

Manchester City Council - Adult Directorate Central Reablement Service & Home Pathway

Inspection report

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Ratings

| | |
|---------------------------------|---|
| Overall rating for this service | Outstanding  |
| Is the service safe? | Good  |
| Is the service effective? | Good  |
| Is the service caring? | Good  |
| Is the service responsive? | Outstanding  |
| Is the service well-led? | Outstanding  |

Summary of findings

Overall summary

About the service

Central Reablement Service & Home Pathway provides support to people in their own homes, who would benefit from short term interventions which help people maximise their independence. The service operates 7 days a week, 365 days of the year. The focus is centred on people who are able to actively participate in a process to learn or regain abilities to complete tasks associated with daily living. The service also plays a critical role in supporting safely and timely discharges from hospital.

At the time of the inspection 30 people were using the service.

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

Placing people at the heart of the service was a golden thread that ran through every aspect of service delivery. We saw multiple examples of how the service had enriched people's lives and empowered people to be as independent as possible. Statements such as 'positive and very encouraging', 'nurturing without imposing their opinion' and 'friendly, like good friends of mine' were all terms used by people to describe staff and their experience of using the service.

The service followed a truly multi-disciplinary, holistic, team approach focused on innovative and outstanding quality-of-life outcomes for people. This approach had been greatly enhanced by the introduction of in-house occupational therapy which improved the service 'offer' for people and professionals alike.

Assessments looked at the 'whole person' which meant support interventions were truly person-centred and provided a framework for other members of the team to follow as part of the reablement package. This enabled people to live their best life, and do the things they wanted to do, when they wanted to do it.

The reablement team benefited from having access to a number of neighbourhood apartments, managed in partnership with local social housing providers. This meant people could temporarily move into an apartment, often at a time of crisis, to receive reablement support. This innovative and proactive model enabled people to be fully involved in decisions about their future, whilst maintaining their independence in the community, and being able to receive therapeutic and social care support.

Staff were caring, motivated and passionate about their work. People's individual characteristics, likes, dislikes and personal preferences were fully embraced and recognised by staff. Staffing levels within the service were good. A range of roles were deployed within the service which meant the right people, delivered the right support, at the right time.

A significant standout feature of the service was the positive workplace culture. The registered manager and service lead manager led by example, embedding a positive culture and ethos where everyone felt valued, and their individual contributions recognised.

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 27 December 2017)

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Central Reablement Service & Home Pathway

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

This inspection was carried out by an inspector and an Expert 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 homes.

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 CQC 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 01 December 2023 and ended on 14 December 2023. We visited the location's office on 04 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 10 people about their experience of using the service. We also spoke with the registered manager, reablement assessors, reablement flow managers, support workers, the service lead reablement manager and external professionals who regularly work with the service.

We also reviewed care and support plans and documentation related to safety, audit and quality assurance.

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.

Assessing risk, safety monitoring and management

- A variety of risk assessments were completed before a person started to use the service. This helped to ensure known risks were identified early and appropriate management plans could be put in place.
- New and emerging risks were identified and acted upon in a timely manner. This was evidenced through effective joined up working between the service and external agencies.
- A digital call monitoring system was in place which helped the registered manager maintain oversight of quality and safety. Call monitoring data was also used to good effect to support performance and audit.
- Where staff worked independently out in the community, the provider had good systems in place to support staff safety and wellbeing. For example, all staff had access to a lone worker alarm that was monitored. In the event of an activation, a real time response was provided.

Systems and processes to safeguard people from the risk of abuse

- We asked people if they felt safe and reassured when using the service. Comments included, "Yes, because they [staff] have excellent communication skills, listen well and respond appropriately" and "Yes, because they are reassuring and really kind" and "Carers introduce themselves and show me their badges."
- The provider operated a robust safeguarding framework which sought to protect people from a risk of abuse. Staff knew how to recognise and respond to potential signs of abuse and were aware of local safeguarding procedures.

