

SCC Adult Social Care

Runnymede Reablement Service

Inspection report

Runnymede Borough Council
Runnymede Civic Centre, Station Road
Addlestone
Surrey
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Tel: 01932794810

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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

This was an announced inspection that took place on 22 July 2016.

The reablement service supports people to regain the skills they need to remain independent after a period of ill health. The frequency of visits and length of time support is provided varies according to people's individual needs, up to a maximum of six weeks. Referrals to the service are made by hospitals in Surrey and the County Council's adult social care locality teams. The reablement service is free of charge to people using the service. It is located in the Addlestone area.

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 and associated Regulations about how the service is run.

At the previous inspection on 19 February 2014, the service was compliant with the standards inspected against. At this inspection the regulations were met.

People told us they were very happy with the service provided and received the care and support that had been agreed with them. This was provided at the right time and if for any reason it could not be, they were informed in advance. The designated tasks were carried out to their satisfaction by committed and caring staff. People felt safe using the service and thought it was effective, caring, responsive and well led.

The records were up to date and covered all aspects of the care and support people received. This included people's choices and identified and met their needs. The information was clearly recorded on a computerised system, fully completed, and regularly reviewed. This enabled staff to receive the information and support they needed to perform their duties.

Staff knew the people they gave support to and the way people liked to be supported. They also worked well as a team. Staff provided care and support in a professional, friendly and effective way that was focussed on the individual and they had appropriate skills to do so. They were well trained, knowledgeable and accessible to people using the service and their relatives.

Staff said the organisation was a good one to work for and they enjoyed their work. They had access to good training, support and there were opportunities for career advancement.

People and their relatives were encouraged to discuss health and other needs with staff and had agreed information passed on to GP's and other community based health professionals, as appropriate. Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still providing meals that people enjoyed.

Staff had received appropriate training about the Mental Capacity Act and were aware of their responsibilities regarding it.

People told us the office, management team and organisation were approachable, responsive, encouraged feedback and frequently monitored and assessed the quality of the service provided.

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.

The agency was suitably staffed, with a work force that had been Disclosure and Barring (DBS) security cleared. There were effective safeguarding procedures that staff understood.

Appropriate risk assessments were carried out, recorded and reviewed.

People were supported to take medicine in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good ●

The service was effective.

People's support needs were assessed and agreed with them and their relatives. Their needs were identified and matched to the skills of well trained staff. They also had access to other community based health services that the agency regularly liaised with.

People's care plans monitored their food and fluid intake to make sure they were nourished and hydrated and balanced diets were encouraged.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

Good ●

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

Good ●

The service was responsive.

The agency re-acted appropriately to people's changing needs and reviewed care plans as required. People's care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Is the service well-led?

Good ●

The service was well-led.

The agency had an enabling culture that was focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service and constantly monitored standards to drive improvement.

Runnymede 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection and took place on 22 July 2016. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider had 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 also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 16 people using the service and 18 staff. During the inspection, we spoke with two people using the service, three relatives and five staff, the registered manager and management team.

During our visit to the office premises we looked at four copies of care plans for people who use the service. Copies of the care plans were kept in the office as well as in people's homes. Information recorded included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance. We also looked at three staff files.

Is the service safe?

Our findings

People said they thought that there were enough staff available to meet their needs and they felt safe using the service. One person told us, "The staff provide what I need." A relative said, "No concerns with the service."

Staff received safeguarding induction and refresher training that included how to recognise abuse and possible harm to people using the service. Staff understood what abuse was and the action required if encountered. They were aware of the council policies and procedures in relation to protecting people from abuse, harm and followed them. Staff told us they would inform the office to raise a safeguarding alert if they had concerns. The council safeguarding, disciplinary and whistle-blowing policies and procedures were contained in the staff handbook. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The recruitment procedure was that of the council and included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's philosophy towards providing care, skills and knowledge of the care field they would be working in. References were taken up, work history checked and disclosure and barring (DBS) security checks carried before people were confirmed in post. There were enough staff employed to meet peoples' needs. This was confirmed by the staff deployment rota that showed staff were not over stretched when trying to meet people's needs or when travelling between calls.

