

South Tyneside MBC

South Tyneside Home Assessment Reablement

Inspection report

McAnany Avenue
South Shields
Tyne And Wear
NE34 0HQ

Tel: 01914045500

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 15 and 23 February 2017 and was announced. We last inspected the service on 20 January 2016 and 3 February 2016 and found the provider had breached the regulations relating to medicines management, staffing, person centred care and good governance.

South Tyneside Home Assessment Reablement Team is a domiciliary care agency providing personal care to adults who require short term, focussed support to increase their independence and confidence to live at home. They usually provide care for up to six weeks.

The provider had made progress since our last inspection and was meeting the requirements of the regulations. The service now had a registered manager. 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. Care workers told us the new registered manager was approachable.

The service had completed the actions identified in a comprehensive action plan. There were other systems in place to check on the quality of care people received. These included quality monitoring checks on care workers, medicines audits and care file audits. These had been effective in resolving any issues identified.

Although care records contained more personalised information, support plans still needed further development to clearly document the specific support people needed. We have made a recommendation about this. Goals had been identified for people to work towards to help promote their independence. These were usually general and not specific to each person's needs and abilities.

The quality of medicines records had improved so they accounted for the medicines care workers had given people. Trained and competent care workers were responsible for administering medicines. Checks were in place to help ensure people received their medicines correctly.

Care workers understood the importance of safeguarding adults and the provider's whistle blowing procedure. They also knew how to report concerns. Previous safeguarding concerns had been referred to the local authority safeguarding team and investigated.

People confirmed care workers were reliable and consistent. Care workers confirmed they had enough time allowed in their rota to arrive at calls on time.

There were effective recruitment procedures in place to check new care workers were suitable to work for the service.

A contingency plan was in place to deal with emergency situations.

People gave us consistently good feedback about their care. They said they were treated with dignity and respect by kind and considerate care workers.

Care workers had completed the training they needed. They told us they were well supported and had regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives. This included support with their nutritional and health care needs.

People knew how to complain and said they had no concerns about their care. There had been no complaints received since our last inspection.

People were consulted about the support provided. They had given positive feedback describing the service as 'excellent'; 'professional'; 'wonderful'; and 'fantastic'.

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.

Medicines were managed safely.

Staff knew how to report concerns relating to people's safety.

People received care from a consistent group of reliable care workers.

New care workers were recruited appropriately.

Is the service effective?

Good ●

The service was effective.

Staff said they received good support. Training was up to date for all care workers.

People were asked for consent. They were supported to make choices and decisions about their care.

People were supported to have enough to eat and drink and to access the health care they needed.

Is the service caring?

Good ●

The service was caring.

People said they received good care.

People were treated with dignity and respect.

Care workers described how they promoted people's independence.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Support plans required further development as they were not personalised and lacked detail.

Other care records contained personalised information about each person.

People had goals to work towards and progress was reviewed.

People said they knew how to complain but did not have any concerns.

Is the service well-led?

The service was well led.

Care workers gave positive feedback about management of the service and the approachability of the new registered manager.

There was an effective quality assurance process in place.

Progress had been made to complete a comprehensive service improvement plan.

People had been consulted and gave positive feedback about the care they had received.

Good ●

South Tyneside Home Assessment Reablement

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.

This was a comprehensive inspection. The inspection took place on 15 and 23 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

One adult social care inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service.

The provider completed a provider information return (PIR) prior to the inspection. 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 spoke with ten people who had recently used or were currently using the service. We also spoke with the registered manager, two senior care workers and two care workers. We looked at a range of records which included the care records for four people and medicines records for four people. We also looked at a range of other records related to the running of the service.

Is the service safe?

Our findings

During our last inspection on 20 January 2016 and 3 February 2016 we found the provider had breached the regulation relating to medicines management. This was because medicines administration records (MARs) were not always accurate and there were unexplained gaps in all of the MARs we viewed. Support plans did not describe the support people needed with taking their medicines safely. Medicines audits were not effective in identifying these issues.

Following our inspection the provider sent us a report of the actions they planned to take to become compliant with this breach. The actions included training for relevant care workers, improving the quality of MARs, developing personalised care plans and risk assessments and reviewing medicines policies and procedures. The provider told us this work would be completed by 15 April 2016.

During this inspection we found the provider had completed these actions in line with the timescales set in the action plan. MARs were completed accurately and accounted for the medicines people had received from care workers. Where medicines had not been administered, a non-administration code had been added and the reason for the omission noted on the back of the MAR. Care workers administering medicines had their competency assessed. This included assessing care practice in relation to hygiene and recording and whether the care worker was following the agreed procedures.

The provider completed standard assessments to assess whether a person might be at risk of potential harm. These included a financial risk assessment, a moving and handling assessment and a medicines risk assessment. Where a risk was identified a support plan was in place to help minimise the risk to people's health and wellbeing.

