they may need support with. Staff said they first asked people to show them how they carried out specific tasks and saw how they managed to mobilise. This helped staff to assess any risks and consider whether specialist equipment was needed. For example, a smaller kettle may help to minimise risk whilst enabling a person to independently use it.

Staff told us the emphasis was on achieving positive outcomes for people and promoting people's own ability to safely carry out their aspects of daily living. We observed a handover session from one shift to another and saw there was a clear focus on people's individual risks and how the service was working to promote people's ability to care for their own needs safely. We saw from care records risk assessments were in place and the registered manager told us these were compiled with the person and any associated professionals, such as occupational therapists. Staff told us they made particular note of these due to the transient nature of their role. Staff said they worked closely with 'My Therapy' to establish any equipment people needed to stay safe and they had the necessary training to use this.

Staff described the possible signs of abuse and they were clear in their knowledge of the safeguarding procedures, expressing high levels of confidence in reporting concerns to appropriate agencies in order to keep people safe. Staff clearly understood the whistleblowing policy and felt supported to use this should they suspect poor practice. Staff we spoke with were aware of how to report serious injuries and record any accidents and incidents. The registered manager told us accidents and incidents were closely monitored and we saw documented evidence of this.

Staff were allocated to people on a needs basis in terms of the number of staff needed and the time it took them to support each person. We spoke with a member of the business support staff who explained time was allocated according to the requirements of people using the service and was flexible to adapt to the changing needs of each person. Staffing levels were appropriate to respond to each person's needs in an enabling way and there was a pool of additional staff to call upon in case of staff absence.

The registered manager told us no staff had been recruited to the service as there had been sufficient existing local authority staff from the previous service to complement the service. We looked at recruitment

files for two members of staff. We saw that files contained evidence that suitability checks had been completed prior to employment and there was a recruitment checklist to show when these had been completed.

Staff we spoke with told us they had received training in administering medicines, and they were confident in the procedures for supporting people with these. Staff said the people who used the service were generally able to manage their own medicines and although they advised people of these, people retained responsibility for taking them. The registered manager told us the service would support people with medicines as part of a bigger remit of support for them as part of their reablement plan. Staff were confident in the procedures for recording medicines and for reporting any concerns or errors, such as discrepancies in prescriptions, which they told us sometimes occurred on people's discharge from hospital.



# Is the service effective?

## Our findings

People told us staff were 'fantastic at their job'. One person said: "Do you know they're absolutely brilliant". Another person said: "They had the right skills to give me the confidence without doing everything for me".

Staff expressed high levels of confidence in their own abilities. They said they felt well trained and supported to carry out their work with the people.

The registered manager told us at staff meetings there was a 'policy of the month' discussed within the teams to remind staff of the organisations policies. Staff we spoke with confirmed this when we spoke with them and said they found it a useful way to refresh their knowledge. The registered manager also told us staff were completing the Care Certificate to provide an update to their knowledge and skills. Staff said they enjoyed completing this training and even though much of this was material they already knew they said it helped them revisit ideas for good practice.

We saw a copy of the skills, knowledge and competencies matrix and saw training was delivered in ways such as in-house delivery, internal booklets and open learning packs, as well as sourcing training providers and useful websites. The registered manager told us they joined up with an associated local authority service staff team to share training opportunities and resources. They said they also made use of resourceful relevant websites to guide staff training and provide useful information.

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. The PIR told us staff always considered people's capacity and the service worked from the perspective that everyone has capacity until proven otherwise. Staff told us they were all aware of the Mental Capacity Act 2005 and the recommendations of the Care Act. They said any specific issues relating to a person's mental capacity were highlighted before they went to visit for the first time.

People we spoke with told us their choices and wishes were respected by staff. One person said: "The thing is, it was all about me doing it for myself, that was the aim of it. That's what I liked because it kept me in charge of my life. I'm usually very independent so I didn't want anybody doing for me". Another person said staff asked their consent before every aspect of support.

Staff had regular supervision meetings and they told us they felt these were constructive and supportive. The registered manager told us there was an open door policy and all staff echoed this. One member of staff said: "There's no closed doors in this service". Another member of staff said: "The managers are there whenever we need them; I would not hesitate to approach any of the managers at any time". Another member of staff said: "I do not need to wait for supervision; communication is ongoing, all the time". Staff told us managers were very approachable and if the registered manager was unavailable they would comfortably approach another manager. Staff praised each other for effective teamwork, within the service

and across the teams of other professionals they worked alongside.

