

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Community Reablement Team (CRT)

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Date of Inspection: 23 January 2013

Date of Publication: February  
2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✘	Action needed
<b>Care and welfare of people who use services</b>	✘	Action needed
<b>Safeguarding people who use services from abuse</b>	✔	Met this standard
<b>Supporting workers</b>	✔	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✘	Action needed

## Details about this location

Registered Provider	Reading Borough Council
Overview of the service	<p>CRT is part of the Intermediate Care Service which is delivered in partnership by Reading Borough Council and Berkshire Healthcare Foundation Trust, the service currently supports 62 customers.</p> <p>CRT provides a short term flexible service for up to 6 weeks, for customers who have been assessed as being able to benefit from a reablement program. The service is delivered in the customer's own home or at the intermediate residential care centre.</p> <p>CRT is available 7 days a week, 24 hours a day.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We found people's views and experiences were sometimes taken into account in the way the service was provided and delivered in relation to their care. However, people were not always provided with appropriate information.

People did not always experience care, treatment and support that met their needs and ensured their safety and welfare. This was because the care plans were not person centred and were sometimes missing at the initial visits to people using the service.

We saw that all staff had received safeguarding training. People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. People we spoke with told us they were cared for by well trained staff.

People who use the service and staff were not routinely asked for their views about care and treatment. We found that the provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 26 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✕ Action needed

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was not meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People were not always provided with appropriate information and support in relation to their care.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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People's privacy, dignity and independence were not always respected.

People told us they were not always informed about changes to the care they received. Most people who used the service told that they saw different care workers on different days. We spoke with seven people who used the service. Two of the people we spoke with told us that they didn't know why they were receiving care from the Community Reablement Team until the carer staff had turned up and explained the reason they were there. This meant that some people who use the service were not given appropriate information about their care or treatment.

One person told us that their care plan had arrived after two or three days. Another person explained that their care plan was received initially and then was removed for a few days before being returned. We spoke to six members of staff. Two people told us that they sometimes had to provide initial care without the care plan being available for a few days. When this occurred all staff had asked the person using the service what care had been agreed or needed. Some staff told us that they had to call the office to ask for the information.

Three out of the seven people we spoke with said staff were sometimes late and they were not always informed of the delay. One person told us that their morning care was due between 9-9.30am and the care staff often arrived after 10.30am. They also explained that they had not received a telephone call from the service to explain why the care worker would be delayed. This has affected the care they had been given and meant the person had tried to get washed and dressed on their own.

Peoples care plans did not include information about what time the care staff would arrive. This meant people were not always treated with consideration and respect. The provider may like to note the impact on people caused by occasional delays in their care, and seeing lots of different care staff.

We looked at 12 care plans of the people using the service. Only two of the 12 plans were signed by the person, a relative or support worker. Some care plans had not been dated. The information within the care plan was basic and only included information about the care needed. Only one care plan had consent forms included which were signed by the relative of the person using the service. Eleven plans had no consent records.

People explained that staff generally asked them how they wanted their care carried out. We spoke with six members of staff. They told us that they always asked people their preferred name and recorded the information in the observation sheets.

We asked staff how they promoted peoples independence during the period of reablement. They told us that they encouraged people who use the service to do as much as they could on their own. They offered help if the person found the task too difficult. Staff always asked for their permission prior to delivering personal care. We spoke with seven people who used the service. Five people told us that they were pleased with the service. One person told us that the staff were lovely and provided excellent care. Another person told us how the carers felt like family.

The manager told us that staff received dignity and respect training. We saw training records which confirmed this

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was not meeting this standard.

People did not always experience care, treatment and support that met their needs and ensured their safety and welfare.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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The care plans for people using the service were developed by Reading Borough Council Health or Longterm teams. The manager told us how they had been working with these teams to make improvements to the care plans. The manager acknowledged there was further work to be completed in relation to the consent and review of care plans by people using the service.

We viewed 12 care plans of people using the service. The plans included only basic information about the support needed for health, personal care and mobility needs. We found that they provided no information about people's wishes and the way they wanted to be supported.

