

Leeds City Council

# Reablement SkILs

## Inspection report

Tribeca House, Second Floor  
71 Roundhay Road  
Leeds  
LS7 3BE

Date of inspection visit:  
11 July 2023

Date of publication:  
15 August 2023

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Reablement SKiLs is a domiciliary care service providing personal care to people living in their own homes. The service focuses on providing short term care and support to assist people to regain their confidence, skills and independence after a stay in hospital. At the time of our inspection there were 110 people using the service.

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

Quality assurance systems were not always robust. Care records were generally clear and well completed but improvements were required to ensure they were regularly audited, and all identified risks were assessed. Improvements were required to how medicines were managed and monitored safely. Accidents and incidents were reported but there was no system in place to analyse any themes and trends.

People and relatives told us they received person-centred care and felt safe and secure. People spoke positively about the support they received to regain their independence and confidence. Recruitment was managed safely and there were enough staff to provide consistent support for people. Staff received induction, supervision, and training to be able to carry out their roles effectively. Call times were generally well organised and coordinated flexibly to ensure they met people's changing needs.

The registered manager was approachable and supportive. People, relatives and staff said the service was generally well run and managed. The provider responded very promptly to our inspection findings. They commissioned a comprehensive audit and took action to address the shortfalls this identified.

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

The last rating for this service at the previous premises was good (published 17 August 2017).

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### Why we inspected

This inspection was prompted by a review of the date of the last inspection. You can see what action we have asked the provider to take at the end of this full report.

The provider took immediate action to mitigate the risks, including coordinating a full audit of people's records.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Reablement SkILs on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Reablement SkILs

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 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 personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there were 2 registered managers in post.

#### Notice of inspection

We gave 24 hours' notice of the inspection. We needed to be sure that the registered manager or provider were available to support the inspection. Inspection activity started on 11 July 2023 and ended on 21 July 2023. We visited the location's office on 11 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection

We looked at 9 people's records including medication administration records. We spoke with 12 staff including the registered manager, head of service, senior staff and support workers. An Expert by Experience spoke with 5 people and 6 relatives on the telephone about their experience of the care and support provided. We also looked at 3 staff files in relation to recruitment, induction and supervision and a variety of records relating to the management of the service including training records, policies and audits.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely.
- Medicines administration records (MARs) were handwritten and did not always provide clear information to staff about how to administer people's medicines. For example, where people were prescribed medication to be taken on an 'as required' basis, protocols were not in place. This meant we were not assured people were being supported with their medicines consistently.
- Where people were prescribed regular doses of medication, the time of administration was not recorded. This meant we were not assured there was the prescribed gap between doses which exposed people to the risk of harm.
- Systems to audit and check medicines records were not robust. They had not identified the shortfalls we found at this inspection.

We found no evidence people had been harmed but systems were not robust enough to demonstrate medicines were managed and audited safely. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- Staff received training to administer medication and had their competency regularly assessed in line with good practise guidance.
- The provider responded promptly to our inspection findings. They confirmed a full audit had been carried out by their quality team and arrangements were in place to ensure handwritten MARs were replaced with printed records issued by the prescriber.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and welfare had been assessed. However, we found examples where risks had been identified and assessments had not been completed. For example, one person had fallen and there were no risk assessments in place. We discussed this with the provider, and they carried out a full audit of care records to ensure any shortfalls were addressed promptly.
- Environmental risk assessments were completed but they were not always detailed.
- People and relatives told us they were supported safely. One person said, "They [staff] are very good at their job. I've only to ask them to do a little thing and it's done. They're really, really helpful."
- Staff understood people's needs well. They told us communication was good and they were updated when people's needs changed.
- Accidents and incidents were reported, and action taken to mitigate the risk of events occurring. Records

were clear but the registered manager did not have a system to analyse and review themes and trends. We discussed this with the registered manager, and they told us they would implement this straight away.

#### Staffing and recruitment

- Safe and consistent staffing levels were in place. People and relatives generally gave good feedback about punctuality and call times. One relative said, "They [staff] are just so friendly. They stay for the length of time they need to stay and not the length of time they are allocated."
- Staff told us there was generally enough time allocated for calls. Where changes were required, they were confident if they raised this it would be addressed. This included when calls needed to be increased or reduced. There was a process in place to gradually reduce calls to ensure people felt safe and able to manage independently.
- There was an electronic call monitoring system in place. This allowed for accurate timings of people's calls. There were robust checks in place including out of hours and weekends to ensure calls were monitored effectively.
- Safe recruitment checks were in place to ensure only staff suitable to work were employed. Staff had a detailed induction and received regular spot checks to ensure they were working to the required standard.

#### Systems and processes to safeguard people from the risk of abuse; Preventing and controlling infection

- People and relatives told us they felt safe, and they trusted staff. One person said, "They [staff] are beautiful people that made me feel very safe."
- Staff received safeguarding training and had a good understanding of how to recognise and report abuse and poor care. They were confident if they raised concerns they would be addressed.
- There were safe and effective measures in place to manage and control the risk of the spread of infection. Staff had received training. They had access to personal protective equipment and knew how and when to use it.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Some audits and checks were in place but they were not always robust.
- Systems to monitor the quality and accuracy of records relating to the administration of medication and care files had not been effective.
- There was a lack of oversight at registered manager and provider level.

Robust systems were not in place to monitor, review and improve the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- The provider had recently identified some of the shortfalls we found at this inspection and there was a Service Improvement Plan in place. They were open and honest and responded promptly to our findings, including completing a comprehensive audit of all care records and follow up action plan.
- The registered manager understood their responsibility around the duty of candour and had complied with the requirement to notify CQC of various incidents so we could monitor the service.
- The registered manager was supported in their role by a large senior and administrative team. Staff roles were clear and there was a defined structure in place. Staff understood this and felt well supported by their line manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives confirmed they received person-centred care and support.
- Care records could be improved to ensure they contained more individualised information about people's needs and goals. However, staff spoke passionately about ensuring people received person-centred care and support. Staff gave examples of how they promoted people's independence. One staff member said, "When you help somebody get back to independence, it's the best feeling in the world."
- People, relatives and staff views were sought. An action plan had been completed as a result of feedback. The survey showed high levels of satisfaction from people using the service. A survey conducted in June 2023 indicated, "100% of people had confidence and trust in the staff supporting them."

- Staff said they felt well informed about changes. Staff meetings were held and there was also regular communication by e-mails and newsletters.

Working in partnership with others; Continuous learning and improving care

- The provider worked in partnership with other health and social care agencies. We saw examples of close and effective partnership working. People were also signposted to other services to ensure they received effective support and information.
- The service was working closely with other agencies on further transformation and improvement plans. There was a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible.
- The registered manager demonstrated a commitment to continually improve. This ethos was also reflected in conversations with staff who demonstrated pride in the service and a strong commitment to their roles.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes to monitor, review and improve the quality and safety of the service were not always effective. Reg 17(1)