

# Community Rehabilitation Management Limited

# Community Rehabilitation Management

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Community Rehabilitation Management is a domiciliary care agency providing personal care to people in their own homes. It specialises in providing long term care packages for people living with acquired brain injury, spinal cord injury and other neurological disorders. At the time of this inspection it was providing personal care to five people based around the country.

People's experience of using this service:

We found that people received a good service. The provider ensured care was delivered in a safe way, and monitored the care provided closely. People told us they received a good standard of care, and told us the staff were kind and respectful.

People told us they felt the staff were caring. They told us they got on well with staff and described their relationship with staff as positive. One person told us: "They're a good team, I like them all and we work well together." People told us the care was tailored to their specific needs, and one said: "Nothing happens without my say so."

Staff received training which was relevant to their roles. Staff we spoke with told us the training was plentiful and appropriate to their roles. A lot of training was provided in house, which meant it could be tailored to the needs of people using the service.

People's needs and risks to their safety were assessed, and detailed plans of care drawn up. People told us they felt safe and staff had been trained to recognise and report suspected abuse. A complaints procedure was in place although no formal complaints had been received at the time of the inspection. The approach the registered manager had of maintaining a high level of contact with people using the service meant concerns and issues were addressed immediately as they arose.

People were supported in maintaining good health, and staff liaised with external healthcare providers to ensure that care was provided in a way that met people's needs.

Systems were in place to monitor the quality of care provided and further areas were being developed. People were extremely positive about the care provider and management team and said they were approachable and supportive. One person said: "Any time of day or night I can call [the registered manager] and they're always there for you or they get straight back to you."

The service continued to meet the characteristics of good in all domains.

More information is in the full report

Rating at last inspection:

Good. The report was published in November 2016

Why we inspected:

This was a scheduled inspection based on the last rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective,

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Community Rehabilitation Management

## **Detailed findings**

## Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an adult social care inspector

Service and service type:

Community Rehabilitation Management is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service short notice of the inspection visit because we needed to be sure that the registered manager would be available

Inspection activity started on 9 May and ended on 17 May 2019. We visited the office location on 9 May 2019 to see the registered manager and to review care records and policies and procedures, and from 14 to 17 May we carried out telephone interviews with staff and people using the service

#### What we did:

We reviewed notifications we received from the service and reviewed information we received prior to the inspection from people using the service, their relatives and care staff.

We looked at the provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at three people's care records. We checked records relating to the management of the service and spoke with two of the five people receiving a regulated activity from the service, four members of staff and the registered manager.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems, processes and staff training helped reduce the risk of harm.
- People told us they felt safe when receiving care from the service and told us they believed staff had the knowledge, skills and training to maintain their safety.
- The provider's training records showed all staff had received training in relation to protecting people from the risk of abuse, and staff we spoke with confirmed this.

Assessing risk, safety monitoring and management

- Each person's file showed that a risk assessment had been completed before they began to receive care. This considered risks each person may present or may be vulnerable to. They were regularly updated to ensure they continued to be fit for purpose.

Staffing and recruitment

- The provider had a safe system of recruitment, including checking people's work history, obtaining appropriate references and checking their identification.
- People received care from a consistent staff team who they had participated in putting together. This meant people received care from staff who knew them well.
- Staff told us they were part of effective teams which were sufficient in number, although one staff member told us about their experience of short staffing. This experience was not reflected amongst other staff with whom we spoke. People using the service did not raise any concerns in this area

Using medicines safely

- The provider managed medicines in a safe way so that people received their medicines as prescribed.
- Each person's file showed they had a clear and accurate record of any medication that staff were required to support them in receiving.
- Managers within the service carried out regular audits of medication records to ensure people were receiving their medication safely.
- Staff received medication competency checks before they administered medication to anyone.