Each person had a copy of the care plan in their home. We looked at copies of the care plans held in the office. The manager told us that the care plans held in people's homes held the same information, but also included the daily observation notes. We saw the observation notes of people no longer using the service. These notes were comprehensive. They gave clear descriptions of the care provided and recorded nutritional information and how well the person was at each visit.

There were inconsistencies in the level of information recorded in all of the 12 records and we found that assessments had not been fully completed. Only one of the 12 care plans we reviewed had risk assessments for manual handling, the general environment and mobility. Seven care plans had two of the risk assessments and three had no risk assessments included. We saw a copy of the provider's quality assurance process. This identified that risk assessments should be undertaken for every person using the service. None of the risk assessments included a review. Staff told us they did not know whether risk assessments had been reviewed. This was because they had never seen an updated risk assessment added to any of the care plans.

People we spoke with told us that they could ask staff to provide additional care. Staff told us that they could provide additional care to people using the service but had to check with the office coordinator that the care did not require a risk assessment. This check did not

always happen and meant care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

During the inspection we heard a member of staff discussing the care of one of the people using the service. The person had refused aspects of their personal care and had received treatment which was not documented in their care plan. We looked at this person's care plan and found the treatment given was not documented in line with the agreed care. This meant the person had received care and treatment which was not planned or in line with the agreed care plan. The treatment given had caused a delay in the person's recovery.

There were systems in place to identify a deterioration in people's health. The reablement team provided a 24 hour a day service. The manager told us staff were able to report any concerns about the health of people using the service. This information was given to another provider team and added to the providers 'RAISE' computer system. This meant that the provider's health team quickly respond to the person's changed needs, giving them the care and treatment required. Staff told us that this system worked well.

There were arrangements in place to deal with foreseeable emergencies. The manager told us that the service had a business continuity plan. We saw the provider's business continuity policy which included emergency planning and solutions for events such as staff shortages, bad weather and IT failure. People using the service told us that they had emergency contact information in case of any concerns.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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We saw that staff had received safeguarding training and that this was refreshed in line with the provider's policy. The safeguarding and whistle blowing policy was available to staff and included information about what abuse was and how to recognise it. There was clear guidance for staff on what to do should they suspect that abuse was occurring. The provider may like to note that seven staff members were not sure where they could read an up to date version of the provider's safeguarding and whistle blowing policies.

We saw a copy of the service user guide. This included safeguarding information for people using the service. The community reablement manager told us that a copy of the service guide was given to every user. However people using the service told us that they had never been given information about protecting people from abuse or how to report it. They did however tell us that they felt safe with the staff who provided their care.

We spoke with six care staff. They told us about the different types of abuse along with how and who to report it to. This clearly demonstrated their awareness of the importance of all aspects of safeguarding. All the care staff we spoke with told us that they had undertaken safeguarding training in the last three years.

Staff also told us they were able to raise any issues with the management team and knew what to do if they had not been addressed in full. This meant that the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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People we spoke with told us they were cared for by well trained staff.

Staff received appropriate professional development. We saw the induction process for all new staff which included mandatory training, reading of policies and a defined period of work shadowing before staff could provide care unsupervised. The training courses provided during induction included first aid, moving and handling, safeguarding adults and children, health and safety, food hygiene and fire awareness. Staff were also asked to attend annual refresher training and on occasion completed courses which were specific to the care needs of people using the service.

Staff we spoke with told us that they had completed the mandatory and annual refresher training. Some told us that they had completed additional training in dementia, bereavement and palliative care. Most of the staff we spoke with told us that the training provided was very good.

We met with the community reablement team manager. They showed us how the service managed the training requirements and updates for staff. We looked at eight staff files and found that the training records and certificates were not complete. The registered manager subsequently submitted a training overview spreadsheet which showed staff had undertaken comprehensive training.

