London Borough of Hammersmith & Fulham

HomeCare Reablement Service

Inspection report

Floor 4
145-155 King Street
Hammersmith
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29 November 2018
04 December 2018
12 December 2018
18 January 2019

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

This comprehensive inspection was undertaken on 29 November, 4 and 12 December 2018. Inspection activity was concluded on 18 January 2019. We gave the provider two days' notice as this is a domiciliary care service and we wished to ensure that key staff would be available. The previous inspection was completed in January 2017 and the service was rated as Good. Effective, caring, responsive and well-led were rated as Good and safe was rated as Requires Improvement.

We had found one breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safety of the medicines management. The care plans for people who required prompting or assistance to adhere to their medicine needs had not contained a complete written record of all prescribed medicines. Therefore, staff could not be fully assured that they had accurately supported people with their medicines. Following the previous inspection, we asked the provider to complete an action plan to show what they would do and by when to meet the regulation. At this inspection we found that the breach of regulation was met and thorough systems for the safe management of medicines had been established.

HomeCare Reablement Service is a domiciliary care agency which is registered with the Care Quality Commission (CQC) to provide the regulated activity of 'personal care' to people living in their own houses and flats in the community. The personal care formed part of a wider package of support offered during the reablement period. The service is operated by the London Borough of Hammersmith and Fulham and offers a free service for up to six weeks comprising personal care, reablement and other support. The aim of the service is to support people to regain their confidence and independent living skills, so they can continue to remain in their own homes. However, the intervention period is flexible and occupational therapy and/or physiotherapy could be provided for longer than six weeks depending on a person's individual needs and circumstances. The service is available for people aged 18 and above, and there were 47 people using the service at the time of the inspection. The service works in close partnership with the Community Independence Service (CIS), which is part of a local NHS trust.

A registered manager was in post. A registered manager is a person who has registered with the CQC 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. The registered manager was a team leader at the service and she

had been registered since January 2017. During the inspection the service manager informed us that he had applied to CQC to also attain registered manager status and this registration was confirmed in February 2019. To provide clarity, this report refers to the registered manager and the service manager by the job titles they held at the time of our visit to the service.

People reported that they felt safe using the service, and felt the staff were trustworthy. There were appropriate systems in place to promote people's safety and mitigate identified risks. Staff received training in safeguarding and infection control, and their responsibilities to protect people from abuse and harm were discussed at their supervision and team meetings. Risk assessments had been developed to identify and address risks, for example if people were at risk of falls or malnutrition. The provider worked closely with the assistive technology co-ordinator to support people's safety and wellbeing through the sensitive and individual use of beneficial equipment. Accidents and incidents were recorded and analysed so that the provider could detect any trends and take appropriate action.

People were supported by exceptionally well-trained staff, who benefitted from a dynamic learning and development programme that included specific training to meet the varied needs of people who used the reablement service. Some of this training was delivered by local health and social care professionals, for example pharmacists and specialist nurse practitioners. Therefore, the training considered factors such as local protocols and team structures. It also provided community independence assistants and their colleagues with opportunities to get to know key professionals working within the borough.

Minutes showed that staff were encouraged to share good practice at meetings. For example, a community independence assistant shared their experience of how pet therapy provided a person who used the service with reassurance and an improved morale.

People told us their allocated staff understood how to meet their needs and carried out their roles well. Staff were described as "kind and caring", and were praised by people for their respectful approach when assisting people with their personal care. We received detailed information from local health and social care professionals about the excellent performance of the staff and how they used their knowledge and skills to deliver an individual service of high quality to people, and their relatives where applicable.

People were supported to make decisions about their care from staff who understood their responsibilities in line with the Mental Capacity Act 2005 (MCA).

Where applicable, people were supported to meet their nutritional needs. This included support to prepare drinks and light meals. The community independence assistants told us they encouraged people to eat a balanced diet that included appetising foods people enjoyed.

People were supported to receive a service that was individual and outstandingly responsive to their unique needs and wishes. Through speaking with people who used the service, looking at care plans and also reading case studies prepared by members of the reablement team, we saw that staff had implemented creative and innovative care to enable people to measurably improve the quality of their life and continue to live at home, in accordance with their wishes.

The service was flexibly delivered. For example, the community independence assistants could prioritise their daily visits and spend additional time with people who used the service in line with their current needs that day. There were also opportunities for people to extend the therapy part of their reablement, subject to assessments by the appropriate clinicians. Comments from local health care professionals demonstrated their admiration for how the provider continuously strived to provide genuinely responsive care.

