Bolton Council

Home Support Reablement Service

Inspection report

Castleton Street
Tonge Moor
Bolton
Lancashire
BL2 2JW

Tel: 01204338375

Date of inspection visit:
27 September 2017

Date of publication:
14 November 2017

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

The inspection took place on 27 September 2017 and was announced. This was the first rated inspection for this service.

Home Support Reablement Service is a short term reablement service provided by Bolton Council. Personal care is provided in people's home to support them, following a hospital admission, to return to independent living.

There was a registered manager in place. 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 recruitment procedure was robust and sufficient staff were in place to meet the needs of people who currently used the service.

There was an appropriate safeguarding policy, staff had undertaken training and safeguarding issues were logged on the system and followed up appropriately. There was an appropriate health and safety policy in place and individual and general risk assessments were in place.

An appropriate medicines policy was in place, staff received training and regular competence checks and medicines were managed well within the service.

The induction programme was thorough and training was on-going. We saw evidence of close partnership working within the service's multi-agency team and appropriate referrals were made to agencies outside the team.
We saw evidence of regular staff supervision sessions and annual personal development reviews. The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People who used the service told us the staff were kind and caring and understood the importance of respecting privacy and dignity. People were involved in care planning and reviews of support and we saw that people who used the service were encouraged to be as independent as possible.

Information given to new users of the service was clear and informative. Feedback was encouraged and used to inform improvements to the service.

People we spoke with told us the service was flexible and responsive. The aim of the service was to provide a response time, within the agreed timeframes.

The service was person-centred and care files we looked at evidenced that people's preferences, likes and

dislikes were documented.

There was an appropriate complaints policy, which people who used the service that we spoke with were aware of. Concerns or minor complaints were dealt with in a timely manner and complaints and incidents were logged and investigated appropriately.

The service had regular multi-disciplinary team meetings, handovers and safety huddles. There were regular team meetings and the minutes were available.

The service undertook a number of regular audits, spot checks and competence checks. Action plans were produced and progress monitored to help ensure continual improvement.

The service was subject to an annual audit by the quality assurance team. Any service changes were added to the service's continual improvement action plans.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The recruitment procedure was robust and sufficient staff were in place to meet the needs of people who currently used the service.

There was an appropriate safeguarding policy, staff had undertaken training and safeguarding issues were logged and followed up appropriately. There was a health and safety policy in place and individual and general risk assessments were in place.

An appropriate medicines policy was in place, staff received training and regular competence checks and medicines were managed well within the service.

Is the service effective?

Good

The service was effective.

The induction programme was thorough and training was on-going. We saw evidence of close partnership working within the service's multi-agency team and appropriate referrals were made to agencies outside the team.

Staff were supported by regular supervision sessions and annual personal development reviews.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good

The service was caring.

People who used the service told us the staff were kind and caring and understood the importance of respecting privacy and dignity.

People who used the service were involved in care planning and reviews of support. Individuals were encouraged to be as

independent as possible.

Information given to new users of the service was clear and informative. Feedback was encouraged and used to inform improvements to the service.

Is the service responsive?

Good

The service was responsive.

People we spoke with told us the service was flexible and responsive. The aim of the service was to provide a response time, within the agreed timeframes.

The service was person-centred and care files evidenced that people's preferences, likes and dislikes were documented.

There was an appropriate complaints policy. Concerns or minor complaints were dealt with in a timely manner and complaints and incidents were logged and investigated appropriately.

Is the service well-led?

Good

The service was well-led.

The service had regular multi-disciplinary team meetings, handovers and safety huddles. There were regular team meetings and the minutes were available.

There were a number of regular audits, spot checks and competence checks undertaken. Action plans were produced and progress monitored to help ensure continual improvement.

The service was subject to an annual audit by the quality assurance team. Any service changes were added to the service's continual improvement action plans.

Home Support Reablement Service

Detailed findings

Background to this inspection

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

The inspection took place on 27 September 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to facilitate the inspection.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Bolton local authority commissioning team to find out their experience of the service. We contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. We also contacted the local safeguarding team. This was to gain their views on the care delivered at the home. We did not receive any negative comments about the service. We also contacted four health and social care professionals for their views of the service. We did not receive any negative comments from them.

During the inspection we spoke with the registered manager, five staff and one person who used the service. We later contacted a further eight people who used the service to gather their views. We spent time at the office and looked at care files, staff personnel information, training records, staff supervision records, service

user satisfaction surveys, meeting minutes and audits.