The service carried out risk assessments that enabled people to take acceptable risks as safely as possible and also protect staff. The risk assessments included both environmental risks and those related to people. The risk assessments were monitored throughout the period people received the service and identified the level of support and when it required change. People said that staff asked them to identify any risks that staff may not be aware of. Staff told us the information they received, enabled them to identify situations where people may be at risk and take action to minimise the risk. Staff had been trained to identify and assess risk to people and themselves.

The service had a 'Risk and Quality Assurance Log' that monitored incidents and events. Staff shared information regarding risks to people with the office and this was added to the log. They also shared information with other members of the team, as required. Any immediate concerns were escalated to the senior management team. There were also accident and incident records kept that were regularly reviewed.

Staff safely prompted people to take medicine or administered it as needed. There was a medicine policy and procedure for staff to follow and staff that prompted or administered medicine to people were trained to do so. This training was updated annually. They also had access to updated guidance. The medicine records of people were monitored and risk assessed by the service.

There was adequate protective equipment and clothing provided to keep people and staff safe. Two staff was picking up supplies of protective gloves during our visit.

Is the service effective?

Our findings

People said the service fully involved them in making decisions about the care and support they received, how it would be provided and when this would take place. People said they rarely had issues with the timing of calls, length of stay and that staff met their needs well. They said that their needs were understood by staff who provided the type of care and support that they required. One person said, "It does what it says on the tin." People told us that they thought the staff were well trained and this enabled them to complete the tasks that were needed. Another person told us, "I am completely satisfied." A relative said, "The service is very impressive."

The Council provided staff with comprehensive induction and on-going mandatory training. The training was based on the 15 standards of the 'Care Certificate' and the expectation was that staff would work towards the 'Care Certificate'. On completing induction new members of staff were signed off when considered competent. New staff shadowed more experienced staff as part of the induction process. Training was classroom and e-learning based depending on its nature. Training was provided in moving and handling, safeguarding, infection control, medicine, food hygiene, end of life and health and safety. There was a training matrix that identified when training for each staff member had taken place and when it was due. Monthly team meetings took place for staff based on levels of seniority and teams. There was quarterly supervision that included one that was observed on site and annual appraisals. The supervision and annual appraisal provided opportunities to identify group and individual training needs. This was in addition to the informal day-to-day supervision and contact with the office and management team. There were staff training and development plans in place.

People's care plans included their health, nutrition, hydration and diet. These were also included as part of the risk assessment process. Where appropriate staff monitored what and how much people had to eat and drink with them. Staff advised and supported people to prepare meals and make healthy meal choices. Staff said any health concerns were raised and discussed with the person and their GP as appropriate. Records demonstrated that the service regularly liaised with relevant health services, as part of the reablement process. This included hospital discharge teams and service providers who would be taking over the care packages once the six week support had concluded.

People's consent to the service provided was recorded in their care plans. There was a review of care after two weeks and staff regularly monitored with people that the care and support provided was what they wanted and delivered the way they wished. The care was decreased as people became more independent or maintained until this took place. Staff had received training in people's behaviour that may put themselves and staff at risk and the procedure to follow if such behaviour was encountered.

The service had an equality and diversity policy that staff were aware of, understood and had received training in.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as

this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

The service carried out spot checks in people's homes that included areas such as staff conduct, courtesy and respect towards people, maintaining time schedules, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment. Staff were issued with smart phones to ensure information was communicated in a timely and secure manner. Staff work rotas were updated when people ceased to use the service.

Is the service caring?

Our findings

People felt that staff treated them with dignity and respect. They were listened to by staff and their opinions were valued. Staff provided them with support in a friendly, thoughtful and compassionate way. One person said, "The carers (staff) were exactly that caring and helpful." Another person told us, "The girls (staff) are lovely." A relative said, "A really good service with kind, friendly staff with a good knowledge and skills base."

People told us the service provided thorough, easy to understand information about what was provided to enable them to decide if they wished to use it. The information outlined what people could expect, the way support would be provided and the service expectations of them.

Staff received training in treating people with dignity and respecting them and their privacy as part of their induction and during refresher training. The importance of social engagement and interaction for people was emphasised, particularly as the visit by staff may be the only interaction they received. The service operated a matching staff to people policy, particularly for sensitive areas such as same gender personal care. This also included staff skills that helped to meet peoples' needs and enable them to regain the skills required to live as independently as possible. The service strove to provide staff continuity to support people better to achieve independence.