## Preventing and controlling infection

- Staff training records showed staff had received training in relation to the control and prevention of infection.
- Staff told us personal protective equipment (PPE) was available to them and said they had received training about when it should be used.
- People using the service told us they had observed staff using PPE and this was routine.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed prior to them receiving care
- Managers within the service monitored the quality of assessments, to ensure they met the requirements of the law

Staff support: induction, training, skills and experience

- Records showed staff received a good standard of induction before they commenced work, and staff we spoke with confirmed this.
- The provider's records showed that staff received a good standard of training, and the registered manager told us training was tailored where possible to meet the individual needs of each person using the service. Staff we spoke with told us the training was good, and said it enhanced their understanding of their roles.
- Staff told us overall there were enough staff employed to support people, and they felt their colleagues' knowledge and skills meant they provided a good service to people.

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

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed.
- People's care records showed where staff were required to provide them with food and drink, their personal preferences were offered.
- People we spoke with told us staff provided the food they enjoyed and ensured they were given a choice. One person told us staff provided them with a "very good" level of support in relation to food and drink, and another said: "I get what I like and they [the staff] give me the help I need."
- A staff member told us about their experience of supporting people with food and drink. They said: "[The person] buys what they like, and we support them in preparing it. It's always done to [the person's] preferences and how they like it."

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

- Staff knew when to contact outside assistance. People's care records showed evidence of this.
- Advice provided by healthcare professionals was incorporated into people's care plans, which meant staff were providing care which met people's health needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had good systems in place for obtaining and acting in accordance with people's consent.
- Staff told us about the importance of obtaining consent when providing care tasks, and had received training in this area.
- None of the records we checked contained capacity assessments. The registered manager told us this was because they worked on the principle of assuming consent and that everyone receiving personal care had the mental capacity to give consent.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's cultural needs were assessed when their care packages were devised.
- People we spoke with told us they experienced care provided by staff who showed them respect and treated them well. One said: "They [ the staff team] are all very good, they are 100%"
- Staff told us respecting people's diverse needs was paramount, and said they felt this was also reflected amongst their colleagues.

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

- The registered manager was in very regular contact with people using the service, both face to face and by telephone and email. They told us this ensured they understood people's views and could ensure they were involved in their care.
- People's views and decisions about care were incorporated when their care packages were devised and on an ongoing basis.
- People told us staff involved them in their care, and one person said: "Nothing happens without my say so."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with gave examples of how they upheld people's privacy and the steps they took to do this. They told us that respecting people was important both to themselves as individual staff members and amongst their colleagues. Managers within the service also confirmed this.
- People told us that without fail staff treated them with kindness. One person said: "All the staff are respectful, they know how I like things doing and they do things they way I want."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at showed the person's needs and preferences underpinned the way the care plan had been designed.
- People told us they were familiar with their care plans and felt they had control over them.
- Care records demonstrated that staff checked with people about how care was being provided to ensure people had control over the care they received.
- When managers carried out visits to people using the service they obtained the input of people to promote them having control over their care.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear and well managed, so that complaints improved the quality of care people received.
- People using the service told us they felt confident to complain if they wished to. One said: "I'd just pick the phone up to [the registered manager] I contact her all the time."
- Staff told us they understood how to handle complaints, and again said they believed people would be confident to raise any concerns they had.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager ensured that care was tailored to people's individual needs, and had systems in place to monitor the quality of this.
- Care was audited by means of visits to people using the service and audits of documentation. However, the audit had not yet been formalised. The registered manager told us this was a programme which was being implemented at the time of the inspection.

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

- Staff were clear about their roles and responsibilities.
- Staff told us managers were accessible. Most staff told us they felt managers within the service were responsive to their concerns or any issues, but one staff member told us they felt rota issues were not addressed adequately. We informed the registered manager about this concern and they therefore contacted each staff team to discuss rotas and identify areas for improvement.
- The registered manager had a very good oversight of the way the service operated and the quality of the service being provided.

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

- People told us they were asked for their views about the service and about the care they received. They told us their views were acted upon.
- Staff we spoke with told us the provider offered them a high level of support and they said they felt valued by the provider.

Continuous learning and improving care

- Staff confirmed the management team checked on the quality of care provided, and people using the service confirmed this. One staff member said: "[The registered manager] is in touch a lot, and the care coordinator is great.
- There were regular team meetings where improvements and learning points were discussed.

#### Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals such as GP's, district nurses and continence specialists. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.