Good

Is the service safe?

Our findings

The recruitment procedure was robust and potential employees were required to submit two references, proof of identity, health questionnaire and right to work documentation. All staff had current enhanced Disclosure and Barring Service (DBS) checks in place. DBS checks help ensure staff are suitable to work with vulnerable people. Sufficient staff were in place to meet the needs of people who currently used the service and sickness and annual leave was covered by existing staff members. Recruitment was on-going to help ensure numbers remained sufficient to meet people's needs.

There was a robust screening and referral process that ensured referrals to the service were appropriate, and would only be accepted if the service could safely meet their needs. A staff planner, which was a new tool, was used to help ensure consistency and continuity of staff for people who used the service.

Staff were issued with equipment to keep them and people who used the service safe. The equipment included personal alarms, torches, personal protective equipment (plastic gloves and aprons) RCD (circuit breakers) and mobile phones.

Visits were monitored via an electronic monitoring system with real time alerts. This picked up visits that had not been completed at the thirty minute timeframe. There was a missed visits procedure to be followed in the event of a staff member being unable to attend a call. There was an out of hours contact for staff to call in the event of an emergency or need for advice or guidance.

There was an appropriate safeguarding policy and the service had identified a safeguarding link worker amongst the staff who attended meetings to share best practice and identify areas for improvement. The local authority safeguarding team was based in the same building as the offices for the service and the registered manager told us they could discuss any safeguarding issues with the team at any time. Safeguarding issues were logged on the system and followed up appropriately.

Staff we spoke with understood the safeguarding process and the training records evidenced all staff had undertaken safeguarding training and regular refresher courses to keep their knowledge current. There was a whistle blowing policy which staff were aware of and which could be used to help staff report any poor practice they may witness.

There was a detailed individual risk assessment within each care file to help keep people safe. General risk assessments such as fire and lone working were in place and all activities were risk assessed to help ensure people's safety. There was an appropriate health and safety policy in place.

There was an electronic incident reporting system on which all incidents, accidents, hazards and near misses were recorded. Incidents were graded one to five with five being the most severe. Anything above a level three was investigated to identify root causes, learning and improvement actions.

The service had an infection control link worker who attended regular meetings to share best practice and

identify areas for improvements. Regular audits around hand hygiene and uniforms helped guide staff around the prevention of spread of infection.

There were corporate emergency and local service business continuity plans in place to ensure that critical functions and the delivery of services could be maintained in the event of an emergency or disruption to services.

An appropriate medicines policy was in place. The service had access to their own pharmacy team who received a regular list of new service users, organised the medicines and undertook the monthly medicines audits. The pharmacists were based at the same office and were available for a weekly drop in for staff to discuss any questions or concerns, staying later in the office one night per week to be more accessible to all staff. The pharmacy team also provided training and staff had regular competency checks to ensure they continued to manage medicines effectively. The registered manager and other staff members told us they were an invaluable resource. An extra budget had been identified and this had been used for equipment, including a cream applicator.

Good

Is the service effective?

Our findings

The induction programme was thorough and included an induction to the service; mandatory training and staff new to care were required to undertake the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. New staff were allocated a buddy from existing, experienced staff and shadowed until they were competent and confident to work alone. There was a 12 month probation period and a number of meetings took place within that time to help ensure new staff were on track and making good progress.

Training was on-going and records evidenced that mandatory training was undertaken and refreshed by all staff as required and supplementary training given to help ensure all the needs of the people who used the service could be met. Much of the training was e learning and the registered manager told us that staff were all supported to be computer literate so that they could have equal access to training. There was a 'Me learning' champion to support staff with on line courses. Staff were continually observed in the workplace and bespoke staff training was also delivered to ensure an effective response to need. Staff were supported to undertake Qualifications and Credit Framework (QCF) training and there was a lead manager who was responsible for making sure all staff were up to date with their mandatory training and refresher courses.

The service was integrated with other agencies to help ensure people were supported by people with the appropriate skills to provide good holistic rehabilitation. The workforce included support staff, occupational therapists, physiotherapists and nurses. We saw evidence of close partnership working within the service's multi-agency team and appropriate referrals were made to agencies outside the team to help ensure good joined up working.

As well as a day service, there was a night service offered, which helped with hospital admissions avoidance. If possible, equipment, such as telecare night monitors, could be used to monitor people's movements during the night to gain a picture of their potential support requirements. The registered manager told us there needed to be an exit plan from the beginning to help ensure realistic goals were clear.