People were provided with information about how to make complaints and how to access advocacy support. There were numerous compliments about the service and one complaint, which was professionally managed.

People who used the service, their relatives and local health and social care professionals stated that the service was well managed. Staff were motivated to provide a meaningful service that positively impacted on people's lives, and they felt that the management team supported them to achieve this.

Systems were in place to monitor the quality of the service. This included spot check visits to people's homes by the registered manager and the team leader, audits of care plans and other documents and questionnaires to gather the opinions of people who used the service.

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.

Where required, people received safe support from staff to receive their prescribed medicines, and detailed records were kept in relation to how people were supported with this task.

Robust systems were in place to protect people from the risks of abuse and neglect. Staff had received training and knew how to report any concerns without delay.

Risk assessments had been developed to identify and addressed risks to people's safety and wellbeing.

Robust staff recruitment practices were used and sufficient staff deployed to suitably meet people's needs and reablement objectives.

Staff protected people from the risk of cross infection through using correct infection control practices.

Is the service effective?

Outstanding

The service was outstandingly effective.

People were supported by a staff team with effective skills and knowledge, who received an exceptional standard of training and support.

The provider had developed excellent links with local health care professionals. They reported that the service was a valuable resource that met people's health and social care needs in an extremely effective and highly capable manner.

Where necessary, staff supported people to meet their nutritional needs.

Staff understood the Mental Capacity Act 2005 (MCA) and supported people to make choices about their care and support.

Is the service caring?

Good

The service was Good.

People and relatives told us that staff were very kind and caring.

Care plans contained demonstrated that people and their relatives where applicable were consulted about their needs, wishes and interests.

The community independence assistants and other staff supported people to develop their independence as much as possible, and access community resources and amenities.

People were provided with written information about the service and their rights.

Is the service responsive?

Outstanding ☆

The service was outstandingly responsive.

People and their relatives where applicable, were consulted about their reablement needs and involved in the ongoing reviewing of their goals. Care plans included people's wishes and aims, which were reviewed and adjusted to respond to their varying needs.

The service was delivered in a flexible way. Staff were trained to provide person-centred care and could extend visits to meet people's individual needs.

The provider worked in a seamless manner with health and social care professionals to promptly meet people's changing needs.

People were supported to state their opinions about their care and support, and were given clear information about how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People and relatives spoke highly about the quality of the service and thought the service was competently managed.

Staff were positive about the leadership, training and support they received to meet people's needs. There was a shared vision to provide a valuable service for local people.

The provider enabled staff to regularly meet to discuss how to

support people who used the service and look at ways of improving the quality of care.

Staff demonstrated a motivated and committed approach, and reported that they were competently supported by the management team.

HomeCare 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 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.

This announced inspection was carried out by one adult social care inspector on 29 November, and 4 and 12 December 2018. We completed the inspection on 18 January 2019 following our telephone calls to people who used the service and/or their relatives. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting people who use the service and care staff.

Prior to the inspection we reviewed the information we held about the service, which included the most recent inspection report for January 2017 and any statutory notifications received from the service. These are notifications of significant incidents which the provider is required by law to report to us.

During the inspection we carried out visits to the homes of two people who used the service. We spoke with the registered manager (team leader for the North team), the team leader for the South team, five care staff known as community independence assistants, an occupational therapist, the integrated borough lead for the community independence service, the service manager and the assistive technology coordinator.

We looked at a wide range of documents during the inspection, which included five care plans, policies and procedures, quality assurance surveys, staff records for recruitment, training, supervision and appraisals, minutes for team meetings, audits and medicine records.

Following our days spent at the service, we spoke by telephone with six people who used the service and

three relatives. We received comments from five health and social care professionals about the quality of the service.

Good

Our findings

At the previous inspection we had issued a breach of regulations in relation to the management of medicine. We had found that the community independence assistants were provided with a list of people's prescribed medicines on their blister packs and a separate written record of medicines not stored in the blister pack, for example short-term courses of antibiotics. A blister pack is a medicines compliance aid, filled by a pharmacist. However, staff did not have access to a comprehensive written record of all prescribed medicines and therefore could not be certain they had accurately prompted people with all their medicines.

At this inspection we found that medicine administration records (MARs) had been introduced so that a more rigorous system was in place to promote the safety of people who used the service. The registered manager and the team leader for the South team monitored how staff completed the MARs, in addition to their checks on how staff recorded how they supported people in the daily records that accompanied each care plan. The registered manager showed us the provider's IT system, which was integrated with local statutory health care services. This enabled the provider to check people's currently prescribed medicines and ensure that their own records in people's homes remained up to date. The provider had clear procedures for regularly communicating with applicable GPs and district nurses about people's health care needs, which included discussions about any proposed changes to their prescribed medicines where necessary.

