

Peterborough City Council

Reablement and Shared Lives

Inspection report

5 Royce Road
Peterborough
PE1 5YB
Tel: 01733 207204
Website:

Date of inspection visit: 01 & 08 April 2015
Date of publication: 11/05/2015

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 

Overall summary

We undertook this announced inspection of Reablement and Shared Lives on 01 and 08 April 2015.

At our last inspection in December 2013 the provider was meeting the regulations that we assessed against.

Reablement and Shared Lives have two separate functions within the service. Reablement provides personal care services to people who have been in hospital and returned to live at home in the community. People are supported to achieve goals they set for

themselves to enable to improve their independence and confidence at home. The service provides short term support, usually up to six weeks, by which time people are independent or are referred to more long term care provision. At the time of our inspection 27 people were receiving a personal care service from the Reablement service. Shared Lives provides long term or respite care placements for people who have a learning difficulty. On the day of inspection there were five respite and 11 long

Summary of findings

term placements being supported by the shared lives service. No-one being supported by the Shared Lives workers required personal care at the time of the inspection.

The Reablement and Shared Lives service had 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 2008 and associated Regulations about how the service is run.

The risk of harm for people was reduced because workers knew how to recognise and report abuse.

There was a recruitment process in place and only suitable workers had been employed. There were sufficient numbers of workers to meet people's care and support needs.

Workers received an induction when they first started working and were supported in their roles through regular supervision with arranged dates for annual appraisals.

People found the workers and managers to be supportive and kind. People were pleased that they had a small number of workers who helped them to become more independent and confident in their own home.

People planned the goals they wanted to achieve so that they could be independent and confident in their own homes. Workers were aware of the goals set by people and this meant the support people received enabled them to improve their independence.

There were health specialists, such as the occupational and physiotherapy staff, available within the service to provide seamless care for people.

The management team was accessible and approachable so that workers and people could raise any concerns. Information about the service was available so that people understood what was provided and the short term provision of support.

The management team and council reviewed the quality of the service through questionnaires, which meant people could comment about the service. People could be confident that the provider would, where necessary, make improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Workers knew how to recognise and report abuse so that people's risk of harm was reduced.

The recruitment process ensured that only suitable workers were employed to work. There were sufficient numbers of workers to meet the care and support needs of people.

Good



Is the service effective?

The service was effective.

Workers had a formal induction and further training had been provided so that they could meet people's health and care needs. Workers supervisions had been arranged to support them.

Workers liaised with other healthcare professionals if they had concerns about a person's health and followed their advice.

Good



Is the service caring?

The service was caring.

People were treated with kindness and encouraged to make their own decisions.

Workers knew the goals and needs of people to be able to provide supportive and enabling care.

Good



Is the service responsive?

The service was responsive.

People's planned goals gave workers detailed information on how to support people and meet their needs.

People were aware of how to raise any concerns or complaints, which were addressed using the appropriate procedures.

Good



Is the service well-led?

The service was well led.

Checks about the quality of the service for people had been put in place.

Workers felt supported by the management team and an 'open door' policy was in place for workers to discuss any concerns.

Good



Reablement and Shared Lives

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 inspection was undertaken by an inspector and took place on 01 and 08 April 2015. The inspection was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be available in the office.

Before the inspection we asked the provider to complete and return 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 any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning. There were

questionnaires sent from the commission to people who used the service and other professionals involved in their care. Information provided was used in the planning of the inspection.

During the inspection we visited four people in their own homes who received a service from Reablement workers. We spoke with the registered manager, three Reablement workers, two Shared Lives workers, two assistant managers, an occupational therapist and the shared lives co-ordinator and.

As part of this inspection we looked at four people's personal goals and care records. We looked at three workers' recruitment files. We looked at other records such as accident and incident reports, complaints and compliments, quality monitoring and audit information and policies and procedures.

We looked at other information that we held about the service including notifications, which provide information about events that happen in the service that the provider is required to inform us about by law.

Is the service safe?

Our findings

People told us they felt safe. One person said, “I feel so safe with the carers (Reablement workers).” One relative told us the care provided helped improve the mobility, health and wellbeing of their family member, thus keeping them safe.

The provider had submitted notifications to us that showed they had followed the correct local authority safeguarding procedures in the event of people being placed at any risk of harm. Workers and shared lives carers told us about their roles and responsibilities in relation to protecting people and the training they had received. They understood what signs of abuse to look for and were confident in how to escalate any concerns they had in respect of people’s safety. One worker said, “I would tell my line manager. I have the duty team number (local authority emergency duty team) if needed.” There was information about safeguarding in the form of a leaflet that was part of the folder given to each person who received care from the Reablement team. This showed that people were kept as safe as possible and the risk of harm was reduced.