People were given a thorough assessment on admission to the service and signed up for the service by the coordinators. They were then responsible for care planning and risk assessments. We looked at care plans which included a range of health and personal information, support plans and risk assessments, details of professionals involved in the person's care and other relevant documents. There was a care file for each person in the office, which was kept secure, and one in the home for daily reference and use by support workers.

Nutritional screening was undertaken on sign up to the service and if there were any particular needs these were addressed to help ensure people's nutrition and hydration needs were met effectively. There was a lead manager for nutrition and hydration whose role was to attend regular meetings, share best practice and identify areas for improvements.

There was a staff handbook and an out of hours guide to support staff. We saw evidence of regular staff

supervision sessions, which gave them the opportunity to discuss their personal development, training needs and any other issues. There were also annual personal development reviews to give staff the opportunity to reflect on the last year and look at priorities for the coming year. The service also undertook competency audits, carried out regularly by a manager and annually by the workforce development department. This looked at staff competencies in practice, whether training was up to date and looked at supervisions and observations to see if they were fit for purpose. The results were then reported to the quality governance board.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. There was evidence within the files of consent being sought where required and people's mental capacity and decision making abilities being considered. We saw that where a person lacked capacity the service had been involved in best interests decision making.

Good

Is the service caring?

Our findings

We asked people what they thought of the service. Comments included, "They came for a number of weeks. They have been very, very good. The carers have been wonderful, so caring, so kind"; "They've been more than good, they've been brilliant"; "I am happy with the help. They are polite and kind"; "They seem polite and are very friendly"; "I am very satisfied, it's a good service. The staff are fine and polite always"; "Very happy with them. No problems with them at all. They are helping me get back on my feet".

The Service had a confidentiality policy and we observed staff helping to ensure dignity and privacy when delivering support with personal care. All staff undertook training in person centred practice and staff we spoke with understood the importance of treating people with respect, dignity and kindness.

We saw evidence of each individual who used the service having involvement in the care planning and the support they would receive. They were also involved in all reviews of support needs and discussions about the way forward. We saw that independent advocacy services could be signposted for people who required this to help them express their views and wishes.

Care plans included the outcomes people wanted to achieve in all domains and the help they would need to achieve these. We observed staff in an individual's home and saw that they made all efforts to promote the person's independence with each task they assisted with. The individual told us they had made good progress towards their personal goals.

There was a welcome leaflet given to all new users of the service. This included contact numbers, an explanation of the service and what the person could expect to gain from the experience and some information about the staff.

People who used the service were sent satisfaction surveys and questionnaires to enable them to feedback about their experience of the service. This was used to improve the service by looking at what worked well and what could be done better.

We saw the results of the most recent feedback summary, completed by 218 people who used the service and 14 carers. This demonstrated that 85% of people who used the service and 86% of carers were satisfied with the service. Only 1% were not satisfied, others had responded with don't know or had not responded. A very high percentage of people felt safe whilst receiving care, felt they had been involved in planning, had been accorded dignity and respect, understood the information and were listened to and valued. Some suggestions made included; 'Communication can always be better'; 'It would be helpful if we had the same continual carer' and 'Visits could be at more regular times'. These comments had been taken on board and improvements made. For example, the staff planner was now being used to help with consistency of carers.

Good

Is the service responsive?

Our findings

People we spoke with told us the service was flexible and responsive. The home support reablement service was a bespoke service helping to rehabilitate people recovering from a short term illness or injury. The service was short term, but the length of time could be flexible, depending on the needs of the person who used the service.

Referrals to the service were triaged and accepted or declined within an agreed timeframe, with the majority of users waiting less than 48 hours for the service to start from referral. The aim of the service was to provide a response time, within the agreed timeframes, to allow people who used the service to have rapid access to assessment and appropriate treatment. This helped people begin the journey of rehabilitation more quickly and to return to their ensure je to ensure early recovery so they can return to their best level of health and well-being as soon as possible.

The service was person-centred and care files we looked at evidenced that people's likes and dislikes were documented. We saw that people who used the service had the choice of using a preferred name and all staff ensured this was adhered to. Each individual who used the service was involved in creating their support plan and risk assessment which was focussed on their individual needs and updated when changes occurred.

