London Borough of Waltham Forest

London Borough of Waltham Forest Reablement & Support at Home Team

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement

Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 27, 28 and 29 July 2016. The inspection was announced.

At our last inspection the service was non- compliant in supporting staff but they became compliant before this inspection.

London Borough of Waltham Forest Reablement & Support at Home Team is a service that supports people in their own homes to achieve their independence within six weeks of support. At the time of our inspection, 110 people were using the service

The service should have a registered manager. The current interim manager was in the process of applying to the Care Quality Commission.

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

People were kept safe while using the service. Staff understood how to report abuse and were proactive in doing this at the service. The service was based at the council and the local safeguarding team was based there as well and provided support to staff. Some staff were not aware they could contact the CQC with safeguarding matters.

Medicines were not administered by staff at the service. A new medicines policy had been introduced to ensure staff were aware of the level of support they could provide to people with their medicines. This was now being followed by staff.

Risk assessments were carried out to ensure people's home environment was safe and to check any equipment in their home was safe. Reablement staff told us that if the risk assessment had not been performed before they arrived to start support they would check for risks and inform the office. This helped to keep people safe.

The risk of infection was minimised as staff wore protective clothing. However senior reablement staff were concerned about the risk of cross infection where staff did not change their uniforms after leaving people's homes with an infectious disease. We have made a recommendation about reducing the risks of cross infection from staff uniforms..

Recruitment was carried out safely and we saw that the service carried out regular criminal records checks every three years to ensure people were cared for by staff of good character.

Staff told us they felt supported as they could approach the interim manager, head of service and colleagues for advice. Staff received an annual appraisal but staff were not receiving regular supervision and training to support them in their role. Staff told us through their years of experience they felt they were good at their job and people told us that staff were good at what they did.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and made sure to obtain people's consent before providing care. However there were no records of recent training in the MCA.

Staff were very passionate about their job and people and their relatives told us that staff were very caring, kind and patient. People's dignity and privacy was also respected by staff.

People's care plans were not person centred. People were set reablement goals which were generalised and sometimes covered many other goals. Furthermore, how staff were to enable people to achieve their goals was not clear. Staff told us they felt more information could be written to explain how to support people to be independent.

Records showed that the level of detail written in people's care plan was limited and more information was recorded on the service computer system.

We have made a recommendation in following best practice on writing care files.

People were cared for by staff who were prompt in meeting their needs, for example where they had identified if changes in support were required. Staff recorded their observations and people received regular reviews of their care so they were aware of their progress.

People did not feel that the times staff arrived met their needs but staff explained they attended to higher risk people which meant other calls may be late. We have made a recommendation to meet people's preferred time slots.

Quality assurance was not robust at the service. Previous audits had stopped and there were no recorded quality checks of returned care plans. Spot checks were not being consistently recorded by senior staff.

Staff spoke positively about the management of the service and of the new interim manager. Staff found that good practice and experience was being shared which boosted morale.

We found three breaches of the regulations.

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.

Staff knew what abuse was and how to escalate it.

Staff were recruited safely and records confirmed that criminal records checks were done regularly.

Staff at the service did not administer medicines. People who required assistance received this safely from staff.

Risk assessments of people's homes and equipment was carried out and necessary referrals to health professionals were made if further equipment was needed to keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Reablement staff did not receive regular supervisions. Training that staff needed was not being provided regularly.

People thought staff were good at their job and knew what they were doing.

People were asked for their consent before care was given and staff understood the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who quickly built a good rapport with people.

People's privacy and dignity was respected at all times.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not person centred and contained generalised

phrases.

Staff were very observant and escalated changes in people's needs quickly so they could either reduce care or prepare for a longer term package.

The service had a robust complaints procedure and people were supported to make a complaint about poor care they received.

People told us the times reablement staff arrived did not always meet their needs.

Is the service well-led?

Requires Improvement

The service was not always well led.

Staff spoke positively of the new interim manager and told us they were very supportive and shared good practice.

Quality assurance was not robust. The service was not being regularly audited.

Staff records were not organised and information was missing.

London Borough of Waltham Forest Reablement & Support at Home Team

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 was planned to check 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.

The inspection took place on the 27, 28 and 29 July 2016 and was announced. The provider was given 24 hours' notice because the location provides a reablement service and we needed to be sure that a senior manager would be able to support the inspection.

The inspection was carried out by one inspector.

We spoke to the team manager, four senior reablement officers, five reablement officers and 10 people who used the service and two relatives.

We observed an initial assessment in someone's home by a senior reablement officer.
We reviewed 10 care plans and seven staff files which included supervisions, appraisals and pre-employment checks. Policies and procedures were also reviewed during the inspection which included safeguarding, whistleblowing, risk assessments.

