

Newcastle-upon-Tyne City Council

Care at Home Reablement Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Care at Home Reablement Service is a domiciliary care agency providing short-term personal care and support to people living in their own homes. Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection 143 people were receiving personal care.

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

People and relatives we spoke with, gave positive feedback about the service and the staff team. A relative discussed their experience of the service provided. They said, "I have felt there is nothing [staff] haven't done. They are always willing and very accommodating. We feel they are invested in his well-being. We trust them completely."

People were supported by a consistent staff team who had the relevant training and qualifications to safely support them. Staffing levels were safe and were reviewed regularly by the registered manager. People told us their calls were regular and there was flexibility if they needed to change their visit times to attend health appointments. A relative commented, "[Person] loves talking to [staff], she looks forward to them coming in. She knows them all from a small group that rotates. They are kind and caring, they are friendly she is very comfortable. They always ask, 'anything else you need'. They are considerate and respectful."

Risks people may face were fully identified and mitigated. Medicines were safely managed, and the service worked in partnership with other health care professionals to make sure people received a continuous level of support.

People had person-centred care plans which were created from holistic assessments of people's needs. People told us they felt safe with the support provided by staff. Relatives commented that they did not have to worry about people's safety or well-being, as the staff were very kind and caring.

Staff had a positive relationship with the registered manager and felt able to provide feedback regularly about the service. A staff member told us, "I feel that the registered manager is a proactive manager who is also involved in the day-to-day work as required. She is approachable and cares about the service we provide to adults and the welfare of the staff." The quality and assurance systems in place allowed for effective monitoring of the service by the registered manager and provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had access to PPE and followed best practice guidance and the provider's policy in relation to infection

prevention and control. Staff received appropriate training and were positive about the range of training modules available.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 31 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care at Home Reablement Service on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 good.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care at Home Reablement Service

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by an operations manager and 2 Experts by Experience. 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.

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

This inspection was unannounced.

Inspection activity started on 7 November 2023 and ended on 6 December 2023. We contacted people and their relatives on 13, 14 and 15 November 2023.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about serious injuries or events. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority contracts monitoring and safeguarding adults teams and reviewed the information they provided. We contacted the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. The inspection activity started on 7 November 2023 and ended on 6 December 2023. We contacted people and their relatives on 13, 14 and 15 November. We requested feedback from staff via email.

We spoke with 11 people who used the service and 18 relatives about their experience of the care provided. We received feedback from 34 members of care staff. We spoke with the registered manager to discuss the inspection findings and deliver feedback.

We reviewed a range of records. This included 6 people's complete care records and medication records for 5 people. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Safeguarding and whistle-blowing policies were in place which were accessible to staff, people and relatives.
- Staff had received safeguarding training and could tell us what action they would take if they identified any form of abuse. A staff member commented, "I would be very confident using the whistle blowing procedure but have never felt I've had to do this."
- People and their relatives said that they felt safe with the care provided. One person said, "They are lovely girls. I get on fine with them. They help me a lot. I have a lot of confidence in them. I just feel safe when they are here."

Assessing risk, safety monitoring and management

- Risks people may face were fully assessed, mitigated and regularly reviewed. Assessments detailed what steps staff should follow to keep people safe. The manager regularly monitored the safety and quality of care provided to people through the use of audits.
- Environmental related risk assessments were also in place for people and staff. A staff member told us that they always check for any risks whilst supporting people. They commented, "If we have safety concerns about any person we would report it to our manager. We have a duty of care and report any issue if we feel anyone is at risk of harm."
- Relatives we spoke to confirmed that risk assessments were in place and used by staff to safely support people.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Staff were safely recruited and there were enough qualified and competent staff to safely support people. Recruitment checks in line with the provider's policy, had been completed and this 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.

- People and relatives told us they had a regular staff team who provided support. Staff told us that they had enough time each visit to deliver the care and support people needed.

- People told us staff were flexible with visit times which allowed them to attend appointments without missing out on their visit. The registered manager told us this enabled a 'wrap around' level of care which met people's needs. A relative told us, "They go out of their way to do things you would hope they would, for example [person] wasn't feeling very well and they phoned the office and asked for an extra hour and did extra things that day about hygiene and their washing."

Using medicines safely

- Medicines were managed safely. There were regular checks of medicines by the office and management team.

- Staff had received medicines administration training and had their competencies assessed frequently.

- People and relatives told us that staff administered their medicines at the right time. One relative told us, "They get it out, make him a drink and make sure he has taken it ... No issues with the carers. They come at particular times so the medication is equally spaced."

Preventing and controlling infection

- There was an infection prevention and control (IPC) policy in place which staff followed to reduce the risk of infection. Policies had been updated to reflect national guidance.

- Staff had received training around IPC and had access to PPE. A staff member said, "We practice good hand hygiene and use PPE appropriately. Following policy and procedures."

Learning lessons when things go wrong

- Lessons were learned through investigations into incidents and actions put in place to stop similar incidents occurring. The registered manager investigated all accidents and incidents fully. Any safeguarding investigation reports were shared with the local authority and CQC.

- Findings from investigations were shared with staff to help prevent further incidents occurring. The registered manager reviewed incidents regularly to identify any trends or themes, these were used to improve the care provided to people.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were at the centre of the service and staff made sure everything they did helped to improve people's well-being. All staff told us that they enjoyed supporting people. A staff member told us, "I enjoy my job it's good to feel your helping and make a difference. It's good to see a person regain confidence and independence."
- Staff commented that the registered manager and team leaders were very supportive. A staff member said, " [Registered manager] is approachable and I wouldn't have any problems discussing any concerns or problems. I love how we can all learn from our mistakes and grow and develop from them."
- People and relatives were complimentary about the staff culture and the approach of staff. A relative commented, "I can't find any faults, they jump on it straight away. [Person] says 'they are worth their weight in gold they are absolutely spot on.'"

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; Continuous learning and improving care

- The provider and registered manager understood their responsibility to be open and honest when something goes wrong. Apologies were given to people and lessons were learnt.
- Results from audits, investigations, feedback sessions and surveys were used to improve the quality of care at the service.

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

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to CQC for significant events that had occurred at the service, for example accidents and incidents.
- People and relatives were positive about the service and the manager. A person told us, "I would definitely say the service is extremely well managed. I can't think of anything to complain about."
- The quality and assurance systems in place allowed the manager to effectively monitor the quality of care provided to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were asked for their feedback to allow the management team to find ways to

improve the level of support provided to people.

- Staff worked closely with other health care professionals. People's care records showed involvement and guidance from other agencies, for example the district nursing team and GP. A relative told us that staff made sure people accessed their GP if they were unwell. They said, "[Staff] went up to the doctors because [person] was 28th in the queue. The doctor rang me and came out that evening."
- The service worked in partnership with the local hospital discharge team to make sure people could safely return home with the right support in place.