People said they were fully consulted and involved in all aspects of the care and support they received. This was by staff that were patient, compassionate and friendly. People thought staff were prepared to make an extra effort to ensure their needs were properly met. Staff told us about the importance of listening to peoples' views so that the support was focussed on the individual's needs. The service confirmed that tasks were identified in the care plans with people to make sure they were correct and met the person's needs. People also felt fairly treated and any ethnicity or diversity needs were acknowledged and met.

If providing end of life care, the service liaised with the appropriate community based health teams. The service took into account that relatives could be involved in the care as much or as little as they wished during a distressing and sensitive period for them.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction, on-going training and contained in the staff handbook.

Is the service responsive?

Our findings

People told us that the council and service asked for their views and they were consulted and involved in the decision-making process. This included before they received a service. One person said, "I agreed what I needed." Another person told us, "Very helpful." A relative said, "I wasn't happy with a carer that was sent and they (Office staff) sent someone else who was much better." People said that the care they received was personalised to them and responsive to their needs. Staff enabled people to decide things for themselves, listened to them and when required action was taken.

Staff told us how important it was to get the views of people using the service and their relatives so that the support could be focused on the individual's needs. One staff member told us, "It's about people receiving the service."

Once a referral was received by the service, an assessment visit was carried out by a Reablement Assistant or in some instances the Team Leader, if a Reablement Assistant was unavailable. During this visit they checked the tasks identified and required by people. They agreed the tasks with people, to make sure they met the person's needs. This was to prevent any inconsistencies in the service to be provided. This visit also included risk assessments.

We saw office copies of people's care plans that were individualised and person focused. The manager told us that people were encouraged to contribute to their support plans and agreed tasks with the service. People's care plans detailed the support needed, by whom, how it was to be provided and when it was needed. This gave staff information that would help them to familiarise themselves with people and their needs quickly. There was also information such as contact details for GP, relatives, person referring to the service, entry access and medical and current health history. One person said, "They do check my plan with me." People's needs were initially reviewed after two weeks and assessed to identify if support required increasing or decreasing. Then weekly review meetings between care workers and the link worker took place until the sixth week. This was when the service provided a comprehensive handover to the new provider. The service did not withdraw until the new provider was in place. Any change to the type or level of support provided was recorded in the care plans.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. They had access to the service specific complaints procedure as well as that for the county council. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had equality and diversity policy and staff had received training.

Is the service well-led?

Our findings

People said they were comfortable speaking to the manager, office team and front line staff. They were happy to discuss any concerns they may have and always felt responded to. They said frequent telephone communication with the office took place and staff were always available to listen to their queries. People said that if there was a problem with staff or the timing of the support provided, that it was quickly resolved. One person said, "Excellent care couldn't do enough for me, nice and polite." Another person said, "The office responds quickly if we contact them." A relative told us, "Any issues are dealt with quickly."

The management team displayed open, supportive and clear leadership with staff enabled to take responsibility for their designated tasks. They described the vision of the service that followed that of the county council and reflected its philosophy of providing quality care to a high standard. On a localised level the service expectation of the management and staff teams was that a service was provided that would meet their expectations for themselves and their relatives. The vision and values were clearly set out, staff understood them and said they were explained during induction training and regularly revisited. The manager was registered with the Care Quality Commission (CQC) and the requirements of registration were met.

Staff told us the support they received from the management team and the office was of the type they needed and that they felt valued. The manager and team leaders were in frequent contact with staff and this enabled them to voice their opinions and exchange knowledge and information. This included during monthly staff meetings. They felt suggestions they made to improve the service were listened to and given serious consideration. There was also a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working for the agency. One person who uses the service commented, "We think all the carers (staff) sent to us are lovely and all seem to really love their job."

The records demonstrated that quarterly supervision and annual appraisals took place with input from people who use the service about staff performance being requested. This was to help identify if staff were person centred in their work. Records showed that spot checks took place.

There was a policy and procedure in place to inform other services of relevant information when required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The service was audited as part of the county council audit system and audits localised to the service also took place of peoples' files staff files, support plans, risk assessments, infection control and medicine recording. The service used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

We saw that records were kept securely and confidentially and these included electronic and paper records.