

Leicestershire County Council

Homecare Assessment and Reablement Team (HART) Leicestershire

Inspection report

Anstey Frith Building, County Hall
Leicester Road, Glenfield
Leicester
Leicestershire
LE3 8RL

Tel: 01163054978

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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

Homecare Assessment and Reablement Team (HART) Leicestershire provides assessment, equipment and support to people in their own homes. The service is usually provided for up to six weeks and aims to help people to learn to live as independently as they can and to assess people's needs for longer term care. At the time of our inspection, the service was supporting approximately 203 people.

The service also provides a Crisis Support Team, who provide personal care for up to 72 hours for people in their own homes in crisis situations. For example, when released from hospital, they can support people on a short-term basis whilst they find a longer-term care provider. At the time of inspection there were 16 people receiving personal care.

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

There was a registered manager at the service, they had been registered since February 2016.

The registered manager, managers and reablement support workers (care staff) were all dedicated to the reablement of people in their own homes.

People set their own goals and staff supported them to achieve these by promoting people's independence. People received care from a multi-disciplinary team who assessed their needs in a holistic way; enabling people to access services such as occupational therapy, pharmacy, physiotherapy, assistive technology and personal care.

People were protected from the risks of abuse or unsafe care by staff who understood their responsibilities to report concerns. People had information about how to make a complaint and the registered manager responded using the providers policy.

People were allocated staff at regular intervals; this was reassessed and reduced as they became more independent. Staff received training and supervision that supported them to carry out their roles.

Staff assisted people to become more independent in preparing their meals and promoted healthy eating. Where people were unable to prepare their own meals, people were signposted to providers that could deliver meals.

People received care from staff that showed kindness and compassion. People were treated with respect and dignity.

The registered manager used learning from incidents, feedback and complaints to improve the service. They carried out audits to assess and monitor the service to look for areas of improvement.

The registered manager was proactive in developing relationships with other organisations to ensure a smooth transfer of care or to improve the resources available to people.

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.

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

Rating at last inspection

The last rating for this service was Good (published 5 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Homecare Assessment and Reablement Team (HART) Leicestershire

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 undertaken by two inspectors and two assistant inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and eight relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, team managers, rota programmers and reablement support workers.

We reviewed a range of records. This included 13 people's care records and medication records. We looked at ten staff files in relation to recruitment and staff supervision. 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe.
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed the first time they met staff from the service. Senior staff assessed people's safety at home and explored the use of equipment and occupational therapy to help people to stay at home. The registered manager told us, "We assess people's safety, if they are not safe to be at home we contact their GP or call the hospital they have just left, but we do everything we can to make it possible for people to be at home."
- Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care through clear documentation and weekly multidisciplinary team meetings.
- People were supported to be safe in their homes; an occupational therapist and staff assessed people's environment for safety. For example, people were advised to remove rugs to prevent trips and falls.

Staffing and recruitment

- There were enough skilled staff deployed to provide people with their care. Staff were allocated to provide care within a two-hour time slot. One person told us, "Staff stay the allocated time and arrive on time." The same staff group were allocated to each person as much as possible to provide continuity of care.
- People receiving care, their relatives could access a duty team of staff daily until 10.30pm if they had problems or questions about their care. Staff contacted this team to update people's records about any changes to people's care or raise concerns.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention. People told us staff washed their hands before providing care or preparing food.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. People were assisted to be independent with managing their medicines with the installation of technology to remind them when to take them.
- Where people required support with their medicines, people received these as prescribed. One relative told us, "[Staff] would do the medications, there were no issues."
- Staff ensured people received their time critical medicines as prescribed.
- Staff received training in the safe management of medicines and their competencies had been checked.

Learning lessons when things go wrong

- The management team were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service.
- There was a strong learning culture. The managers and staff took time to discuss and reflect on issues when they occurred and involved staff in finding solutions.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were eligible for the service if they had the potential to become more independent living at home. People's needs were assessed to establish if reablement was possible by means of exercise to make them stronger, encouragement to build confidence, or making adaptations to their way of living.
- People and their families could refer to the service when people were not coping at home and required assistance to become more mobile or independent. Where people were in crisis and needed immediate care at home without an assessment, the CRISIS team provided care whilst a reablement or long-term care package could be sourced.
- People who were being discharged from hospital were initially assessed by hospital staff for their potential for reablement. Where people had been referred to the service for reablement, where there was no reablement potential, they were cared for by the CRISIS team until a suitable care package could be found for them. The registered manager was working with hospital staff to build their knowledge and confidence to ensure people were referred appropriately to the service.
- People's needs were assessed by senior staff immediately on arrival home from hospital. They used a holistic assessment covering all aspects of people's lives, including the provision of lighting, heating, food and contact with relatives. Where staff identified an issue, they took immediate action, for example, by providing people with heaters or assistive technology.
- People's assessment also included the impact on other people living at home. The provider supported people's families with the emotional and physical impact of adapting to a person receiving care at home.
- People's assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- New staff received an induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know people they would be caring for.
- All staff completed a full set of training in reablement and areas which met people's needs.
- Staff received regular supervision and guidance to support them in their roles. Supervision included weekly meetings where staff had the opportunity to raise ideas or concerns. Staff told us their individual managers were very supportive.

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

- Staff knew people's dietary requirements and supported people to maintain a healthy diet.

- Staff had training in food hygiene and supported people to prepare balanced meals that met their dietary needs.

