

Hampshire County Council

Community Response Team Mid Hants

Inspection report

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Community Response Team Mid Hants is a dedicated Reablement Service who, using specific specialisms and cross disciplinary working, deliver reablement in a person's home. The Reablement Service aims to improve quality of life, maximise long term independence and enable people to remain or return to live in their own home in the community.

Reablement services are delivered to support in the short term (normally up to six weeks) and with some specialist needs, medium term. Hampshire County Council work in a way that seeks to improve people's life by making use of facilities that are available in the community as well as council-provided services. People also received assistance with personal care, medicine management, mobility, nutrition, and mental health.

At the time of our inspection, 63 people were using the service.

People's experience of using this service and what we found

People received care, support and treatment which was properly assessed and centred to their needs.

Staff were properly trained and were provided with support and supervision at regular stages.

Staff were knowledgeable of safeguarding and people were protected against the risk of abuse.

Staff received training in relation to the management of medicines and had their competence checked frequently.

The provider had suitable arrangements in place in respect of infection control.

Treatment was provided with dignity, respect, and compassion.

Any complaints received were investigated and responded to appropriately.

When people needed additional care and support after they had finished their treatment plan, the provider supported people by signposting them to the appropriate resources.

The culture of the organisation was good and people told us staff were friendly, had good values and enjoyed their jobs.

Staff were complimentary about the management and told us they were supportive, knowledgeable and positive role models.

The provider had effective governance systems in place and regularly reviewed the quality of care provided.

Rating at last inspection

This service was registered with us on 30 April 2021 and this is the first inspection.

The last rating for the service under the previous provider at the previous premises was good, published on 22 August 2019.

Why we inspected

We carried out a comprehensive inspection as the registered location had changed.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Community Response Team Mid Hants

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

One Inspector and an expert by experience conducted the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. At the time of the inspection, 63 people were receiving care and treatment. Inspection activity started on 3 July 2023 and ended on 6 July 2023. We visited the location's office on 3 July 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including, notifications, complaints, feedback from the general public and quality assurance reports. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, an operations manager, 2 team leaders, an advanced practitioner, 3 relatives and 8 people. We obtained written feedback from 10 members of staff. We reviewed quality assurance records, various policies and procedures, training and supervision records, medication competency assessments and staffing records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had effective arrangements in place to regularly assess, monitor and manage risk. Records accurately reflected people's needs and risks were routinely assessed as people progressed through their treatment.
- People and relatives consistently told us risks associated with treatment were managed effectively, such as the management of falls. Comments included, "They've given sensible advice, they raised the bed, raised the toilet and have put various handrails in.", "They advised me to get rid of the rugs to prevent falls, all good suggestions.", "The dressing is off my (surgical wound) now and the carers are gently washing around the wound with plain water and keeping an eye on it, it's healing nicely."
- Feedback surveys highlighted people were satisfied with the way in which risk was assessed and mitigated during their treatment.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in recognising the signs and symptoms of potential abuse and were clear as to who they should report concerns to. Any safeguarding concerns were reported to the local authority safeguarding team and the registered manager informed CQC. Concerns were thoroughly investigated, and actions then taken to prevent reoccurrences.
- People consistently told us they felt safe. One person said, "I found the staff all absolutely friendly, polite and determined to help me." and "Their [Staff] behaviour was praiseworthy. We had friendly exchanges on everything, even when we didn't agree." A member of staff commented, "Safeguarding is to ensure everyone can live their lives free from neglect, harm, and abuse."

Staffing and recruitment

- Sufficient numbers of appropriately skilled and experienced staff had been deployed to meet people's needs. The registered manager had an effective monitoring system in place to regularly assess capacity when considering new referrals and staff recruitment.
- The registered manager told us people did not have a specific time allocated to receive their care and said people were made aware of this prior to commencing the service. Most people understood why the timings of their visits were arranged in this way, although some were unhappy and said it affected the usefulness of the care they received, others said they were grateful to receive input.
- Staff were safely recruited, and all pre-employment checks had been carried out before staff commenced in post. These included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The majority of people we spoke with did not require assistance from the service to support them with their medicine. One person said, "They [staff] checked on my needs with medicines and made sure I had a safe system in place."
- Staff told us they received training in medicine administration and their competence was assessed on a regular basis and in line with national guidance.
- Comments from staff included, "I recently had my medication competency where a CRA2 [senior member of staff] came on visits with me and checked I was supporting services users [people] and following medication policy.", "Yes, I receive medication competency assessments regularly with a CRA2 who comes out with me to observe roughly every six months. I also received medication training on e-learning and learning sets yearly."
- The provider had effective systems in place to monitor the administration and recording of medicines.