Staff told us the handover process was a particularly useful part of their day and they enjoyed having the benefit of a face to face discussion with the colleague who worked opposite them. We observed the handover process and we saw information was exchanged between staff in a useful and person-centred way. Staff spoke about people's physical abilities, but also their personalities, disposition and any personal factors that may affect the progress towards their desired outcomes. Staff spoke respectfully about the people they had supported and it was very evident the support was done in an enabling way, with emphasis on what individual people had achieved or were working towards.

We found there was effective communication between the different hubs in the service and between the service and other professionals who supported people's health care. Staff who worked in each hub told us they all received the same information and shared ideas throughout the whole service. One member of staff said: "We mix and match, we all work together. It may be different hubs but it's one service". Other professionals we spoke with told us staff were very proactive in involving them in partnership to work together in support of people's needs in a timely way. One professional described 'robust communication' as being a key aspect of the service.

## Is the service caring?

### Our findings

People spoke highly of the caring nature of the service and the quality of staff interaction. One person said: "Oh the staff just go that extra step in getting me where I need to be. I can't fault their attitude, so caring and kind but at the same time I'm inspired to make good progress". Another person said: "Staff have a good sense of humour, I need that at the moment, a good bit of banter goes a long way. I certainly will miss them, I'd have them permanent if I could". Another person said: "The staff are all happy and friendly, they've been supportive for my physical recovery but they've also given me an emotional boost. I've become happier in myself".

We found staff spoke in an enthusiastic, animated and passionate way about their role in the reablement service. There was a shared goal in promoting people's independence and guiding them towards their agreed outcomes in an empowering way. Staff unanimously told us they enjoyed seeing people make progress and reduce their reliance on the support available. One member of staff said: "I get such satisfaction from seeing improvements to people's lives, from when we begin our work until the end of the agreed time". Another member of staff said: "Before I worked in the reablement service I was used to doing things for people, but this is a different approach and I really enjoy seeing we make a difference. It's all about what people can do, their potential". Another member of staff said: "I'm excited, I see the goals and I see people's progress".

People told us staff always respected their privacy and dignity. One person said: "I didn't want to have to rely on anyone for such personal care, but I was in the situation where I needed the help until I could do things more for myself. The staff were completely discreet at all times. I had privacy and I never felt under pressure or that staff were rushing to another visit. They quickly made me feel I was not a burden and it made me want to improve faster". Another person said staff were "Always highly respectful of my need for privacy" and another person said: "I never lost my dignity once, even though I felt in a vulnerable situation". One relative we spoke with said staff were always 'very respectful' in their communication with their family member.

The provider PIR told us staff listened to people's views, feelings and needs and protect any long standing practices and preference for how they undertake their daily living. Staff told us they listened and spoke with people in a kind and compassionate way which ultimately encouraged involvement and participation. This allowed staff to take into account the individual and bespoke needs of every person and achieve the desired outcomes whilst being sensitive to their situations. Staff we spoke with reflected the information in the PIR through their understanding of equality and diversity and the need to treat every person as an individual.

## Is the service responsive?

### Our findings

People said the reablement service was highly responsive to their needs. One person said they appreciated the flexibility the service offered when they wanted to change their hours of support. Another person said: "They just knew how to get me motivated and doing things I used to. I'd have been lost without them". Another person said: "The encouragement they gave me was just what I needed. When I felt low they said the right things, like 'you're getting stronger' or 'you're putting weight on' and that was exactly what I needed to hear".

The registered manager told us that as this was a time limited service, there was no long term option for care and a clear outcome for people to achieve was paramount to the success of the service delivery. They told us "The end is where to begin". They said the key question for people who may need the service was 'What do you want to achieve?', with people's ability to improve being the criteria and the focus. Other professionals we spoke with said the service was particularly responsive when a person had a gap in their service provision. For example, there may be a time delay between a person leaving hospital and being able to secure a package of care with a care provider, and the reablement team filled that gap successfully so the person could go home with adequate support from the team.

Staff we spoke with told us pre-visits were designed to share information, to have the quality time to look at a person's social history and acknowledge key events in their life. The PIR told us regular reviews were held with each person, their first review usually being within days of the service starting. This empowered people to set achievable goals and promoted the importance of being involved. The desired outcomes were discussed and agreed with each person at pre-visit which often resulted in them not requiring long term service. Staff and people we spoke with confirmed they regularly undertook reviews, explained what they were doing, asked the person what they could and could not do and how they undertook specific tasks. One person who used the service said: "I always felt like I was included in everything, the way they communicated with me every time and when we talked about how it was going".