The care plans we looked at demonstrated that people were supported to be as independent as possible with managing their medicines. The provider's medicines policy was written in line with current professional guidance, including 'The Handling of Medicines in Social Care' from the Royal Pharmaceutical Society of Great Britain. Records showed that staff had received medicines training and this training was periodically refreshed.

People informed us they felt safe with staff. One person told us, "I felt absolutely fine with my carers. They were the kindest people and I felt entirely safe being with them." A relative commented, "They were all so nice, responsible, trustworthy and mature in their outlook. [Family member] thought they were superb."

The community independence assistants we spoke with were familiar with the provider's safeguarding and whistleblowing policy, and confirmed they had attended relevant training. Whistleblowing is when a worker reports suspected wrongdoing at work. Staff described the different types of abuse that people who used the service could be at risk of and the signs they would observe for that could indicate a person was being

abused. Staff all expressed their full confidence that the registered manager and/or team leader would take immediate action if they reported any concerns.

Detailed individual risk assessments were in place to identify risks to people's safety, and risk management guidelines were developed to provide staff with written guidance about how to mitigate the risks. At the previous inspection community independence assistants had explained to us they had attended a training course to become 'Trusted Assessors'. This training had provided staff with a range of knowledge and skills, for example they could order low level equipment for people's homes to promote their safety and independence. Staff had spoken positively about the useful nature of this training. At this inspection the community independence assistants confirmed that they continued to carry out this role and received ongoing support and training to undertake this responsibility.

At the previous inspection we had found that safe processes were in place to ensure new staff with appropriate experience and backgrounds were appointed. At this inspection the registered manager stated that no new staff had been recruited. Where required long-term agency staff were used to temporarily fill vacant positions or provide extra support during busier winter months, so that people experienced continuity of care from competent staff who were familiar with the service's aims and objectives.

People who used the service told us they were pleased with the reliability of the community independence assistants. One person told us, "They never missed a visit or turned up later than I expected. I never had to worry that I would be left on my own without support and I could focus on recovering my independence." Relatives also commented on the dependable nature of the staff, "[My family member] genuinely felt [he/she] could rely on [names of staff], I had no concerns when [family member] was on reablement." The community independence assistants we spoke with told us about the steps they would take in the event of unforeseen situations or an emergency, for example if they could not gain entry to a person's home. Staff stated that in these circumstances they contacted their line manager or the designated out of hours on-call officer and always received helpful guidance and support to ensure they carried out the appropriate actions to promote people's safety and welfare.

Accidents and incidents were recorded. The registered manager monitored these records to identify whether there were any trends that needed to be addressed.

People reported that the community independence assistants wore personal protective equipment (PPE) when they supported them personal care, for example disposable gloves and aprons. One person told us they felt reassured by the way staff understood the importance of cleanliness and hand washing. The staff we spoke with confirmed that they received infection control training and they did not experience any difficulties accessing the PPE they needed to safely carry out their duties.

Outstanding

Our findings

We received positive remarks from people who used the service and relatives about the quality of care provided by the community independence assistants. Comments included, "Yes, I feel they are well trained and they knew what they are doing. They encouraged me to do more for myself" and "We were impressed by all the staff. They had the skills and confidence, and this inspired [my family member that [he/she] was going to make progress with their support."

We looked at compliments about the competency of the staff that people and relatives had sent to the provider. Comments included "All staff attending [my family member] over the past weeks were professional in their work to achieve many goals to help [my family member] to where [he/she] is now. Their communication and social skills were excellent and attendance times enabled me to carry out my tasks without problems. You have my utmost respect" and "A wonderful asset for the Hammersmith and Fulham community. Superb staff in all respects."

Staff told us their training programme was excellent and it equipped them with the skills and knowledge they needed to ably meet people's needs and wishes. One staff member told us, "They (provider) give us so much training and [registered manager or team leader] asks us what they can do to support us with our training. It is a very supportive place to work and there is always something new to learn."

At the previous inspection we had found that staff were offered opportunities to undertake the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. As this training is ordinarily undertaken by staff who are new to care roles, we noted that it was not applicable at this inspection for an established and very experienced staff team. The training matrix showed that staff undertook mandatory training which included safeguarding, supporting people with medicines, moving and positioning, infection control, equality and diversity, first aid and dementia care. The registered manager monitored training records to ensure that staff were up to date with this compulsory training programme. Staff told us that their training was a combination of online training and attending training sessions.

