

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

## Community Reablement Team (CRT)

Avenue Centre, Conwy Close, Tilehurst, Reading,  
RG30 4BZ

Tel: 01189372354

Date of Inspection: 02 May 2013

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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>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Reading Borough Council
Registered Manager	Mrs. Joanne Claire Purser
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 70 clients.</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 clients 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

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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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 2 May 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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During our previous inspection of the service in January 2013 we had identified that the service was not meeting requirements in three areas of the 'Essential Standards of Quality and Safety'. We asked that improvements were made. During the inspection in May 2013 we found that changes and improvements had been made.

We found that people who used the service were involved in developing their care plans and signed to agree their care and treatment. One relative we spoke with told us "The care staff are wonderful and really support my husband and I" and "The equipment I needed to support my husband was arranged and put in place very quickly, which made the whole situation easier to bear".

People's care and welfare was protected because their care plans highlighted the exact care and treatment they required and included risk assessments where necessary. One person told us "Nothing is too much trouble and I could not speak more highly of the staff. They help me with everything I need".

We found staff were recruited and supported appropriately. There were processes in place to ensure staff were suitably qualified or experienced before starting work. Staff we spoke with told us that they had been well supported through the recruitment and induction process.

People's views were listened to and acted upon. The service managers reviewed the feedback on a monthly basis and issues or concerns were dealt with swiftly.

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

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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** ✓ Met this standard

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

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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

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### Reasons for our judgement

People who used the service understood the care and treatment choices available to them. Care plans included specific information about people's personal care. We looked at the care plans of twelve people who used the service and found people or their representative had signed and agreed to the care provided. People we spoke with told us that there was a care plan in their home and staff updated the information regularly. One person told us that their care plan was available within a few days of them starting to receive care from the Community Reablement Team. We spoke with the manager about this. They explained that people who required a rapid intervention over the weekend may not have a care plan in place until the Monday morning. We also spoke with staff. They told us that the office coordinators provided them with information about the personal care and support that people required until the care plan was developed.

People were supported in promoting their independence and community involvement. We saw care plans had a goal plan in 13 of the care plans we reviewed. This was developed with the person and detailed the outcomes that they wanted to achieve. One care plan described how the person wanted to be able to cook their own meals and attend to their own personal care. Another outlined how the person wanted to undertake their own shopping. Each of the goals had an achievement timescale and had been reviewed regularly. This meant people were able to express their views and were involved in making decisions about their care and treatment.

People's privacy, dignity and independence were respected. People we spoke with told us how most of the care staff or coordinators called and advised if they were going to be late. They also told us that staff provided care at a time that was convenient to them. We looked at quality assurance records which had been recorded since the last inspection. Some of these forms highlighted concerns about time keeping and the timing of appointments. For example, one person who raised concerns about the timings had received a new appointment time to suit their needs. Another person said "The care staff would arrive

between 9am and 10am but this was too late for me as I am an early riser. I now see someone between 7.30am and 8.30am which is much better". This showed how the provider listened to the feedback from service users to ensure the care provided met the person's needs.

People who used the service were given appropriate information and support regarding their care or treatment. We spoke with five people who used the service and they told us that they mostly saw the same care staff each day. One relative we spoke with told us that the care provided by the Community Reablement Team was fantastic. They said "The care staff are wonderful and really support my husband and I" and "The equipment I needed to support my husband was arranged and put in place very quickly, which made the whole situation easier to bear".

**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 meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans of 12 people who used the service. We found information about the support required for people's health, personal care and mobility needs. There was also information about people's preferences, likes and dislikes. Most of the care plans we reviewed contained comprehensive risk assessment forms. These were for general environment, mobility and manual handling. We noted these assessments had been undertaken either before or within 24 hours of the person starting to receive care. We also saw evidence to confirm these risk assessments were reviewed regularly with the person or their representative.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We spoke with four care staff and they told us how they ensured that people received the care outlined in their care plan. They told us that they read the care plan at each visit to check for any changes in care. One staff member told us that they could provide additional care and treatment to people but this needed to be assessed by the office coordinators first. We looked at records which showed care plan assessments had been reviewed. These described how the change in care was discussed and agreed by the person before being provided

We looked at the team meeting minutes and memos sent to staff since the last inspection. They showed how staff had been reminded about only providing the care and support outlined in the care plan. People we spoke with told us that staff looked at their care plans during every visit. They also told us how staff updated their care plan with what had been completed at their visit. One person told us "Nothing is too much trouble and I could not speak more highly of the staff".

We spoke with five people who used the service. They told us how the service was fantastic and they did not have any complaints. One relative told us "My husband is well cared for by such wonderful staff" and "The staff are very friendly and they always take time to talk to him, which makes his day".

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. We saw copies of policies to support this process. We spoke with four members of staff. They all told us that they had completed an application form and had attended an interview prior to employment. We saw copies of the application form and the interview questions in each of the staff files we reviewed. Staff were asked questions about their experience and knowledge of health and social care.

Appropriate checks were undertaken before staff began work. We looked at seven staff records and found the documentation to support these checks. This included two references, training qualification and professional registration confirmation and a Criminal Records Bureau check. Staff we spoke with told us about the checks that had been undertaken before they were able to start work. We saw offers of employment in some of the staff files and each member of staff had a contract and up to date job description.

Staff began work by completing an induction and work shadowing. The induction framework consisted of training in areas such as fire safety, moving and handling and food hygiene. Staff were also asked to read the organisations policies and procedures. These were discussed at various stages during induction, which ensured understanding. Each member of staff had an initial probation period with reviews to assess progress. We spoke with seven staff about their recruitment experience and induction. They all told us that they were well supported through these processes. We spoke with five people who used the service and they all felt staff were well trained and experienced.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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 meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We found the manager had ensured the internal quality assurance process was being followed appropriately. We saw records to confirm quality assurance visits had been undertaken within three weeks of a person starting to receive care from the Community Reablement Team. Regular review visits took place throughout the period of care and treatment. We noted the feedback forms were comprehensive and completed with comments from the person who used the service. We noted that some people had raised issues which were identified and addressed swiftly by the manager. The quality assurance process was monitored by the service managers on a monthly basis. We saw records which confirmed audits were completed to ensure a high standard of service was delivered. Each of the assessment forms had been recorded within an overview spreadsheet so the response rate and outcomes could be monitored. This meant that people's views were identified quickly and acted upon.

Staff feedback and comments were taken at supervision, in team meetings or within the peer review meetings. We saw records to confirm this. We spoke to staff and they told us that they were encouraged to provide feedback about the service.

The provider took account of complaints and comments to improve the service. We asked for and received a summary of complaints people had made and the provider's response. There had been a few complaints raised since the last inspection. The complaints were investigated and dealt with in accordance with the provider's complaints policy. We spoke with two relatives and two people who used the service and they told us that they had not needed to make a complaint but knew how to if the need arose.

We spoke with the manager about how the service periodically evaluates and analyses complaints. A formal review process was completed, recorded and discussed with the team and the provider. We saw records to confirm this.

## 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

### Essential standard

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)

### Regulated activity

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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