Staffing and recruitment

- Staffing levels were good. A range of roles were deployed within the service which meant the right people, delivered the right support, at the right time. This was supported by people's positive feedback. Comments included, "Staff turn up on time and they don't rush me" and "I have 30-minute calls. Sometimes they stay a bit longer."
- Pre-employment checks had been carried out to ensure the suitability of prospective new employees, this included checks with the Disclosure and Barring Service (DBS). 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 service had access to an NHS pharmacist who was part of the wider multi-disciplinary team.
- Staff had been trained to support people with their medicines where this was an agreed part of a person's care package. Competency checks had been completed.
- People received their medicines as prescribed. Staff reviewed people's medicines regularly to monitor the

effects on health and wellbeing.

- Electronic medicines records were maintained. The registered manager and other leaders within the service maintained good oversight of this.

Preventing and controlling infection

- Staff had completed infection prevention and control training. Personal protective equipment was readily available at the point of care. This was supported by appropriate policies and procedures.

Learning lessons when things go wrong

- Untoward events were investigated, and remedial action taken to reduce the likelihood of reoccurrence. Information related to lessons learned was shared internally with staff, and with other relevant agencies.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people started using the service, a comprehensive assessment of need was completed.
- The service had developed a 'reablement criteria on a page' document. This quick and easy format enabled prospective referrers to better understand the type of service that could, and couldn't be provided.

Staff support: induction, training, skills and experience

- Induction, learning and development was comprehensive and enabled staff to carry out their roles safely and effectively. A blended approach of in-person and online e-learning was utilised.
- Management checked staff's competency to ensure they understood and applied their learning into best practice.
- Staff received support in the form of regular supervision, appraisal, and recognition of good practice.

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

- Support with eating and drinking was provided to people where it was part of an assessed support need. Wherever possible, opportunities to maximise independence in this area were fully explored.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other services and professionals, often to facilitate timely discharges from hospital, and to prevent unnecessary readmission into hospital.
- People had health plans which were used by staff to support them in the way they needed. Where appropriate, people were also supported to access community-based health services and to attend hospital appointments.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA

- The service worked within the principles of the MCA and staff had received appropriate training.
- No one who used the service was subject to any form of restrictions at the time of this inspection.
- People were encouraged and supported to have as much choice and control over their lives as possible.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; respecting and promoting people's privacy, dignity and independence

- Staff were caring, motivated and passionate about their work. People's individual characteristics, likes, dislikes and personal preferences were fully embraced and recognised by staff. Comments included, "I feel very lucky. The carers are very pleasant and very chatty. I enjoy their company" and "If [relative] is happy, then I am happy. [Relative] has said nothing but good about the care" and "They are nice people. They're friendly just like good friends of mine."
- Staff understood the importance of promoting and maintaining privacy and dignity when providing care. Comments included, "They [staff] wouldn't move around the house without asking. I feel blessed. I am very grateful for the help I get."

Supporting people to express their views and be involved in making decisions about their care