During the inspection the provider informed us that they had sourced a more intensive medicines training for staff from an external training company. When we contacted community independence assistants by telephone after our visit to the service some of the staff raised the topic of training with us, as they felt their employer was evidently arranging meaningful and beneficial training opportunities for them.

We noted that staff had recently been offered training opportunities to develop their knowledge and understanding of how to support people with mental health care needs. This training was provided by health and social care professionals from the local mental health trust and included separate training sessions in relation to drug and alcohol awareness, suicidal ideation and the role of the treatment and recovery team. The integrated borough lead for the community independence service informed us that the provider had observed that people with mental health care needs did not access the reablement service at the same frequency of people with other health care needs. The provider wanted to make the service accessible for the wider community and therefore the mental health focussed training programme was one of the initiatives in place to do so.

The supervision records we looked at showed that the community independence assistants received regular, formal one to one supervision from the registered manager or team leader to support their practice and check if they were working in line with the provider's policies and procedures. The staff we spoke with confirmed that they received regular one to one supervision sessions, which they found helpful and supportive. At the previous inspection community independence assistants had told us they particularly liked the multidisciplinary team meetings, as they learnt more about how to meet the needs of people who currently used the service and developed their wider knowledge about reablement. At this inspection we continued to receive positive comments from staff about how valuable these meetings were.

There were opportunities for staff to achieve national qualifications in health and social care. The staff we spoke with had already attained these qualifications at levels two and three, in addition to what was described as a 'hybrid' training course which enabled the community independence assistants to carry out certain low-level nursing and occupational therapy tasks. These tasks included how to check people's pressure areas to detect initial signs of any skin damage, and how to identify early indicators of dehydration or possible infection when providing daily care for people with a urinary catheter. We were given details of the ongoing training programme for community independence assistants, which included pressure area care, refresher trusted assessor training, use of mobility aides, understanding health care screening for people with diabetes, falls prevention, supporting people to keep active, incident reporting, catheter care and the use of support hosiery for people with poor circulation and other health care conditions.

Training sessions in relation to supporting people with medicines had been delivered by a pharmacist, for example staff had received training in how to support people to use respiratory inhalers and how to safely apply ear drops and eye drops. We noted that one of the medicine training sessions had been jointly delivered by a pharmacist and the registered manager, so that staff had opportunities to discuss specific medicine issues that arose when supporting people with personal care in their own homes.

This high standard of staff training and the broad scope of health care issues covered ensured that people who used the service received very good personal care and support that was tailored to meet their individual needs and promote their independence.

During our telephone discussions with community independence assistants they emphasised how much they enjoyed working in a wider team comprising different professional backgrounds. Staff told us that they were encouraged by the registered manager and team leader to directly call their colleagues from different disciplines if they had concerns about a person's progress with their reablement goals or other concerns. We noted that some of these training sessions were presented by registered nurses from the rapid response team and a physiotherapist colleague, who was known to staff in her role as the integrated borough lead for the community independence service.

We received immensely complimentary and detailed emails from local health care professionals about the

knowledge and skills of the reablement team and how this positively impacted on the quality of effective care provided to people who used the service. Professionals also commented on the effective manner that the staff supported people to meet their health care needs and sought health care guidance if they detected any changes in people's health and wellbeing. A consultant for older people's care at a local hospital stated, "The close working relationship with the reablement team has been invaluable to the assessment and management plan of frail older community dwelling patients. It has been a pleasure to work with the team of carers, independent living assessors, therapists…and team leaders. Reablement carers are well trained, very professional and person centred in their approach to service users. This makes a real difference to the care they deliver especially with regards to their approach to patients with dementia, mobility and continence problems, their approach to finding strategies to maintain independence regarding medication management, personal care, housework and general wellbeing."

The hospital consultant also commented on the ability of the care staff to support people living with dementia and people who required support with catheter care, safe mobility and transfers, and were able to assess people simple mobility aids. They stated, "The team is also very well educated (in their roles). Practically this can make all the difference to a service user's journey into independence in their local community."

Another medical professional informed us, "I've frequently worked closely with reablement. The service that they provide is excellent. I have always found them to be approachable, helpful and accommodating in terms of accepting referrals from our team. In my experience, the care they provide patients is exceptional and it is vital in preventing admission and re-admission to hospital. In addition, the carers are vigilant in their assessment of patients and often speak to our team for advice or to refer patients appropriately when they have concerns about their health."