Care workers demonstrated they fully understood the importance of safeguarding adults and knew how to report concerns. They had all completed relevant training and showed a good level of knowledge about various types of abuse and potential warning signs to look out for. Five safeguarding concerns had been referred to the local authority safeguarding team and in line with the agreed procedure. These mostly related to missed calls due to communication issues. Action had been taken to deal with each of these issues.

Care workers had been made aware of the provider's whistle blowing procedure. All care workers we spoke with confirmed they had not previously needed to use the procedure but would not hesitate to do so if they had concerns about a person's safety. One care worker said, "I would ring the senior straightaway. It would be dealt with straightaway." Another care worker commented, "The majority of us girls have been there a long time and in my opinion dedicated to their job. We would just need to get on the phone (to report any concerns)." A third care worker told us, "I have not used it but I would."

People confirmed care workers were reliable and consistent. One person told us care workers called twice a day. They said they were "always on time". Another person commented care workers were, "Very reliable, they were very good. They were more or less the same girls." Care workers told us they had enough time

within their rota to arrive at calls on time and stay for the full length of the scheduled call. They also said the provider was flexible about the length of calls and gave us examples where calls had been extended due to a person's changing needs.

The provider had robust recruitment practices in place to ensure new care workers were suitable to work with people using the service. This included carrying out a range of pre-employment checks, such as requesting and receiving references, including one from the new staff member's most recent employer. Disclosure and barring service (DBS) checks had also been carried out. DBS checks help employers make safer recruitment decisions by preventing unsuitable applicants from being employed to care or support people using services.

The provider had an up to date contingency plan in place to help ensure people continued to be supported in an emergency situation.

Is the service effective?

Our findings

During our last inspection on 20 January 2016 and 3 February 2016 we found the provider had breached the regulation relating to staffing. This was because the provider had not been proactive in ensuring staff received the training they needed. One to one supervisions and appraisals were also overdue for all staff.

Following our inspection the provider sent us a report of the actions they planned to take to become compliant with this breach. The actions included developing a supervision plan, care workers receiving regular supervision and annual appraisals, developing a training matrix to ensure care workers completed mandatory training. The provider told us this work would be completed by 15 April 2016.

During this inspection we found the provider had completed these actions in line with the timescales set in the action plan. Records confirmed training, supervisions and appraisals were up to date for all care workers. Care workers said they had opportunities to complete the training they needed. One care worker commented, "My training is up to date, training is really good. Training is now more structured and we have a training matrix to check on all the time."

Care workers confirmed they received good support. One care worker said, "I feel fine. We have our supervision meetings. It is just a case of ringing up if I have any concerns." Another care worker commented, "I do feel supported. I just had supervision, they are quite regular and appraisals. Supervisions are more often, we are definitely doing them more."

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.

Although people currently using the service had capacity to make their own decisions, the provider had procedures should people require support in this area in the future. Care workers had completed MCA training to help develop an understanding of capacity and consent. People confirmed care workers asked for permission before providing any care. One person said, "Every time they asked for permission."

Care records showed people were supported by a range of other health care professionals when required. This included GPs, community nurses and occupational therapists.

Care workers supported people with nutrition in line with their assessed needs. Support plans detailed the support each person needed with eating and drinking. One person told us, "They always say when they come in have you got a drink?" Support provided was predominately focused around meal preparation or re-heating meals for people.

Is the service caring?

Our findings

People gave us consistently good feedback about their care. One person commented, "I thought they were very good. They couldn't have been a better team." Another person told us, "I am very happy with it." A third person said, "Wonderful, I got the help I need." A third person told us, "I am very well cared for." A fourth person said, "I am over the moon." A fifth person described the care they received as "very, very good".

People were happy with the care workers providing their care. One person told us, "I like the staff, the girls. I like them all. They are very nice. I really like them. They are so nice and friendly. They care like they are supposed to care and they look after me very well."

Care workers treated people with dignity and respect. One person said, "The girls were very respectful, caring, considerate and kind. To tell you the truth they were very friendly. I like the girls and I appreciate them coming." Another person told us, "They were very courteous." A third person commented, "The girls are pleasant, they are good company. They are very good, they very much made me feel at ease." Care workers gave us examples of how they aimed to promote dignity and respect. This included keeping people covered and talking with them to make them feel at ease.

People confirmed they were in control and were supported to make choices. One person said, "They say before they go is there anything you want, anything you need. Is there anything we can do for you? They are all the same. They are always checking with me if I am alright. They are very obliging." Another person told us, "They (care workers) were very good, they couldn't do enough for me."

Care workers told us people were now more involved in how their support was delivered. One care worker said, "We go out with the new personalised care plan. We ask people what they want, we ask about their preferences." Another care worker commented, "People are able to express preferences. We ask them if they prefer a shower or if they like tea with breakfast." We saw care records contained a note of these conversations. We also saw specific preferences people had were documented.

Care workers told us they aimed to develop people's independence as much as possible. One care worker said, "We let people do what they want to do. It is all about their choice, we try to encourage. It is their choice at the end of the day." Another care worker told us, "We are good at supporting clients moving off without on-going support, getting people back to full potential."