The PIR stated the service showed the ability to respond within hours to crisis situations to support people in the community. For example, to prevent total breakdown of carer/family support for an individual if they have taken ill and unable to care for their loved ones temporarily or if a person became ill themselves and needed additional support for a short period of time. This was confirmed by staff and commended by other professionals who worked with the service.

The member of business support staff told us the time allocated to meet people's needs at each visit was flexible and adjustments were made following feedback and assessment from staff about people's improving abilities. For example, at the start of a person's experience with the service, they may need more support than towards the end. Staff told us they assessed people's changing needs through their observations of people's progress and the daily records made at each visit reflected these changes. The registered manager told us regular reviews were carried out to measure the progress and ensure the right level of support was in place for each person. These reviews always involved the person along with any relevant professionals who worked alongside them.

We saw a sample of two care records held on the computer. These showed each person's journey through the service to the conclusion of the reablement experience. Staff we spoke with said they felt confident to locate information about each person and where they were unsure, they had plenty of support for this. We saw documented evidence of people's care being adjusted where necessary. Regular reviews documented changes in need, such as the need for additional equipment or support. The registered manager and staff told us and referrals could be made to the occupational therapist or for the installation of assistive technology which may support someone to independently remain in their own home for longer. Care plans were updated and forwarded to social workers to ensure information was shared in a timely, consistent way.

People told us they knew how to complain and this had been explained to them at the start of the service. People expressed only complimentary comments and said they had no reason to complain. One person said in jest "I do have one complaint, that I can't keep the service forever, but I would if I could". We saw the complaints procedure was signposted to people in a leaflet about the service. The registered manager told us two complaints had been received, both of which had been resolved with no further action, other than to improve clarity of information for people. We saw records relating to complaints and found there were clear systems in place for responding to complaints in a timely manner in line with the organisations procedures.

# Is the service well-led?

## Our findings

People who used the service told us it was very well led. One person said: "I had no problems from start to finish. What we agreed at the start happened and it worked for me". Another person said: "I'm very happy with the way the service supported me and they were so organised". A relative told us: "A very well run service, my [family member] was very happy with this and we were involved at every step". Another relative whose family member was new to the service told us: "It's early days for us, but from what we've seen, so far so good".

At the time of our inspection there was a registered manager in post. We found they worked closely in partnership with other professionals to ensure people's care needs were met. Comments from other professionals working closely with the service included: "Joint visits organised are very efficient and there is constant evaluation and reflection", "The way this service runs is amazing, it's so joined up for people's care" and "The service runs smoothly and we work really well together". The registered manager worked closely with the registered manager of the associated service as some systems and processes were the same and this made for more efficient working.

The registered manager told us they received good levels of support from the service manager in the form of supervision, appraisal and meetings. We found they were supported by local authority support networks including: finance department, human resources workforce development team health and safety team. There was strong evidence the registered manager was actively driving improvement as the service developed, such as through attending integrated team workshops to share information and good practice with other regulated services. The PIR told us managers were involved in a number of working groups looking at and planning how the service can progress and grow.

Staff understood clearly defined line management structures. Care staff had identified line managers who worked alongside them in the same shift patterns. The service had clear aims and a set of values which included honesty, involvement, compassion, dignity, independence, respect, equality and safety, which promoted a positive, open and transparent culture throughout the service. Staff we spoke with understood and shared these values and their motivation was clearly evident. For example, one member of staff said: "It's exciting, I'm excited about this service". Another member of staff said: "There's a buzz about it".

The manager emphasised the importance of staff morale and involving and empowering staff in order for them to feel motivated and delivery a high quality service. The PIR stated 'For our service users to feel empowered, we need to have a buoyant and enthusiastic team of staff. We use our meetings as an arena to team build and to encourage good staff morale. We value our staff and try to ensure our meetings are positive. We thank our staff for their commitment and contribution to the team and give praise and thanks whenever possible'. Staff we spoke with told us morale was high, they felt valued and there was a shared purpose, which was to maximise people's potential. All staff told us the service was well run and they would be happy for their own relatives to be supported by the team.

Documentation to support the running of the service was up to date and well maintained. Staff were developing confidence in updating information using technology. Policies and procedures were in place and staff were familiar with these. Systems for auditing and monitoring the quality of the provision were in place and plans were underway for implementing a new quality assurance questionnaire across the service. Although the service was newly established there were systems and processes for continuous reflection and evaluation of the service as it developed, looking at what worked well and what barriers had to be overcome to improve in the future.