We spoke with the community reablement team manager who told us that all staff took part in a formal supervision meeting every three months. We saw staff files which showed that this had happened and that the meetings were recorded with clear timescales and actions to complete. The staff we spoke with felt supported in their roles. They confirmed that they received regular supervisions and told us that they could also raise other issues at any time. Team meetings were held every four to six weeks. Staff also received a weekly memo which included information about new service users, reminders about reporting incidents, and complaints, annual leave and general information. We saw the minutes of these meetings and printed copies of the memos.

There was an appraisal system in place. Most staff had received an appraisal in the last 12 months which included learning and development needs, a review of targets from the previous year and new targets for following year. We spoke to staff who told us that they

had received an appraisal in early January. Two members of staff told us that they had not had an appraisal in three years. We saw appraisal records were included within most of the staff files we reviewed. The provider might like to note that on the day of inspection there were insufficient records to show all staff had undertaken all the required training and had an annual appraisal. The providers own quality assurance process identified gaps in compliance with the training overview and records of staff. We will look to review these records at the next inspection.

## Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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People who use the service, their representatives and staff were not routinely asked for their views about their care and treatment.

The community reablement manager told us that quality assurance visits were undertaken, with each service user, after three weeks of using the service. Only three of the care plans reviewed contained quality assurance visit records. We saw no further records to indicate the quality assurance visits had taken place on a routine basis. We spoke with seven people who use the service. Five people told us that they had not been asked to provide feedback.

The providers January 2013 quality assurance report identified gaps in compliance in relation to the completion and storage of the quality assessment visit records.

We asked the reablement team manager for a copy of the last staff survey results. They told us that the reablement team do not have a staff survey but staff can give feedback at team meetings and supervision. We spoke with staff who told us that they did not take part in a planned staff survey but they could raise concerns at any time.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. The provider's January 2013 quality assurance report identified gaps around the internal audit processes to monitor and assess the quality of service. The report confirmed that work was still required and an action plan was still to be developed.

We asked to see copies of all the services quality assurance audits. An internal compliance audit was undertaken by the provider quality assurance team. This identified a lack of evidence for routine assessments and monitoring the quality of service. We saw an internal compliance quality assurance process and folder. The records of these processes were not complete. Risk assessments and care plan reviews were not routinely undertaken and recorded or stored in a systematic way.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We saw a file of completed incident reporting forms. Staff we spoke with told us that they had been asked to report all incidents. They also told us about the different types of incidents they had reported. The community reablement manager told us that incident reporting was encouraged and the importance explained to staff. We saw weekly memo records and team meeting minutes which confirmed this. They also explained that incident reporting had not been robust in the past and further support, training and reminding staff was still required. There was no systematic analysis of incident reporting to identify trends. The manager told us that health and safety incidents were reported to the providers Health and Safety team for analysis and action.

The provider took account of complaints and comments to improve the service. We saw the complaint and compliments folders which included recent records. These were recorded and outcomes actioned in accordance with the providers complaints policy. However there was no systematic analysis to identify trends. Complaints and compliments were discussed with staff. Compliments were shared with the wider team through weekly memos. The staff we spoke with told us that they had been involved in discussing complaints about themselves and also that the compliments were shared with the team. Staff knew how and who to report complaints to.

People using the service told us that they knew how to make a complaint by calling the contact number. One person told us that they had raised a concern with the service and this had been addressed and resolved quickly.

This section is primarily information for the provider

✘ **Action we have told the provider to take**

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<p><b>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Respecting and involving people who use services</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider has failed to treat service users with consideration and respect. Regulation 17 (2) (a)</p> <p>The provider has failed to provide service users with appropriate information and support in relation to their care or treatment. Regulation 17 (2) (b)</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Care and welfare of people who use services</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not take reasonable steps to ensure that each service user is protected against the risks of receiving care that is inappropriate or unsafe. Regulation 9 (1)</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b></p>

**This section is primarily information for the provider**

	<b>Assessing and monitoring the quality of service provision</b>
	<b>How the regulation was not being met:</b>  The provider has failed to protect service users, and others, who may be at risk, against the risk of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity. Reg 10 (1) (a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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