A third doctor remarked, "I am a local GP and have had extensive experience using the reablement service. I have always found the carers to be friendly, efficient and extremely caring for the patients. When any have had health concerns about patients they have always promptly and appropriately contacted the GP service."

A health care professional commented, "I have worked within the Community Independence Service as the pharmacist for a year and a half, and during this time I have had an overwhelmingly positive experience working with the reablement team. The managers, the independent living assessors and community independence assistants are always willing to help with care plans and visits, and are never afraid to ask should queries arise. They are a fantastic team who are always very eager to learn more, and strive to improve the service and care they provide at every opportunity. It has been a pleasure to work so closely with such a brilliant team."

People who used the service told us that they felt supported by staff to meet their health care needs, where required. For example, one person told us that although they no longer received a reablement service they continued to benefit from mobility aids and other equipment that an occupational therapist (OT) and a community independence assistant had organised for them during their reablement period. People and relatives spoke positively about the regular input from the occupational therapists within the reablement team, particularly where people had previously been on a waiting list for a home visit and an assessment from a community OT if they did not have urgent needs. One person who used the service had written to the provider, "The occupational therapist was very kind and helpful and organised, I liked her a lot. This is the second time I have used the service and both times have been very good."

We met both OTs who worked for the service and spoke with one of the OTs about their role working with

the community independence assistants. The OT told us they carried out joint visits with community independence assistants to assess whether people were meeting their goals. They also provided advice and guidance at the office or by telephone when community independence assistants raised issues in relation to people's progress with their care plan objectives.

We noted in people's care plans that where necessary staff supported them to access other health care services, for example to make appointments with opticians, dentists and podiatrists. People and relatives confirmed that the registered manager and team leader endeavoured to change the regular time of their visit if they needed to attend a health care appointment.

People told us they were pleased with how their community independence assistants supported them to eat a balanced diet and regain their independence with kitchen skills. One person told us they were supported by staff to prepare their breakfast and snacks, and they now used ready meals for their main meal of the day. The person was happy with their achievements as they now felt able to manage during the day without family support. People's nutritional needs were assessed as part of the planning of their reablement care, to ensure their preferences and any dietary and/or cultural needs were appropriately met. The care plans we looked at showed that some people were supported to safely prepare a meal and other people needed encouragement from staff to prepare their own meals and drinks. Community independence assistants told us they spoke with people who used the service and their relatives if applicable about people's dietary preferences so that people could be supported to eat food they found appealing and appetising.

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 and applications must be made to the Court of Protection.

We found that the provider had suitable policies and procedures in place in relation to the MCA and records demonstrated that staff had received relevant training. The community independence assistants explained to us that they usually assumed that people had the capacity to make decisions about their care and support, unless a person's care plan stated otherwise. Staff told us they always sought people's consent before they supported them with personal care and offered them choices where possible about how they wished to be supported. People's mental capacity was assessed by a social worker or health care professional during the initial referral stage, and community independence assistants confirmed to us they had opportunities to familiarise themselves with people's care files. The care plans we looked at demonstrated that the provider was working within the principles of the MCA and was meeting the requirements of the Act. People or their representatives were asked to sign their consent to the reablement care plan and where people had appointed an attorney to act on their behalf, the provider checked that documentation was in place to evidence this.

Good

Our findings

People who used the service and relatives told us that staff were caring, compassionate and kind. Comments included, "It was a pleasure to meet the carers. They were all so lovely and helpful", "I am very satisfied with the service. The staff were polite and did everything they could to help [my family member] and "Yes, I would certainly recommend this service to other people. [My family member's] carers were so patient and understanding with [him/her]. They (staff) made a difficult time easier for us. They (provider) have appointed people with a gentle approach."

We noted that the provider had received a significant number of compliments since the previous inspection which we looked at during the inspection. Remarks from people who used the service and relatives included, "The help given was far and above the level that I expected", "I had lovely girls coming to me as carers every day. They were kind, gentle and respectful. I will miss them all, thank-you", "very satisfied with the helpful care assistants, always kind and considerate, excellent physiotherapy support and advice", "all the community independence assistants that came to help me were extremely helpful and very nice" and "The staff were very polite and caring. I found [name of community independence assistant] very helpful and caring."

Care plans were written in a person-centred way and contained information about people's interests, family composition and any expressed wishes about how they wanted to be supported by the provider. People were asked about any cultural and/or religious needs that staff could support them with and whether they wished to receive their personal care support from a community independence assistant of the same gender.