We looked at other records which included questionnaires, compliments and incidents.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "I do feel safe" another person said "Yes I feel safe."

Relatives told us the staff kept their family members safe. One relative said "[Staff member] stayed with my relative until the ambulance came, that was really good."

People told us that reablement staff told them who they were when they arrived, had a uniform and showed their identification. People said this made them feel safe.

Reablement staff said they always knocked on people's doors even if there was a key safe outside their house, which held people's keys in a coded safe. Reablement staff said "We may have been given information to tell us they are slow to come to the door so I wait a bit then I use the keysafe and announce I am inside." Another member of staff said "I don't want to frighten people so I call out to say I'm there."

Reablement staff told us they logged in and out of people's homes to show the service when they arrived and left and we observed a senior reablement officer do this at a first visit. Staff told us where people did not have a phone a barcode would be added to the front of people's enablement plan and staff could swipe in and out to confirm the times they had attended.

The service used the safeguarding policy from the council and the Pan London Guidance, which is a multiagency way of safeguarding

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People were protected from the risks of abuse as staff told us they would report back to their senior reablement officers or social worker if they saw anything that constituted abuse. This included observing bruises or changes in people's behaviour. However not all staff were aware that they could report allegations of abuse to the CQC. The service liaised with the council's in-house safeguarding team and guidance and support was always available to them. Staff based at the office had received recent safeguarding training, however reablement staff had not had recent training in safeguarding.

Staff knew they could whistleblow to the CQC but thought this was only for poor procedural practice. The service had a whistleblowing policy, however this was due for review on 20 November 2015.

Risk assessments of people's home environment were carried out and checks on any equipment that were used. Occupational therapists based within the team, senior reablement staff and reablement staff made referrals for extra equipment to ensure people could move about safely within their home. For example one reablement officer said "[Person] called out as they could not use the toilet as it was too high, I called our occupational therapist and they came out straight away to sort the issue out. [Person] was so grateful at how quick we got it resolved." This meant that people were protected from risks in their home.

The interim manager showed us that they had revised the medication policy to make it clear the level of support reablement staff could give people and they had introduced a medication risk assessment. Staff

told us they had not received recent medication training but had had a meeting to advise them of their remit in enabling people with their medicines. This was now limited to assist and prompt from a blister pack. Reablement staff told us that some people may not be able to open the blister pack so they would open it for them in that instance.

The service had a recruitment policy and staff told us that they went through an interview, detailed previous experience and provided references. Reablement staff also told us they were required to complete a criminal records check to ensure they were safe to work with people. This was refreshed every three years and records confirmed this.

People were protected from the risks of infection as reablement staff wore protective clothing during visits. Reablement staff were given gloves and aprons and told us they picked supplies from the office.

Where reablement staff needed to be aware of any infections an alert was placed on people's files so that staff were aware of the risks. Some senior reablement staff told us they were concerned that reablement staff were at risk of cross contamination if they did not change their uniform after being in contact with an infectious disease.

We recommend the service follow best practice in minimising the risk of cross infection.

Requires Improvement

Is the service effective?

Our findings

People told us they thought staff were good at their jobs. One person said "They gave professional care and advice." Another person said "They explained what to expect and gave me vital local information."

Relatives told us that reablement staff who attended to their family knew what they were doing. One relative said "They were really good with [relative]" Another relative said "They are hardworking people, they are lovely."

All reablement staff told us they felt supported in their role and could approach their colleagues, head of service and the new interim manager.

However all staff at the reablement service said they would like more training and staff told us this was raised in their supervisions. The majority of reablement staff told us they had not had training in mandatory areas for at least a couple of years. The training matrix showed that staff had received training in 2014 -2015 and this included manual handling, food hygiene, dignity and respect, infection control, medication, sensory awareness and safeguarding awareness. Some staff had not completed emergency first aid and no staff had completed fire safety. Staff records did not contain certificates so we could not verify exactly when training had been completed last.

The service had gone through a period of restructure and we were told that training needed to be booked. We were unable to see a schedule of booked training to ensure that staff knowledge and skills were being kept up to date.

Staff completed an induction and the service used an induction workbook. The workbook asked staff questions to test their knowledge of reablement and the different types of equipment people could use within their home. The interim manager advised this booklet needed to be updated for new staff who joined so that they received up to date information regarding the reablement service.

