

North Northamptonshire Council

Reablement North

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

About the service

Reablement North is a short term reablement service with the aim of getting individuals back to independence. The service provides care and support for people who need immediate support to live independently in their own home; this may be because of a crisis, illness, following discharge from hospital or to identify if people require a permanent care provider to meet their long-term care needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection all 51 people using the service were receiving help with personal hygiene and eating.

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

People's needs, and choices were fully assessed before they received a care package. The care plans (reablement plans) we looked at were very detailed and holistic, focusing on how people were supported to regain as much independence as possible.

Systems and processes were in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people were fully assessed and measures were put in place to reduce them.

Safe infection control procedures were followed. There were enough supplies of personal protective equipment (PPE) for staff.

There were enough staff to meet the needs of people using the service. The necessary recruitment checks were completed on all new staff starting with the service. Staff received an induction and ongoing training that enabled them to build on their skills and knowledge to provide safe, effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Where the provider took on the responsibility, people were supported with their medicines and staff had been trained in the safe administration of medicines. People were supported to eat and drink enough to meet their dietary needs and staff provided support to assist people to regain independence with eating and drinking.

People were supported to live healthier lives and staff worked with a wide range of health and social care professionals to ensure good outcomes for people.

People and their relatives told us they were treated with kindness and compassion; their privacy was respected, and their independence was promoted. People knew how to make a complaint or raise a concern.

Quality assurance systems identified any areas that needed further development. Staff told us they enjoyed working for the service and they felt well supported.

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

Rating at last inspection

This service was registered with us on 01 April 2021 and this is the first inspection.

The last rating for the service under the previous provider was Good published on 03 June 2019

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Reablement North on our website at www.cqc.org.uk.

Why we inspected

This was a planned inspection following registration.

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?

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Reablement North

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 two inspectors.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

The inspection activity started on 11 July 2022 by making telephone calls to people using the service and relatives. The inspection ended on 03 August 2022. We visited the registered location office on 03 August 2022.

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 spoke with eight people using the service and the relatives of eight people using the service. We received feedback from three staff and spoke with a specialist nurse that works with the service. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at the care records for four people using the service, including risk assessments and medicines records. We looked at two staff files in relation to recruitment and staff supervision. And a variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them. A staff member commented "I document all my information ensuring it is factual and accurate, I ensure the person is not at any immediate risk of harm, if they were, I would look to removing the risk if possible. I would speak to my manager, presenting all the facts of the concern, my manager would then put in a safeguarding notification."
- Staff received training in safeguarding and information and guidance on safeguarding was accessible to staff in the staff handbook. Staff were knowledgeable about identifying signs of abuse and how to report any safeguarding concerns.
- The registered manager understood their responsibility to report safeguarding matters. Records showed safeguarding incidents had been responded to in line with the safeguarding policy and the registered manager worked with the relevant safeguarding authorities to investigate the concerns.

Assessing risk, safety monitoring and management

- The provider told us that robust risk assessments were key to the service being able to not be risk averse when supporting people. This approach supported people to be as independent as possible living in their own home safely within the community.
- We saw that the risk assessments were detailed and followed a multi-disciplinary approach, working alongside other health and social care professionals to establish the level of support people required.
- Staff liaised with occupational therapists to source specialist moving and handling equipment for people using the service.

Staffing and recruitment

- The provider worked to create staff rotas to match staff to people using the service.
- Staff were recruited safely. Pre employment checks such as references and Disclosure and Barring Service (DBS) checks were completed prior to staff taking up employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff received training in the safe administration of medicines and their competency to administer medicines was assessed. We saw the medicines administration records (MAR) were accurately completed and medicines audits took place.
- Where the service took on the responsibility, staff supported people with taking their medicines and

helped people to maintain independence in managing their medication.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff understood their responsibilities for keeping people safe from the risk of infection. They had infection control training, which included the correct use of personal protective equipment (PPE). People confirmed that staff observed good infection control practices when providing their care, that they wore facemasks and washed their hands. Staff had enough supplies of PPE.
- Policies and procedures were in place regarding infection control practices, including COVID-19, to ensure staff worked safely and in line with best practice guidance.