Preventing and controlling infection

- The provider had appropriate arrangements in place to reduce the possibility of infection.
- The provider had followed government guidelines around infection control and personal protective equipment (PPE). One person said, "They [staff] all looked clean and tidy. They wear the same uniform and have gloves, aprons and masks." Another person said, "They were always washing their hands and they left everything clean."
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People we spoke with had capacity to make decisions and their freedoms and choices were not restricted.
- Records demonstrated staff received training in the MCA and they were knowledgeable about the principles of the legislations. Comments from staff included, "The main points of the mental capacity act are to assume a person has capacity and can make their own decisions.", "If the person cannot make their own decision, then support is given to make a best interest decision for them." and "The decision made must be the least restrictive result for the person."
- At the time of our inspection everyone we spoke with had capacity to make their own decisions. The provider had effective systems in place to protect people's rights if someone lacked capacity and required a best interest decision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were complimentary about the assessment process and told us they were involved at each stage. One person said, "The staff were very good at assessing needs on a day to day basis as well; they knew how to ask the right questions. I was a [professional] and I noticed that they did a mini assessment every time they came to help."
- A second person said, "I was fully involved in the assessment, together with [family member]. [Staff member] was very thorough and the care planned reflected both the very particular needs of [family member] and what the service could deliver. It's a very specific package that will stop as soon as possible and will be reviewed regularly."
- Assessments and treatment was arranged using a multi-disciplinary approach with the support of various professionals which included occupational therapists. This arrangement supported effective assessment,

prompt treatment plans and quick access to any equipment people may have required. One person said, "The very first morning, I did an assessment with someone, they discussed it all very thoroughly with me, then they arranged what help and equipment I needed. They couldn't have been more helpful or respectful, it was the best way of doing things."

Staff support: induction, training, skills and experience

- Staff received appropriate induction and support to delivery effective care and treatment. Records documented training was provided regularly and included learning opportunities in respect of, safeguarding, MCA, infection control, medication and risk management.
- Staff told us they felt very well supported by their manager and told us they could access support and guidance when needed. Comments from staff included, "The palliative care and dementia training courses I went on were very interesting.", "We also have regular learning sets to go over training, recently had one on safeguarding.", "I had my supervision in the work place where I was followed to my calls with a [senior staff member] who was making sure I was completing my calls correctly and safely." and "I am also currently studying for my lead adult caseworker NVQ level 3."

Supporting people to eat and drink enough to maintain a balanced diet

- People who required assistance with nutrition and hydration were supported appropriately. However, the majority of people using the service received treatment in line with their reablement plan and nutritional support was not always needed. The provider signposted people to alternative providers for additional assistance in this area if this was an ongoing need. Where nutritional support was required, this was clearly recorded in people's records.

Adapting service, design, decoration to meet people's needs

- The provider had effective arrangements in place to assess and assist people with adaptations to their homes. Support was regularly provided by an occupational therapist when people required equipment or adaptations in respect of their living arrangements. This was arranged as part of the support provided by the multi disciplinary team.

Supporting people to live healthier lives, access healthcare services and support

