

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

Recovery and Independence Team

Upsall Hall, Nunthorpe, Middlesbrough, TS7 0PG

Date of Inspection: 28 January 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Redcar & Cleveland Borough Council
Registered Manager	Mrs. Geraldine Anne Handley
Overview of the service	The Recovery and Independence Team provide support and rehabilitation to adults aged 18 and over in Redcar and Cleveland. Recovery assistants and therapists provide care, support, encouragement and advice to people in their own home for a period of up to six weeks. The aim of the service is to assist people to become independent. The service is available from 7am until 10pm seven days a week.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Requirements relating to workers	10
Complaints	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 January 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.

What people told us and what we found

People who used the service and relatives told us that they were involved in making decisions about the care, rehabilitation and support that they received. We were told that the Recovery and Independence Team provided a reliable service and that people felt well supported. People told us that staff provided rehabilitation and encouraged people to be independent, which enabled people to stay in their own home. One person spoken with said, "This is a perfect service." Another person said, "The staff are very good I'm sure I will be back on my feet in no time."

Staff spoken with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. Staff spoken with were knowledgeable about the aim of the service, rehabilitation and the people they cared for.

We found recruitment procedures to be robust. Appropriate checks were carried out on staff before they started work.

People told us they felt comfortable and safe with their rehabilitation assistants and that they would feel comfortable speaking to the manager about any issues which may arise.

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

More information about the provider

Please see our website 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

Our judgement

The provider was 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 rehabilitation and care.

Reasons for our judgement

People's diversity, values and human rights were respected. We spoke with the manager, a recovery assistant and a recovery co-ordinator who were all able to demonstrate that they used appropriate ways to show respect to people who used the service.

Staff also demonstrated to us that they knew how to protect people's privacy and dignity whilst assisting with personal care. For example, by covering people appropriately and by encouraging them to be as independent as possible. Staff confirmed that respecting people's privacy and dignity was emphasised during their induction into working at the service. Staff we spoke with said they would treat people as they would want to be treated themselves. One relative spoken with during the visit told us how staff respected privacy and dignity when attending to personal care needs but how they also ensured that the person was safe.

People told us they felt involved in making decisions relating to their rehabilitation. For example, prior to using the service, people were visited at home by the rehabilitation co-ordinator for an initial assessment. During this assessment people were asked what time they would like visits to take place and if they preferred a male or female recovery assistant. We were told and saw records to confirm that each person's rehabilitation package was reviewed on a weekly basis. This review was to monitor progress, review rehabilitation that had taken place and to determine if any changes needed to be made. One person spoken with said, "I think that I am improving with their help."

During the inspection we looked at the care and rehabilitation records of seven people who used the service. At the time of the inspection there were 28 people who used the service. Care and rehabilitation records reviewed contained evidence of personal choice and preferences. For example, we saw documentation that informed that one person had told staff that they were visiting too early. We saw that the manager had taken immediate action to address this and the next day the person was visited later in the morning.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We viewed the care and rehabilitation records of seven people and found that their needs were assessed before they began to use the service. People spoken with during the inspection told us that their care and rehabilitation was provided in a way which met their individual needs. During the inspection we spoke on the telephone with two people who used the service and a relative. One person said, "The staff are very good and supportive." Another person said, "The lasses are canny enough and I have improved."

Staff spoke with knowledge and understanding about rehabilitation and people's individual needs. We found that changes to rehabilitation and needs were well managed. We saw that occupational therapists and other health care professionals were involved in providing the programme of rehabilitation to people. One person told us how they had been assessed and that they had received a raised toilet seat and that grab rails had been fitted in their shower very quickly. This person told us that by getting such equipment so quickly this had aided their recovery and that they had regained their independence.

The manager told us that the Recovery and Independence Team provided a free and flexible service to people in their own home for a period of up to six weeks. Recovery assistants and therapists provided care, support, encouragement, rehabilitation and advice to people with the aim of people becoming independent. We were told that the service was available to people aged 18 and above who lived in the Redcar and Cleveland area and had the potential to improve independence. For example someone who was to be discharged from hospital after a period of illness. Staff helped people to become independent with meal preparation, attending to hygiene, shopping and domestic support.

People were referred to the Recovery and Independence Team after they had been assessed by a social worker. A recovery co-ordinator visited the person at home and agreed the outcomes the person wanted to work towards achieving. Each week the person's rehabilitation was reviewed and where needed changes were made. At the end of six weeks or before the person was either discharged or reassessed by a social worker to determine future care needs.

People spoken with during the inspection told us that this had proved to be a valuable service. One person said, "We couldn't ask for a better service. When we had bad

weather we were told when staff were going to be late. They are experts. I have been extremely happy and only hope that any future care will be as good as this has been."

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

Our judgement

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.

Reasons for our judgement

During the inspection we spoke with the manager, a recovery assistant and a recovery co-ordinator. Staff spoken with were aware of the different types of abuse. The manager said that the induction for new staff includes identifying potential abuse. We were also told that abuse and safeguarding vulnerable adults was discussed at supervision and at staff meetings. Staff spoken with during the inspection were clear of what action to take and procedures to follow if abuse was suspected.

The Recovery and Independent Team's management have worked with other individuals and agencies to safeguard and protect the welfare of people who used the service. People who used the service and the relative spoken with during the inspection were aware of who to speak with should they need to raise a concern.

Staff told us that they had received training in respect of abuse and safeguarding of vulnerable adults.

We found that the service had safeguarding and whistle blowing policies and procedures in place. These outlined to staff what action they needed to take if they suspected a person was at risk of abuse from anyone. Staff were provided with a personal copy of these policies at induction. This meant staff had access to information which supported them to identify and report suspected abuse.

People we spoke with told us they always felt safe and that they had no worries or concerns about anything to do with the service and support provided. The relative spoken with was highly confident of the staff that provided support, and described them as respectful and extremely professional.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the recruitment records of three staff members to check that the agency recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Criminal Record Bureau checks (now called Disclosure and Barring Service checks DBS) had been carried out before staff started work. Records were also available within the staff files looked at to confirm that checks had been made to ensure that the person was suitable to work with vulnerable adults.

Files examined contained two references which had been obtained prior to the commencement of employment and one of which had been obtained from the last employer.

We found evidence that the provider had processes in place to check the identity of the person during the recruitment process. Files examined contained copies of passports, driving licenses, birth certificates and documents with proof of address.

Staff spoken with during the inspection confirmed that a thorough recruitment procedure had been followed. We were told that new recovery assistants shadowed experienced staff for at least a month. This helped to ensure that people were supported by skilled and experienced staff.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The manager told us that she had not received any complaints in the last 12 months. The manager told us that recovery co-ordinators spoke to people on a regular basis to make sure that they were happy with their care rehabilitation and support. If any concerns were identified then these were acted upon quickly to avoid any unnecessary upset.

We looked at the agency complaint procedure, which informed people how and whom to make a complaint to. The procedure gave people timescales for action. People who used the service that were spoken with during the inspection said that they were listened to and that they felt confident in raising any concerns with the manager.

We saw that people had been asked to provide feedback on the service they had received. We found that the service had received many compliments. Compliments made included, 'The care team gave me the confidence I had lost, gave me my independence back. Their support was invaluable.' and 'The ladies were all respectful of dignity, bright and cheery, very encouraging and arrived as requested on a daily basis.'

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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