Records confirmed that staff received a yearly appraisal where they reviewed the previous years work and set future goals. Reablement staff told us they received supervision with their senior reablement officer. In the seven staff records we looked at, it showed that supervision did take place but not on a consistent basis. Most staff supervision stopped in February 2016. One senior reablement officer said "I do mine every six weeks, I have two more to do." Some reablement staff said they spoke to the senior reablement officer over the phone but they would like a face to face meeting with them to discuss their work. Another reablement staff member told us they would like their senior reablement officer to tell them when their supervision was going to take place.

There had been two team meetings and we looked at the minutes of these with staff from the office, some reablement staff had recently had a meeting where they met the new interim manager. Reablement staff out of the office had not had regular team meetings. One reablement staff member said "We used to have regular team meetings but every month or so but since the restructure not had them."

The above issues were a breach of Regulation 18 Health and Social Care Act 2008.

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.

Staff from the reablement service knew about people being able to make their own decisions and explained that they would inform the social worker at the service if they thought someone's capacity needed to be assessed. There was a mental capacity policy which had examples of how to apply the act in the care setting however we could not see that staff had received training in mental capacity.

People told us that staff asked for their permission before doing anything in their home and staff confirmed that they always got people's consent and it was their right to refuse support. One person said "They tell me what they are going to do and ask if it is ok." If people did refuse, reablement staff advised they would record this and inform the office.

Reablement staff monitored people's care needs all the time when they carried out their call and contacted health professionals as appropriate. This ensured that people always received the best outcome whether it be new equipment in people's homes or to be referred for more support.

Reablement staff advised that people were supported to prepare light meals with a microwave. People that were diabetic told us that staff visited them early in the mornings. One person said "Staff helped me make a cup of tea but with no sugar."

Good

Is the service caring?

Our findings

People told us staff were caring towards them. Comments from people included "They [staff] are absolutely lovely" and "They are warm friendly and cheerful." Another person said "I was met with a smile, this relaxed me straight away."

People said they were thankful for the support they received as it helped them regain their independence which was the aim of the service.

Relatives were happy with the staff who supported their family member and said that staff listened to what they needed. One relative said "The ladies who come have been absolutely brilliant." Another relative said "They [staff] are so nice and ever so wonderful, they are like family" and "Not a bad one, very polite."

People said that most of the time they received the same member of staff and call records showed this happened. This meant that people could build a rapport with staff and get to know them even though support in some cases was only to be given over a short duration.

Staff spoke passionately about the service they provided to people. One member of staff said "It's great to see people get better and become independent again at the end, especially when they didn't think they would be able to." Another member of staff said "I love what I do, if I can help someone get better after being in hospital I get so much joy."

Staff explained the importance of respecting people's privacy and dignity when supporting them with personal care. One member of staff said "We shut the door and close the curtains." Another member of staff said "I always ensure I cover people with a towel when I am cleaning another area of their body." One person who used the service said "I was treated with respect" another person said "I feel comfortable when they help me with a wash."

Staff told us they always ensured they were courteous when they went to people's homes and introduced themselves with a smile. We observed a senior reablement officer interact in a kind way with someone who was new to the service. The member of staff was polite and friendly and put the person at ease in their home.

We observed people's preferences were considered. This included whether they wanted a male or female member of staff and people's preferred name, this was documented in people's support plans.

Requires Improvement

Is the service responsive?

Our findings

People told us they were asked what they needed help with and that reablement staff listened when they came. One relative said "Oh yes we told them what we wanted and they did it."

Staff understood the ethos of reablement was to support people regain their independence and skills before they were in hospital. One member of reablement staff said "I must ask what they want, it's not what I want and I reassure them that it will take time to get better."

Senior reablement staff told us they aimed to visit and assess all new people to the service within 48 hours'. However sometimes this was not possible, especially over weekends. Reablement staff told us that sometimes they were visiting people to start support and an assessment had not been done. Reablement staff said they had been provided some information on what to do and this was sent to their work mobile. However reablement staff said it would be better if the formal assessment had been done as they were asking people some of the assessment questions when they arrived. This included finding out what people were able to do and not do independently.

People had enablement plans but they were not person centred. People's needs were assessed initially by a senior reablement officer but details on how staff were to enable people to become independent was not clear. In the 10 enablement plans we looked at, people's 'reablement goals' were generalised. This meant that care was not personalised. For example in one, the goal was to "reduce calls", "become independent" and "skill maintaining". Another example said "safe transfers" but how staff were to support people with a safe transfer or the equipment needed was not clear.

We also looked at four support plans and in two of them people's 'most important outcomes' were identical. In the support plan there were details of peoples likes and dislikes but none of this information was in people's reablement folder. For example one person said they loved music and played the piano but we did not see this built in as an outcome.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed a first visit after someone had been discharged from hospital. The senior reablement officer asked what the person was able to do for themselves and then asked what they needed support with. After observing we noted the level of detail the person had provided to the senior reablement officer was not in their reablement folder but was updated on the computer system.
Senior reablement officers showed us more detail was recorded on their computer system but this detail was not recorded in people's folders and the level of detail was not consistent. Reablement staff told us that they thought the information in the enablement plan was sufficient to know what to do. However they said this was because of years of experience as opposed to it being explained in the plan.