- The provider's multi-disciplinary arrangements allowed people prompt access to healthcare services both internally and externally. Records demonstrated people received healthcare support when they required it.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated as individuals and care was person-centred and tailored to specific needs and wishes. Protected characteristics under the Equality Act 2010 were identified and planned for. For example, the operations manager described how the service adapted their documentation and communication methods to meet the needs of one person whose first language was not English. Pictures were used as a method to obtain consent to provide various aspects of care and support.
- People and relatives consistently told us they were treated well and said their diverse needs were respected. Comments included, "The staff are absolutely marvellous. The staff are kind, extremely helpful and cheerful.", "They're lovely people, very kind, who do what they're asked to do.", "They were admirable, friendly people who made a great effort to help me in every way possible.", "The staff were so reassuring, some were very caring just in their manner and way of taking an interest in you...others a bit more reserved.", "They are kind, some are a bit more understanding than others. The ones who do the 'office work' take the time to listen and really take an interest in you."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. One person said, "The staff who come to see me always ask if I am ok. They talk to me first and they make me feel comfortable before any care is given. I don't feel embarrassed."
- People and their relatives had been involved in the assessment process and were aware a written care plan was kept in a folder in their house. Some people spoke about verbal reviews, by telephone, to check if their needs were being met and to agree when to reduce assistance.
- Comments from people and relatives included, "We were involved in setting the care up, we were offered three visits a day, but really there was no need, so we had two. It's only been for a week and [person] is now feeling much better, so with discussion and agreement, it's stopped, and the care folder was removed.", "I had my daughter with me for a week, so it was agreed after that I'd have care three times a day, which has been going for a week now. I know it'll be reviewed after another week, depending how I get on." And "I've chatted on the phone about how things were going all through and been involved in decisions. For example, Reablement agreed to put one more night in at my request. [Family member] is back to normal now."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's treatment plans were personalised, and their needs were met. One person said, "I like the staff that come in and see me, they do give me choice and I do feel they respect my wishes. If I need something different, they will help me with it." A relative said, "They were marvellous, because they came so quickly. The doctor came at 3pm and the rapid response team came out, assessed him and put care in place by Monday. We wanted help quickly and that's what I got. We were involved and they definitely met our preferences."
- Reablement plans were personalised and provided sufficient detail to assist people with their recovery. Reablement records detailed how staff would support people with their physical wellbeing, their mental health, medication, personal care, mobility, and social inclusion. People's treatment plans were reviewed and amended at regular stages to reflect progress.
- People and relatives told us they were pleased with the responsiveness of the service and said reablement support had helped improve their quality of life and recovery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had access to a dedicated sensory team who were able to support people with any sensory needs. Records demonstrated this specialism was promptly accessed and actions taken when needed. A member of staff commented, "I made a referral to the sensory team to see if there was anything they could do to help the person communicate more effectively with staff. I also created a picture board for the person to use as a communication aid."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had effective arrangements in place to signpost people for support if they felt isolated or were interested in developing friendships.

Improving care quality in response to complaints or concerns and learning lessons

- The provider had suitable arrangements in place to receive, investigate and respond to complaints. Records showed investigations were carried out effectively and learning from incidents had been

documented in action plans.

- An investigation into 1 incident found important information in respect of a fall was not recorded. The learning from this incident was shared and monitored by senior management.

End of life care and support

- Reablement service is not an end of life service although the service does accept referrals for people who do have palliative care needs, who have identified reablement goals. Staff were offered a palliative awareness course as part of their training program. Staff had undertaken training in respect of end of life care. At the time of our inspection nobody was receiving end of life care; policies and process were in place to support people's needs at end of their life if required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff at all levels were clear about their roles and responsibilities and communication across the staffing structure was effective. A member of staff commented, "We have a structure to follow, have roles and responsibilities and work well to achieve excellent outcomes for the clients [people]."
- The registered manager was experienced and had sound knowledge of legislative requirements. A member of staff said, "If I ever need anything I can go to [Registered manager] she has so much knowledge and experience."
- The provider had effective arrangements in place to monitor the quality of care and treatment provided. Records demonstrated reviews took place regularly and care was adapted when this was required. To ensure treatment plans were effective, the registered manager, the team leader and the operations manager held regular meetings with people to review their goal and reassess their needs. The provider's occupational therapy staff also regularly assessed people's progress against their goals. Feedback analysis suggested the oversight and governance within the service monitored care provision effectively.
- The provider has systems in place to frequently obtain feedback. Whilst some people stated they would value more time specific treatment visits; people were satisfied with the service they received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to achieve positive outcomes. Comments from people and relatives included, "They [staff] have worked wonders, I am so pleased with how things have gone for me.", "When I had my assessment, they were clear it was short term and my goals were set. I managed to achieve most of them, so I am delighted."
- People who required additional care and support after reablement were signposted to the relevant organisations for help. People we spoke with conformed this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Comments from staff included, "I have no concerns about the reablement team, I feel very lucky to be part of this amazing team, it really is a team, we really do work so well together, good communication and support of each other.", "I have done this job for 25 years and absolutely love it. The service has changed many times over the years to keep up with the times, but I am proud to be part of it."

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had reviewed their falls records after an incident had taken place when one person's treatment had ended. In addition to this, a team meeting was held to learn lessons about infection control procedures and of care delivery recording. We were satisfied with the actions of the provider in relation to the incident.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.