We were shown a case study written by a community independence assistant about how they went 'the extra mile' to make a positive difference to the quality of a person's life. The staff member had discovered that the person who used the service was very fond of dogs but was no longer able to have their own pet due to their health care needs. The staff member spoke with the person, their relative and the provider about their idea to bring their own dog to visit the person at home and this was keenly approved by all parties. The accompanying photographs evidenced how the person became more optimistic after meeting the dog. The community independence assistant researched for local organisations that could provide pet therapy visits to people in their own homes and shared their learning with colleagues. The case study highlighted the importance of talking with people and respecting their individual interests and backgrounds.

Community independence assistants told us how they ensured people who used the service received their

care in a dignified and respectful way, and how they supported people to be as independent as possible. One community independence assistant explained they made sure that people were supported with their personal care in a private room with the curtains pulled and the door shut, so they could not be observed by others. Staff said they quickly got to know people's wishes, for example some people liked to use large towels so that they never felt exposed when being supported to have a daily wash at the sink. Records showed that the community independence assistants received training and supervision about the importance of supporting people with respect, and ensuring their entitlement to privacy and confidentiality was always upheld.

People who used the service told us they had regained varying degrees of independence since completing their reablement. We noted that one person wrote to the provider, "[Staff member] was very friendly and really helped me to achieve my goals, especially outdoor mobility." An external health care professional commented to us about how the service supported people to maintain their links and activities in the local community, where possible, "Reablement team members will ensure the service user is supported with shopping, road safety, visits to different community services such as the bank and post office. The approach to the visit remains 'enabling', thereby supporting the service user's independence." During our discussions with the registered manager and an occupational therapist we found that people were supported to continue to achieve and/or maintain their independence after they had completed their reablement. The provider supported people to access community schemes operated by local voluntary sector which included 'Keep Active' sessions, Fulham Good Neighbours and befriending services. Local initiatives included visits from volunteers so that people who formerly used the service could go out for a walk or visit a nearby supermarket, with appropriate encouragement to develop their confidence.

The provider was aware of their responsibilities in relation to the Accessible Information Standard (AIS). Since 1 August 2016 all organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the AIS. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services and their informal carers with a disability, impairment or sensory loss. People were given written information about the service when they commenced their reablement, which included details about how to make a complaint. People could access this information in accessible formats such as large print and community languages. Contact details for advocacy organisations was given to people who used the service, if they needed independent support to make a complaint about the service.

Outstanding

Our findings

People and their relatives told us that the service was extremely responsive to their needs and they felt thoroughly supported to the meet their identified goals. Comments from people who used the service included, "I now go out again shopping and for lunch with my [relative]. I don't go out on my own but I feel happy with walking short distances and feel safe again" and "After reablement I didn't need to arrange any assistance with getting washed and dressed. I have other minimal help to manage at home but I met my goal to look after my own personal care. They did a wonderful job."

Prior to commencing the reablement service people received an in-depth assessment of their needs. The assessments we looked at demonstrated that people were consulted about their needs and wishes, and asked about activities that were important to them. For example, some people wanted to return to artistic and social activities they had previously enjoyed and other people wished to resume preferred daily routines such as going out locally for a walk or popping into nearby shops. Our discussions with people and relatives showed that the community independence assistants, occupational therapists and independent living assessors provided constructive encouragement, advice, support and assistance to enable them to progressively work towards reaching their goals.

The registered manager and the integrated borough lead for the community independence service explained to us that people's needs and their progress with their reablement plan was closely monitored during the allocated six-week period. Weekly meetings took place between reablement staff and other professionals to discuss the level of improvement people had achieved. Where necessary, the occupational therapists employed by the reablement team adjusted people's individual plans to reflect their progress. Changes to people's care plans were documented, following discussions with people who used the service and/or their chosen representatives. We were informed that depending on the nature of people's needs other professionals were involved during the reablement period, for example district nurses, community matrons, social workers, physiotherapists and GPs. This multi-disciplinary approach enabled people to receive an individual service that met their unique health and social care needs and circumstances.

At the end of the reablement period, people were supported to access other services in line with their current needs, which was confirmed when we spoke with people who used the service. The registered manager told us that people could be signposted to local domiciliary care agencies if they wished to privately arrange domestic support and/or given information about shopping services. Where people required a larger care package to meet personal care needs, they were referred to a social worker.