We recommend the service follow best practice on writing people's care files.

The service was very proactive in following up actions and responded quickly when they identified an increase or decrease in people's needs. The interim manager said, "Staff will quickly say if they think something is long term and we can take it to the panel." One person we spoke to told us that a senior reablement officer had been out to perform a review of progress. One person said "Im getting better and [staff member] came to see me and my calls have now been reduced as I don't need that much support."

Records showed staff within the service recorded their observations and reviews happened at pre agreed intervals.

Records showed that people were referred to other health professionals promptly for further review; this included the Occupational Therapist or Social Worker. Records also showed where people needed long term care, all staff within the service had been prompt in identifying this during earlier visits so that people could be assessed in time to receive the appropriate level of care.

Information on how to make a complaint was provided within people's enablement folder. There was a leaflet within the main office but staff at the service did no provide these to people using the service. People told us the only complaint they had was the timings of when reablement staff arrived. Some people advised they had called the office and had seen an improvement however some were still receiving late care.

People felt that timings were not responsive to their needs as most people wanted reablement staff to arrive earlier. Most people we spoke to said reablement staff were very late and when they arrived the support was no longer required. Reablement officers told us they were aware of the issues with times but they explained the rotas were prepared by another department. Reablement staff said they apologised to people and explained they also had attend to higher risk people in the morning for example people with diabetes which may make them later than planned.

We recommend the service follow best practice in meeting people's requested times for reablement support.

Requires Improvement

Is the service well-led?

Our findings

People said they could contact the office easily. People did not know who the manager of the service was but the service had recently recruited an interim manager of the service.

Relatives told us staff at the office had been very helpful when they had called to speak to someone senior.

Quality assurance of the reablement service was not robust. The service had a quality assurance framework but there was no evidence of audits taking place.

People were asked to complete a questionnaire to provide their views on the quality of the service at the end of their support and the majority of people did complete these and provided positive feedback. However there had been no analysis of this information and how it could help the service to improve further.

The recording of spot checks was not consistent and therefore the service could not confirm they were always being done. We were told that spot checks in the community were carried out by the head of service but there was no evidence of this. Senior reablement staff told us they were concerned they were unable to always meet with reablement staff or undertake quality visits due to their capacity. This meant that monitoring of reablement staff was not happening and the service could not always be assured that staff were following good practice or be given feedback on how to deliver a good service.

Staff based at the office, senior reablement staff and occupational therapists told us that they used to audit people's returned care plans but this had stopped. This meant that care plans returned to the service were not audited to check for quality of content and that correct information had been filled in.

Staff records were not organised and documentation was either missing or could not be found easily within them. We had been advised that the files had to be condensed due to relocation but personnel records could not be located such as people's application form, references, identification and completed training certificates.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff at the service spoke positively about the management of the service. Senior reablement staff were happy with the leadership of the interim manager. One senior reablement officer said "Thumbs up, [manager] gets things done her experience is fantastic." Another member of senior reablement staff said "She's good, passes on her knowledge always sharing her experience."

The service had been through a period of restructure and staff told us the atmosphere had been unsettled. Staff based at the office told us that the interim manager and the head of service shared information with them and had an open door policy if they needed to discuss anything.

The new interim manager was currently implementing new policies and procedures and staff based in the office appreciated this was being done and told us it was needed.

Team meetings had recently started again for senior reablement staff. To improve morale, staff shared positive stories to help share good practice within the service. Staff told us they liked the new structure to team meetings and that there was an agenda to follow. Staff told us they discussed lone working and medication policy. The service learnt from incidents and records confirmed that staff we debriefed on correct practice to avoid a similar incident happening again.

Reablement staff outside of the office had mixed views about information sharing. Some staff had recently met the new interim manager but some knew there was a new manager but had not met them yet. Some of these staff felt like they were not receiving important messages and would hear about them from their colleagues.

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 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person Centred Care. People who use services and others did not have care that reflected their personal preferences. Regulation 9 (1) (c)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance Systems and processes established were not assessing, monitoring or improving the quality of the service. Regulation 17 (1) (2) (a) Other records were not being maintained accurately. Regulation 17 (1) (2) (d) (i) (ii)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing Persons employed must receive appropriate support, training and supervision as is necessary to enable them to carry out their role. Regulation 18 (2) (a)