Learning lessons when things go wrong

- Systems were in place to continually review the quality of the service. Accident and incidents were closely monitored, and timely action was taken to mitigate further risks.
- Feedback from people using the service and relatives was used to continually drive improvement at the service. For example, improving communication. The registered manager told us as a newly formed team communication was an area that was continually being reviewed and improved.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 before they started using the service to help ensure their needs and expectations could be met. The assessments followed a holistic approach, covering physical and mental conditions, people's preferences and social circumstances, communication and sensory needs and dietary requirements.
- People's needs in relation to equality and diversity and protected characteristics were considered during the assessment and care planning process, to support people to work towards independence and their future quality of life. A relative said, "The staff encourage [Name of person] to go out they want to be independent. [Name of person] does their own shopping."

Staff support: induction, training, skills and experience

- A schedule of training was in place, to ensure staff kept up to date with current best practice. New staff went through an intense two-week induction, based on the Care Certificate (the Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector).
- Staff completed shadow shifts with existing experienced staff until they were confident and competent to work alone. A staff member commented, "I receive ongoing training, this is all mandatory training which is completed either yearly, two-yearly and is completed either online or face to face." Another commented, "The online training is kept up to date and I get reminders when it's due."
- Some staff took on the role of champions within the team who delivered workshops on how to use the electronic care recording software, medication, end of life care, reablement and goal setting paperwork.
- Staff confirmed and records showed they received supervision to reflect on their work and personal development needs. A staff member commented, "The work life balance is usually very good. I get regular feedback by way of monthly supervisions and on task assessments and I feel well supported by senior staff. Overtime is regularly available for anyone who wants it."

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

- People's needs were assessed at the beginning of the care package to identify the level of support required to maintain a healthy balanced diet. Staff supported people who required to follow specialist diets. A relative said, "[Name of person] has swallowing difficulties and needs a soft diet, the staff support [person] with their breakfast and encourage [person] to eat independently."
- Staff provided support to help people to regain independence with eating and drinking. A relative said, "When the staff first started coming [Name of person] wasn't eating and the staff encouraged him to eat and cut up the meal into smaller bits." Another relative said, "To start off with the staff observed [Name of

person] prepare their meal, they let them do what they could by themselves, they then made the meal together."

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

- Multi - Disciplinary Team (MDT) meetings were held twice weekly, during which the support and progress of every person using the service was fully discussed.
- People were supported with their healthcare needs and staff worked with families to ensure people received the care and support they needed. A relative said, "The physio and the mental health team come and visit [Name of person]." Another said, "[Name of person] sees a speech therapist and a physiotherapist. They have a lot of hospital appointments."

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes. People and relatives confirmed the staff always asked for consent before they provided any personal care or undertaking any other tasks.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with kindness and compassion. A relative said, "I would definitely recommend this service, the staff are very caring, helpful and considerate." Another said, "The staff are very compassionate and treat [Name of person] very well."
- Staff demonstrated a good understanding of the people they supported, including their personal preferences, likes and dislikes. One person commented, "They have helped me to keep to a routine, especially in the mornings, which gave me a real boost to the spirit, especially when struggling and feeling low." A staff member commented, "The staff are all caring and empathetic and encouraging and only want the best for people who use our service." A relative said, "The staff make sure [Name of person] has everything they need."

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

- Staff applied the human rights principles of assuming that each person using the service had capacity to make decisions around their care and support needs. Records showed that people were fully involved in decisions about their care.
- People's communication needs were assessed before they started using the service. This detailed the person's preferred way of communication to ensure information was shared according to people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted and protected. A relative said, "The staff make sure the bathroom door is always closed."
- Staff supported people to maintain / regain their independence. One person commented, "The staff have helped me through a difficult time of limited mobility, movement and discomfort. It was good to know I could depend on the carers understanding, patience and helpfulness with the ordinary tasks which would have been impossible on my own."
- Staff respected confidentiality and ensured all records relating to people's care were stored securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People who has been referred to the service had their needs assessed where they and their representatives were encouraged to participate with the goal setting process, which the service worked on. This included seeking their preferences, abilities, personal history, and supporting people to work towards their future quality of life.
- The assessment journey was monitored within the first 48 hours, through a meet and greet, then after a week (a 'grab a coffee' meeting) and after the first two weeks a formal review meeting took place.