Supporting people to live healthier lives, access healthcare services and support;

- People were supported to make healthier life choices, for example learning how to take care of themselves and their long-term conditions.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked as a multi-disciplinary team, involving all health and social care professionals where needed, for example community pharmacists.
- The service had occupational therapists who carried out timely assessments, however, they had to refer to another provider for physiotherapy which was not always available. The registered manager told us they needed more reliable access to physiotherapists, they also said, "Therapeutic intervention is invaluable at the beginning of their journey to independence, it would improve people's mobility."
- The registered manager liaised closely with the health providers to establish healthcare protocols. They helped ensure there were no gaps in the service people received. For example, they had arranged for staff to be trained to apply anti-embolic stockings, so people could receive care in a timely way.
- Staff worked with people's new care providers to ensure the new care staff understood the person's needs and how they maintained their independence.

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 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.

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 were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care.
- People needed to be able to consent to their care and reablement plan to receive care from the service.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; respecting equality and diversity

- People received care from staff who treated people well. People told us, "They [staff] are considerate, kind and caring", "They [staff] were nice people" and "They [staff] are so kind, so gentle, so lovely." A relative said, "[Staff] speak to [relative] kindly and respectfully."
- Staff were respectful of people's homes. One person told us, "Staff clean up after themselves after supporting me with washing and dressing. They have been brilliant."
- Staff took pride in people's progress and spoke positively about the people they cared for. They shared examples of people learning to cope and remain in their homes with care. One member of staff told us, "We are there at the start of their journey, we build up trust and prompt them to be more independent, it is great to see."
- People who were unable to speak English were provided where possible with staff that could speak their language.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care and the goals they had set themselves. For example, to wash and dress themselves independently. One person explained, "We work together I show them where everything is and help them [staff]."
- The provider had access to an advocacy service where people received additional support to make decisions. Advocates are independent of the service and support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. One person described staff as, "Very lovely and empathetic." People's care was carried out in privacy, and people were shown ways of washing and dressing themselves using equipment such as long handled brushes.
- People's independence was promoted at all times. Staff ensured people were encouraged to do as much as they could for themselves. One person told us, "I am much more independent, I am now making my own breakfast and a cup of tea." Another person said, "Staff promote my independence, but they make sure it is doable, if need any help I ask."
- People were provided with communication aids such as flashing doorbells for people who are hard of

hearing.

- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

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 Outstanding. At this inspection 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 had care plans that reflected their individual needs and goals. People set their own reablement goal, detailing the level of independence they wanted to achieve. The detail of how people wanted to achieve this goal varied between teams.
- People told us how staff had been key to achieving their goals. For example, one person had become independent after life changing surgery; they had completed a feedback form to the service which read, "I was very scared coming home. I was wondering how I was going to cope, but your team soon put me right and helped me to get to where I am now. Staff are easy going, easy to talk to and very professional. What a lovely service."
- Staff continually assessed people for their progress, discussing this at multidisciplinary meetings. Other health and social care professionals were involved to maximise people's independence and improve their outcomes. One person had told the service in their feedback, "They [staff] helped me enough to gradually increase my independence and gain confidence after a long stay in hospital, their knowledge and working with other agencies created a whole package of care which was second to none."
- People's preferences were acknowledged. For example, where people preferred a male or female care staff, rotas were planned to ensure people's wishes were followed.

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.

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given. People who lived with limited sight had access to very large print information and staff had very large identity badges printed.
- People were assessed for their need for equipment and aids to promote independence. For example, devices to remind people to carry out tasks, such as wearing their call alarm.

Improving care quality in response to complaints or concerns

- People had information about how to make a complaint when they joined the service. People told us they had not needed to make a complaint but felt confident they knew how to.
- The registered manager had responded to complaints in a timely way following the provider's complaints policy. The management team were pro-active in listening to people's feedback, which they addressed promptly.

End of life care and support

- People who joined the service for reablement whose circumstances changed to requiring end of life, stayed with the service to receive care from staff they knew. Where possible people were given the opportunity to record what was important to them at end of life. Staff followed people's wishes.
- People had been supported to explore their feelings and emotions surrounding loss of family. People were referred to their GP for bereavement counselling where needed.

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 Good. At this inspection this key question has remained the same. 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

- The registered manager promoted person centred care in all aspects of the service. People set their own goals and staff did all they could to support people to achieve them.
- Managers and staff told us they were proud of the service. All teams worked together to achieve people's goals, recognising when people's needs changed and involving other organisations.
- The registered manager told us 67% of people had become so independent that when they left the service, they left without any further social care; this had been enabled by a combination of other resources such as meal providers or assistive technology.

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; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- Staff and management team worked together to understand what led to incidents and take actions to improve the service. The registered manager welcomed all feedback and used a problem-solving approach to resolving issues.

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

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- The provider's systems did not allow the registered manager to access all the information they required to manage the service, such as staff training and recruitment. The registered manager was working with the provider to improve their systems.
- Each manager had a geographical area and their own team of reablement support workers. Some teams had developed good practice such as the way they detailed how to achieve people's goals. The registered manager recognised this good practice and planned to share with all teams to continually improve the service.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current guidance and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for their feedback through surveys at the end of their care. All feedback was read by the registered manager and shared with the relevant team. Any negative feedback was used for learning and improving the service.
- People's equality characteristics were considered when sharing information, accessing care and activities.

Working in partnership with others

- The registered manager worked with the provider's (local authority) brokerage system to find people packages of care where needed.
- The registered manager successfully used their network of health and social care providers to ensure resources were found for each person to meet their individual needs. For example, accessing funding for clubs for the visually impaired, or signposting people to other services.