People told us and there was evidence that workers had completed a moving and handling and environmental risk assessment at the first visit. There was evidence that an occupational therapist (OT) visited the person, usually within 24 hours of them coming home. The OT then wrote an initial risk assessment as part of the Reablement plan of care. At each subsequent visit people told us, and we saw records, that workers reassessed improvements with the person. Where the risks changed the records showed that the OT visited and made the necessary changes in the care. This ensured workers were up to date in the assistance they gave people. People told us they had been part of the assessment and were encouraged to take reasonable risks to ensure their improvement to full capabilities progressed. One person told us, “I had lost my confidence (having been in hospital). I didn’t want someone to shower me, just be there.”

There were records of accidents and incidents, which demonstrated that actions were taken to reduce the risks

of the person having similar experiences. For example one person slipped and fell in the shower. The ambulance was called but the person did not require hospital attendance. The worker stayed with the person and encouraged them to mobilise after the fall as they knew the person would be worried and may not want to mobilise later. The physiotherapist then assessed the person and grab rails were put in the shower. This meant the person felt safer and continued their improvement to be independent until they no longer required the Reablement service.

People told us they usually had regular workers who visited them. The registered manager told us there were two teams for each person so that there was some continuity for the six weeks people were with the service. One person said, “I saw three [workers] in the time I was with them [Reablement], all lovely.” Workers told us they visited the same people during the time they were with the service.

We looked at the recruitment files for three workers, two of whom had been employed within the last six months. We saw that safe and effective recruitment practices were followed to ensure workers were of good character, physically and mentally fit for the role and able to meet people’s needs. There was information on file that showed workers had only started work once all checks had been satisfactorily completed.

People we spoke with told us they managed and administered their own medicines. The registered manager said that people were encouraged to be independent in administering their own medicines as part of the reablement process and assistive technology was available if necessary. If people were unable to initially administer medication, workers were able to explain the process and records they completed and confirmed that the assistant managers checked and audited the records regularly. The registered manager said that the last medicines error was nine months ago. The worker was unable to administer medicines until they had been retrained and their competency checked by an assistant manager. Workers told us, and their records confirmed, that they had completed up to date training in medicines.

Is the service effective?

Our findings

People told us they felt the workers were capable and knowledgeable and able to meet their needs. All had very positive comments about the workers. One person said, “I was very impressed at the care and attention of the workers.” Another person said, “They [the workers] knew what they were doing. I can’t fault them.” One relative told us, “I have great confidence in them [the workers].”

Workers told us they were supported by members of the management team who were available between 6:30am and 10:30pm every day. Workers said that the management team was always available for support or information as well as ensuring their safety by texting at the end of the shift.

Workers and shared lives carers told us they were supported in their roles and received any training that was required. Workers were knowledgeable and had received training such as mental health, safeguarding people from harm and medicines administration. Records provided details of the initial training courses and refresher courses workers had undertaken. All the workers said they enjoyed the work and were able to ask for specific training such as the recent autism awareness training and dementia course

that had recently been provided. One worker said, “When you have done the training you are more aware of what you see and how things affect families.” Another worker told us they were asked in supervision if there were any training courses they would like to attend, and these were provided. The workers’ surveys showed that they had the training and support to meet people’s needs, choices and preferences. The community professionals’ surveys agreed that workers were competent and would recommend the service to a member of their own family.

People who used the Reablement service had been discharged home to continue their rehabilitation back to independence and no assessments had been required under the principles of the Mental Capacity Act 2005 (MCA). The Reablement service had procedures in place should the need arise and workers were aware of these and had received training in the application of the MCA.

People told us their health and mobility had improved since they left hospital and received the support of the Reablement service. One relative said, “We had the physio’ (physiotherapist from the service) and it’s done a lot of good.” One person said, “[name of occupational therapist] gave me some exercises and some equipment and got me walking.”

Is the service caring?

Our findings

People told us the workers were very caring and made positive comments about the workers. One person said, “They sat and chatted, which was nice. The girls [Reablement workers] made it so much easier for me [to leave hospital quickly]. The service was excellent.” One relative said, “It’s a fantastic service and fantastic carers [Reablement workers].”

Workers kindness, respect and empowerment were evident in the conversations we had with people and their relatives about their care. People told us workers had spent time with them. They had been given appropriate time to get to know a person who was new to the service. People told us they had been provided with information on the first visit from the Reablement team so that they knew what would be provided and their expectations of the service.

People told us they understood about the goals to reach their independence and that their views were at the centre of the support provided by the Reablement workers. Information about people’s goals and risk assessments

were on file and workers told us they read these each time they went into the person’s home. This meant people could be assured that the support the Reablement workers provided was up to date.

People we spoke with confirmed they had regular workers during the time they received support from the service. Rotas were organised so that people had the same workers over the six week period so that continuity of care was provided.

People we spoke with said they were able to advocate on their own behalf, or would request their spouse to be included in the conversations. There was evidence that this was the case and people were able to verbalise their needs. One relative said they had advocated on behalf of their family member because they had been very unwell. The family member was now much better and was able to discuss the support provided by the service.

Information about people’s confidential information kept in their homes was removed once the service ended. One person said, “The senior person [from the service] who came to make sure I was ready to be independent took the paperwork to the office”. We saw that there were secure arrangements in the office for paperwork to be stored.

Is the service responsive?