People received person centred care that met their needs, protected characteristics and diversity.

- People's support (reablement) plans were very detailed and evidenced that the level of support people required was continually assessed with the aim of enabling people to regain as much independence as possible.
- The service respected equality and diversity and protected characteristics. The service had supported people who had identified as another sex to their biological one, people who had struggled to access rehabilitation services and people whose religious beliefs required only female staff to provide their personal care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered during the initial assessment process and in the ongoing care reviews.
- We saw the staff had worked with an interpreter to complete a person-centred care plan for a person whose first language was not English. They created visual prompt cards that had activities of daily living and general wellbeing questions, showing pictures and questions in English and the person's language for them to be able to read and respond to.

Improving care quality in response to complaints or concerns

- The principles of the organisations vision, values and future behaviours were embraced and embedded throughout. The impact was that the service had received many compliments and positive feedback.
- A complaints policy was available for people using the service and their relatives. A relative said, "The

service booklet I have contains the complaints procedure."

- Records showed the registered manager responded to complaints received following the complaints procedure.

End of life care and support

- The provider had linked to external services where end of life care was required. For example, Marie Curie, for packages of care where reablement was not appropriate. End of life care had been provided, where alternative agencies have not been able to commence the care of the person timely.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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 registered manager and the staff team worked to the providers vision of 'having a place where everyone had the best opportunities and quality of life.' Staff spoke positively about the support provided by the registered manager.
- A relative confirmed there was always management support available when needed. They said, "I would definitely recommend the service, the group of carers that come out, I can't fault them, I'm very happy with the service."
- The registered manager fully understood their responsibility under the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. CQC had been notified of notifiable events and other issues involving the service.

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

- The registered manager and the staff team demonstrated they had a clear understanding of the core values and key principles of the service and the focus going forward.
- The quality of service provided to people was regularly monitored. Quality checks and audits were completed, and action plans were put into place when areas needed to be addressed. A staff member commented. "All people using the service receive good quality, safe and caring support, this is evidenced through customer feedback forms, compliments, and thank you cards the service receives. "
- The provider policies and procedures were reviewed and updated regularly. The registered manager ensured staff understood these and kept them up to date with any changes. The provider policies and procedures were going through the process of being updated and developed by the newly formed training and human resources departments to ensure that all legislation and paperwork encompassed the very latest information.
- Systems were in place to regularly review staff training to ensure it kept up to date with reflected best practice. There was a supervision, appraisal and training programme in place.
- Staff knew how to raise any concerns they may have outside of the organisation (to whistle-blow) if they felt the provider did not respond appropriately to safeguarding concerns brought to their attention.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and the staff team had a commitment to improving the quality of life for people using the service. We saw an example of when staff had helped a person whose first language was not English to manage their medication. Through the help of an interpreter they created a template for the blister packs printed in the same format as the English version from the pharmacy. Stating the days of the week and times in the person's language. This was successful in enabling the person to be independent in managing their medicines.
- Feedback from people using the service and internal audit findings were used to inform changes and to drive improvements to the quality of care people received.

Working in partnership with others

- Comments from people that had completed feedback questionnaire included, 'It has helped me lead an almost normal life,' and 'It has made a difference to my quality of life,' 'The physio and help with exercises and equipment, has helped me to move safely around the house.' Other comments included, 'The staff have good listening skills' and 'The staff are very competent.'
- The provider worked in partnership with a variety of health and social care professionals from several different multi-disciplinary agencies. These included health and social care workers, physiotherapists, occupational therapists, speech and language therapists, specialist nurses and district nurses and GP's.
- A specialist nurse worked with the team and commented on how professional the whole staff team were, and how the staff using their skills and judgment to get the best possible outcomes for people. A staff member said, "The hospital discharge flow works well, enabling more people to be discharged home from hospital."