People's wishes and preferences were taken into account, including their preference of carer gender whilst using the service. The person's needs and progress against their goals were reviewed on a regular basis to look at whether the individual's needs had changed or the support provided needed to be adjusted. Reviews were flexible and could be undertaken whenever required. Changes to the plan could be made quickly to ensure people's needs were met.

Discharge from the service was planned so that an on-going package of care, if this was required, was in place in a timely way. Files also included sections on 'what works well and what does not work well'. This helped the person receive the appropriate support and encouragement.

The registered manager told us about 'quality visits', which the service undertook. These visits were not task orientated and may entail a support worker visiting to help an individual unpack from a hospital stay or to have a cup of tea and a chat or provide other emotional support and reassurance. Some staff had been attending in reach services at one of the intermediate care facilities. This was to assist in facilitating activities, such as reminiscence, pampering and one to one sessions. Feedback received from the in reach service was positive, "Service users are enjoying the social stimulation provided by undertaking the activities and it enables our staff time to carry out other tasks".

'Tell us what you think' leaflets were readily available for people who used the service. These outlined out to complain or offer a compliment and could be completed at any time to feedback about the person's experience of care. The Customer Voice newsletter was produced quarterly and provided staff with information about the compliments and complaints received by the department. The aim of the newsletter

was to thank and congratulate staff who had been complimented by customers for their work and to share the learning identified from themes so that all services could benefit and improve as a result.

There was an appropriate complaints policy, which people who used the service that we spoke with were aware of. Comments included; "No missed or late visits. No complaints"; "No complaints on the whole"; "I have no complaints about the service". We saw that concerns or minor complaints were dealt with in a timely manner so that they did not escalate to complaints. Complaints and incidents were logged and investigated appropriately and for any complaints which were of a serious nature, a root cause analysis was undertaken. Monthly root cause analysis surgeries were held when investigations were discussed with the quality assurance team and learning and improvement was identified.

A number of compliments had been received by the service. Compliments received from other professionals included; "I would like to take this opportunity to thank and commend the team as a whole; the service they provided was excellent"; "I am happy with the care/support that patients from my service receive jointly from reablement services. My service works very closely with the reablement team and they respond quickly to feedback in relation to patient care and therapy progression and this in term ensures that the patients get the correct amount of care and support and progress in a timely manner"; "HSR has developed significantly over the years to meet the demand of hospital discharges; in doing so, they have ensured that pathways into their service and the information regarding the patient and their needs is efficient and effective to facilitate safe and timely discharges from hospital. I feel that HSR provide a valuable service to service users – however, HSR needs the opportunity to develop to meet the demands of all the new integrated teams and I feel quite confident that this will happen in due course".

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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 service had regular multi-disciplinary team meetings, handovers and safety huddles. These huddles, with the therapists, helped ensure timely response by the service to people's changing needs with regard to support, professionals and equipment. A professional from the health team linked with the service told us the huddles had; "Improved general communication….improved patient flow and more timely reviews and discharges… increased visits to patients…improved communication in relation to patients needing long term care packages/reduction in carer visits and closures...better quality referrals to intermediate care and all staff members now know who are the keyworkers from either team at a glance".

We saw evidence of staff support by regular supervision sessions. There were also regular team meetings and the minutes evidenced discussions around confidentiality, health and safety, safeguarding, lone working, accidents and incidents, medicines, updates, suggestions and feedback.

The service had recently had an away day for staff, where discussions had taken place about the National Institute for Health and Care Excellence (NICE) guidance around intermediate care. 'Walk and talk' peer checks from within the intermediate care tier were undertaken by senior managers each quarter to look at other service. They then feedback any observations, suggestions or concerns. We saw that ideas for service improvement were put forward by support workers through regular quality circles.

The service was subject to an annual audit by the quality assurance team. Any service changes identified by the quality board, reviews of NICE guidance and best practice, quality circles or learning following incident or complaint were added to the service's continual improvement action plans. Implementation of these actions were monitored in management meetings, reported bi-monthly in service accounts and overseen by the quality board.

The service undertook a number of regular audits including, documentation, hand hygiene, medication, fire drills and direct observation of practice. There were also spot checks of staff around uniform, practice and attitude as well as competence checks around areas such as medicines administration. Action plans from audits were produced and progress monitored to help ensure continual improvement.

There was a falls management and prevention policy and falls audits were undertaken on a monthly basis. All falls investigations were reviewed by the Falls Governance Group with the registered manager so that learning and improvement could be identified.