Our findings

People told us the service was to rehabilitate and enable them to get their independence back. They told us they had been involved in every aspect of their care once the Reablement service was in place. They were less positive about the information they received before they left hospital. One person told us, “There was no information from the hospital on how this worked. All I knew was that I should expect someone.” Another person said, “I was told by the hospital [staff] that I couldn’t leave without agreeing to care and I just wanted to come home. I know I only needed it [the help] temporarily and that’s how it has worked.” The registered manager told us they had been into the hospital to try and ensure a smooth transition from hospital to home by providing leaflets for people to be given before discharge.

The registered manager told us that people usually remained with the service for up to six weeks. If people were confident and able to be independent again they would be assessed and leave the service. If people required a little more time to reach their goals, then that would also be arranged. One person said, “I was so grateful for those first few days [when they arrived home from hospital]. They came until yesterday. I showered and dressed on my own to show I didn’t need them anymore. I told the carer [Reablement worker] when she arrived and she arranged for the visits to stop.” One relative told us, “They [Reablement workers] have given us an extra two weeks to meet [family member’s name] goals.”

People told us they were part of the ‘goal setting’ for their rehabilitation and independence with the Reablement service. One person said, “I knew what I wanted to acquire. I knew what degree of help I needed to get up and

dressed.” Another person said, “It was all written down and I signed to agree the things we had discussed. Staff [Reablement workers] wrote in the book each time they visited.”

We saw that the occupational therapist (OT) visited the person at home, usually within 24hrs of the person leaving hospital. They wrote the goals for the person and detailed any risks involved for the person or workers. We saw that when there had been improvements in a person’s mobility and health, the goals were reviewed and changed. The new goals were then signed and agreed by the person. One person said, “I was surprised at the availability of the equipment given to me.” One relative told us the equipment provided has helped greatly in improving their family member’s ability to improve their independence and mobility.

People had updated support that was planned with them because each week either the occupational therapist or an assistant manager visited the person. This was to ensure the service met their needs and their health and wellbeing had improved. We saw that goals had been set then reassessed. Some goals had been reached and concluded but others added where needed. All goals had been signed and agreed by the person.

We saw that there was information which explained how people could make a complaint and that contact details had been highlighted for ease of use. This was located in people’s folder which was provided during their care. People were aware of how to complain if needed, but were keen to say there were no complaints about the service. One relative said, “We [family] would know who to complain to. There’s information in the notes [file].” One person said, “There are ‘phone numbers for making complaints. They’ve highlighted them.”

Is the service well-led?

Our findings

People told us they had been asked to complete a questionnaire about the service once the care provision had ended. One person, who had been very happy about the service said, “I’ve got a form to fill out but it’s a bit far to walk [to the post box] at the moment.” Each person had a folder about the service and we saw that the questionnaire was contained in that. People told us they intended to complete the form once the care they received had finished and to make positive comments about the service and workers. The registered manager said that people were asked if they would like help in filling in the questionnaire. Where this happened the questionnaire was brought to the office by the staff member who assisted the person.

The registered manager told us that the questionnaires were checked when returned by people and any negative comments were responded to individually. We saw that one negative comment had been submitted by a person. The person had wanted the same Reablement worker seven days a week, which was not possible. The service had worked with the person and enabled them to further improve their independence with the use of a piece of equipment.

The questionnaires were then forwarded to Peterborough City Council, which collated the information into a quarterly report. We saw the last report showed very positive responses about the care provided.

People could be confident that there were procedures in place to review the standard of workers work performance. This was done through monitoring where an assistant manager went out with a worker and accompanied them to their visits as well as unannounced calls during the workers’ visits to people. There was a staff training and development programme in place.

Workers were aware of the values and aims of the service, which was about rehabilitation. One worker said, “It’s getting people to become more independent. We build

their confidence; it’s a gradual process.” Another worker told us, “We explain the service. We report back to the OT and physio [physiotherapist], especially if there are new risks. We build trust [with people] and there is a good level of continuity [of workers].”

Workers said they felt the registered manager was supportive and always available to talk to. One worker said, “I don’t feel I have to wait to talk to any manager [registered manager or assistant managers], and they listen. If I need anything urgent like an OT visit or equipment for people it’s arranged quickly.”

Workers told us there were regular team meetings and there were recorded minutes available in the office. One worker said, “We share information. Everyone comes together and has different ideas.” Workers told us there had been discussions about the way manager’s supported them by asking they inform the duty manager by text that they were safe at the end of the shift. Workers asked they be told which manager was on duty so that only one text needed to be made. This had been done and workers felt they had been listened to.

A registered manager was in post and people knew their name and also names of other assistant managers, although not their titles. People told us they had seen the managers as well as the physiotherapist and occupational therapist supplied through the service. There was evidence that the management team had worked with the hospital discharge team to ensure people received information about the Reablement service, although people we spoke with had not been given that information. The registered manager said they would discuss the information people were given at discharge with the discharge planning team again.

The provider and registered manager had submitted notifications as required. This, together with our records, demonstrated that they were aware of their legal responsibilities as registered persons.