The integrated borough lead for the community independence service advised us that there was limited scope for people who used the service to continue to receive support from occupational therapists and physiotherapists after the six-week reablement period. This was provided for an agreed timescale where health care professionals agreed that the person would benefit from this input and it was in line with the person's own wishes and aspirations. During the inspection we spoke with the relative of one person who had received additional support from an occupational therapist after the six weeks, who regarded this flexible and responsive approach as being one of the service's key strengths. The community independent assistants told us that they were permitted to use their judgement and on occasions stay longer at a person's home if the person needed additional support and encouragement. This was confirmed when we spoke with people. This approach enabled staff to deliver a person-centred service that was tailored to people's changing needs.

When we looked at people's care plans we saw that the provider was supporting some people with complex needs, including people with long-term neurological conditions. One of the care plans was for a person who had used the service since the previous inspection and had presented with complex needs that might ordinarily necessitate a permanent placement in a care home. We discussed the person's needs and how the staff supported them with a community independence assistant, an occupational therapist and the registered manager. The person was supported to achieve a successful hospital discharge and remain in their own home, in accordance with their own wishes. The community independence assessors had given the person the confidence that they could manage in their own home, following a history of frequent hospital admissions. They had also assisted the person to develop a positive daily routine at home. Other support was delivered to enable the person to improve their self-management of a chronic health care condition.

We spoke with the person during the inspection and they confirmed that the care and support from the reablement team had transformed their ability to live as independently and comfortably as possible. The reablement staff we spoke with were very pleased to have been part of the team that supported the person to significantly alter and improve the quality of their daily life.

The occupational therapist who supported the person had written a short case study about how the team had responded in a remarkable way to the person's high dependency needs. We were also provided with a second case study about another person who had also received a highly responsive and individual quality of care and support.

We received written information from a hospital social worker about their professional experience of using the reablement service for patients at the neuro rehabilitation unit they were allocated to. They commented, "A large percentage of my discharge planning involves referrals directly into the Hammersmith and Fulham reablement team. We have patients that are admitted to our unit with a range of neurological conditions such as stroke, traumatic brain injury, multiple sclerosis and spinal cord injury. Our patients have a range of physical, cognitive and communication impairments that require intensive, co-ordinated interventions from a multi-disciplinary team. They often also have (existing) complex social needs or needs arising as a direct result of their illness or injury. These include but are not limited to homelessness, family and relationship difficulties, mental health difficulties, substance misuse and domestic violence. The combination of these factors makes the smooth and safe transition into the community, after what has typically been a long hospital admission very challenging. It requires an intensive, co-ordinated effort from the ward based team, community based services and third sector organisations."

The social worker informed us that in the past people were discharged home from the hospital unit following a verbal handover to the reablement team and accompanying written information. However, this

was found to be insufficient to meet the needs of people with complex neurological conditions and other social complexities. The professional stated, "It became quickly evident that a more creative and cohesive approach was needed and we have therefore begun working more closely to achieve this. The reablement team have been very responsive and proactive in supporting discharges. They have been able to provide in-reach visits to our patients on the ward prior to discharge, meet with the treating therapy teams, attend planning meetings and complete joint sessions at home for more thorough handovers."

This unified approach was described by the social worker as being not only helpful for the community independence assistants and occupational therapists in the reablement team, but also extremely reassuring for patients and their families to observe the clear communication between the hospital team and the reablement team, and to get to know the new team that will be supporting them.

During the inspection we spoke with the assistive technology co-ordinator for the local authority about their role in supporting people who used the service to maintain their independence and promote their safety. They worked closely with the reablement team and trained the community independence assistants about how to use technology. They told us, "We use a person centred and bespoke approach. We can provide all kinds of equipment, for example personal alarms and pendants, gas sensors, fall detectors, bed sensors, medicine dispensers, talking clocks, electric scanners that read pages and smoke alarms. We work with specialists such as neuro trained nurses, clinicians and GPs to place complex specialist equipment." One of the care plans we looked at with the accompanying case study and the second case study both showed the creative use of technology to meet people's individual needs, for example the use of a voice recognition system for a person with a sensory disability and built in falls sensors and a panic button for a person who was at risk off falls due to their health care condition.

People and their representatives were provided with information about how to make a complaint about the service. The complaints guidance contained information in relation to how complaints could be escalated if they were not satisfied with the response. We noted that there had been one complaint since the previous inspection, which was responded to in an open and polite manner. Systems were in place for the management team to look at the written comments that people and/or their relatives sent to the service. Although these comments were predominantly positive, the provider highlighted any remarks from people about how their experience of using the service could be improved. These findings were considered at management meetings as part of discussions about how to improve the service.

As a reablement service, the service was not designed to provide end of life care. We noted that if a person's needs rapidly changed while they were using the service the registered manager would ensure that relevant professionals were promptly contacted. This ensured the person could be supported to access appropriate care and support to meet their end of life care needs.