The provider had received a number of compliments from people and relatives to say thank you for the care they had received. One person commented the care workers had made them 'happy'. One relative said their family member had received 'wonderful care'.

Is the service responsive?

Our findings

During our last inspection on 20 January 2016 and 3 February 2016 we found the provider had breached the regulation relating to person-centred care. This was because we found no evidence the provider took time to identify people's care preferences. This meant support plans lacked detail and contained no information about how people wanted their support provided.

Following our inspection the provider sent us a report of the actions they planned to take to become compliant with this breach. The actions included involving people in developing person centred support plans and setting up a system of care files audits. The provider told us this work would be completed by 15 April 2016.

During this inspection we found the provider had made some progress with completing these actions in line with the timescales set in the action plan. However, we found support plans still needed further development as the content still lacked sufficient detail about the specific support people needed. For example, one person wanted support to make meals. The support plan stated 'I would like a little support to be able to make my own meals.' There was no other information about the input required from care workers to achieve this aim. For another person the specific support they needed with personal care was not written down in their support plan to help promote consistent care.

We recommend the service considers current guidance on developing person-centred support plans and takes action to update their practice accordingly.

Care records contained background information about each person, such as the events leading up to them needing the service, other people involved in their care and a summary of support needs. For example, one person required additional support due to being discharged from hospital following treatment for a fractured hip.

The format for assessing people's needs and developing support plans had been completely changed since our last inspection. The new format prompted care workers to involve people in assessing and identifying how the HART service could help them. This included identifying what actual support people needed and any barriers. For example, one person said they wanted to gain confidence to go out on their own again. A barrier to this was fear following a recent fall. Support plans were in place to support people in these areas.

The provider supported people for up to six weeks following a hospital discharge to help them back to independence or until a long term care provider was in place. This could be extended if a person was not ready to move on from the service. People had goals identified to aim for at the end of the six weeks. We found goals were usually general and not specific to each person's needs and abilities. For instance, for one person the goal was to regain their independence rather than what could actually be achieved by the end of the six week period of support. Progress towards achieving goals was assessed during support plan reviews. For instance, after being supported for six weeks one person was able to 'make a cold tea and cups of tea'. Further support was required to work towards preparing hot meals.

People told us they knew how to complain if they were unhappy with the service. They went on to tell us they had no concerns at all about their support. One person commented, "No problems, they were champion. I have no concerns at all." Another person told us, "I had no complaints whatsoever. It has been very good." A third person said, "There is not one of them (care workers) I could complain about." People had been provided with information about how to complain when they first started using the service. There had been no complaints made about the service since we last inspected.

Is the service well-led?

Our findings

During our last inspection on 20 January 2016 and 3 February 2016 we found the provider had breached the regulation relating to good governance. This was because we found no evidence the provider took time to identify people's care preferences. This meant support plans lacked detail and contained no information about how people wanted their support provided. We took enforcement action against the provider in the form of a warning notice to ensure they took appropriate action to comply with the regulations.

During this inspection we found the provider was meeting the requirements of this regulation. The service now had a registered manager. Care workers told us the new manager was effective and approachable. One care worker commented, "[Registered manager] is smashing and approachable. I can talk to [registered manager] no problem. I can ring her up anytime." Another care worker said, "[Registered manager] is very approachable, she is a good manager."

People had contact numbers should they need to speak with somebody at the provider's head office. They told us they had not had any problems when they had done this previously. One person commented, "They are very nice at the office as well."

The service had a detailed and comprehensive action plan in place to help promote sustained improvement to the quality of people's care. This included actions to improve the quality of medicines management, training for care workers, better support for care workers and improvements to care planning. We found the actions had all been signed off as complete at the time of this inspection.

The provider of the service was a local authority. The commissioning team within the local authority carried out periodic reviews of the quality of people's care. At the time of our inspection the commissioning team had not yet carried out a recent review of the service.

The provider had a quality monitoring system in place to check that care workers delivered safe and effective care. This included an assessment as to whether care workers turned up on time, promoted independence, supported people's choices and how well the care worker interacted with the person. One care worker said, "We have quality monitoring checks, there is a form to fill in. Individual staff members are checked every six months, including a medicines competency check."

Other audits carried out included a medicines audit and a care file audit. These were effective in identifying areas for improvement. For example, missing support plans and recording errors on MARs. Action had been taken to ensure these issues had been addressed.

At the end of the six weeks period of intensive support people were asked for their views about the service. One person said they had completed a questionnaire. They said, "I put on (the questionnaire) a very good report (about the service)." Another person told us, "I have a questionnaire, it has just come today." We viewed recent feedback received from people which was consistently positive about the quality of support provided. Questions asked included whether people were satisfied with their care, the level of involvement

they had, whether they were treated with dignity and respect and whether people would use the service again. We saw from viewing the feedback that 100% of people were either 'satisfied' or 'very satisfied' with their care. Some people had given specific comments about their experience of using the service. Words used to describe the service included 'excellent'; 'professional'; 'wonderful'; and 'fantastic'.