Good

Our findings

We received positive comments from people who used the service and their representatives in relation to how the service was managed. One relative told us, "If only all services could be run like this one. The care for [my relative] was faultless and it all seemed well organised in the background."

One health and social care professional told us "I have always found the management of the service to be efficient and very accommodating. The consistently strive to put patients first and I strongly believe are an invaluable service for the community. In the context of an increasing elderly population, we need to have visionary services like this one to enable better care for patients in their own home."

Another health and social care professional stated, "Overall, I have found the reablement team a pleasure to work with, a very well led and organised team who deliver excellent care to their service users."

The registered manager was one of the two team leaders employed by the provider. She was very experienced and knowledgeable, having worked for the provider for many years within the local authority's domiciliary care services. The registered manager had been part of the original team to establish the HomeCare Reablement Service. During our visits to people's homes we observed that the registered manager was entirely familiar with people's individual needs and circumstances, and demonstrated a supportive and empathetic approach that enabled people to feel comfortable and at ease when discussing their health care problems.

Since the previous inspection the registered manager had participated in a leadership and development programme offered by a local health care trust, known as the Quality, Service Improvement and Redesign (QSIR) practitioner programme. This had included a project with four team members to develop a communication strategy and identify effective and meaningful ways for the service to communicate in a multi-dimensional way. The registered manager told us that it was a valuable opportunity to work with colleagues from the different strands of the wider community provision and reflect on her own managerial practice.

During the inspection we met with the service manager, who was the registered manager's line manager. The service manager informed us that he had been in post since 2018 and had applied to the Care Quality Commission (CQC) for registered manager status. We were advised that this would enable the registered manager to focus on managing specific aspects of the service delivery and other responsibilities would be undertaken by the service manager.

The provider had an up to date development plan with objectives and prioritised areas for development. The documents shown to us evidenced that the provider had a clear vision for the development of the service, which had been devised in consultation with staff.

The community independence assistants we spoke with told us they felt very well supported with their roles and responsibilities by the registered manager and the team leader. At the previous inspection we had noted that staff felt positive about the quality of training and other learning and development opportunities they received, and these views were clearly voiced by staff during this inspection. The community independence assistants told us they felt they made a difference to people's lives and their skills and knowledge were continuously enhanced by working in a team with occupational therapists and professionals from other disciplines.

Throughout the inspection staff told us the service worked well because of the clear systems in place to bring different members of the team together to discuss the needs of people who used the service, along with other meetings to look at ways to continuously develop and improve the quality of the service. We were provided with the minutes for the various types of meetings that took place during 2018. In addition to the weekly meetings that were primarily focussed on how people were meeting their reablement goals, quarterly meetings were conducted to support staff to develop their practice. The agenda showed that during these meetings staff shared examples of good practice, looked at resources from other providers that people who used the service could benefit from, and considered how the service was performing in terms of CQC guidelines and the outcomes agreed with health care partners.

Systems were in place to seek the views of people who used the service after they had used the service and use these views to shape the planning of the service. The registered manager told us that one of the ideas that the provider had discussed was ways to involve people who used the service in co-production meetings to improve the service but this had not yet been implemented.

There was a visible strategy in place for the provider to work in partnership with other organisations. The minutes for one staff meeting showed that community independence assistants and other staff members talked about the range of health care professionals they could liaise with, for example Admiral nurses to support the relatives of people living with dementia.

In 2015 CQC carried out a national review of how care is integrated across health and social care and the impact on older people who use services, and their families and informal carers. The fieldwork was carried out between October and December 2015 in eight different areas in England, which included the London Borough of Hammersmith and Fulham. A report was published in July 2016, titled 'Building Bridges, breaking barriers: Integrated care for older people.' This report had highlighted good practice by the Homecare Reablement Service, which included effective systems for appropriately sharing information with other local services and successful multi-disciplinary working. We noted that the provider had continued to develop new initiatives and improve its practice in this area.

There were well established processes in place to audit the quality of the service. For example, the registered manager and team leader spoke with people who used the service and relatives on the telephone, carried out spot checks and read the daily records completed by community independence assistants to make sure that people were receiving care and support that met their individual needs in a respectful manner. Other auditing was carried out by the integrated borough lead for the community independence service, which looked at the delivery of personal care alongside the performance of health care teams that worked closely with the HomeCare service.
The registered manager understood her responsibilities in accordance to legislation to notify CQC of all

significant events that had occurred and the provider's current rating was displayed on its public website.