- Involvement of people was a fundamental aspect of the service. Once accepted onto the service, reviews took place every 2 weeks, or in response to significant changes. Comments from people included, "Prior to the discharge I was involved. Since I've been home, I've met with one of the senior people. They came round twice and rang me" and "I was really happy with the service. I'll be sad to leave them. I'm now on a care package with a different company. Reablement identified if there are ongoing needs and it's gone forward with the new company, which was done in a very efficient way without any gaps."
- Surveys were also completed with people at the start and end of the reablement journey. Comments provided by people via their feedback survey included, "Grateful for everything", "Staff are professional, very good with their duties", and "Excellent Service."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Placing people at the heart of the service was a golden thread that ran through every aspect of service delivery. This was confirmed by the exceptional feedback we received from people. Comments included, "They [staff] are always positive and very encouraging. They are very nurturing without imposing their opinion. They are very supportive of my decisions and respect me as an individual" and "The staff are very well-trained in meeting my needs as an individual. It's not like a set routine. They are applying what they see is 'our team' and they follow what we discussed. The service is far more than I expected it to be. I have complete confidence in them."
- The service followed a truly multi-disciplinary, holistic, team approach focused on quality-of-life outcomes for people. This approach had been greatly enhanced by the introduction of in-house occupational therapy (OT) which improved the service 'offer' for people and professionals alike. The OT assessment looked at the 'whole person' which meant support interventions were truly person-centred and provided a framework for other members of the team to follow as part of the reablement package. This enabled people to live their best life, and do the things they wanted to do, when they wanted to do it.
- We saw multiple examples of how the reablement had enriched people's lives and empowered people to be as independent as possible. One person had experienced permanent sight loss requiring admission into hospital. On discharge from hospital, this person was deemed to have high care needs requiring a care package 4 times a day, including help with medicines. The reablement team worked seamlessly with this person in supporting their goal of becoming independent. For example, reablement support workers spent time with this person to make their living environment safer; the OT enabled this person to recognise areas in their home by touch and sound; the pharmacist reviewed their medicines and organised them into adapted packaging so they could be self-administered; and a sensory specialist provided expert support, including the provision of equipment and technological solutions. This culminated in support calls reducing from 4 to 2, and then within 6 weeks, no support calls were required as this person had regained their independence.
- Another person lived with a life-limiting physical condition, and experienced barriers related to anxiety and a fear of the unknown. This resulted in this person not having enough restful sleep, which, when coupled with their physical health challenges, compounded the side effects of their ongoing treatment, which ultimately had a negative impact on their overall health. We saw how this person's hopes and dreams of returning home from an intermediate care facility, had been fulfilled thanks to the comprehensive wrap-around support provided by the reablement team. The personalised interventions provided by the team, enabled this person to carry out daily activities safely and independently, promoting their physical and mental well-being.

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 reablement team across Manchester benefited from having access to a number of 'neighbourhood apartments.' These apartments are managed in partnership with registered social housing providers, often within an extra care housing setting, which meant people could temporarily move into an apartment, often at a time of crisis, to receive reablement support. This innovative and proactive model enabled people to be fully involved in decisions about their future, whilst maintaining their independence in the community, and receiving therapeutic and social care support they needed.
- We saw multiple examples of how the 'neighbourhood apartment' model had achieved outstanding outcomes for people. For example, after experiencing a traumatic injury, one person had moved into a traditional residential care home, however, it became apparent there was a risk they would start to lose their independence and become deskilled. Following a referral from this person's social worker, the reablement team were able to step in, first facilitating a move into a neighbourhood apartment. Then, through a combination of solutions, including maximising the use of technology, this person successfully transitioned out of the neighbourhood apartment into their own home with a much-reduced level of support.
- Following a stay in hospital, a person who lived with multiple complex needs, and on occasions could present with behaviours that challenged others, was deemed not have capacity to make decisions about their long-term care needs and would not be able to maintain their own safety. After a period in a residential care home, this person made it clear to everyone involved in their care, they did not wish to be in a care home and that it was making them profoundly unhappy. Following reassessment, proactive steps were taken to relocate this person to a neighbourhood apartment. For this person to be given a proper chance to succeed, the reablement team were critical in the whole process. At first, high-level risk management strategies were put in place, but after 2 weeks, thanks to the work of the reablement team and wider MDT, such strategies had been discontinued. The meaningful, positive, and trusting professional relationships that had been developed, meant positive risk-taking strategies were put in place, with assistive technology again playing a crucial role in keeping this person safe. This empowered this person to start reintegrating back into their own community, independent of staff support, and positively reaching out to their peers and others for mutual support. This turnaround culminated in this person securing a permanent home of their own, within their local community, surrounded by people they knew and loved.

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 holistic assessment process completed before a person started using the service, helped to ensure people's communication needs were recognised, properly assessed, and acted upon. Staff demonstrated an excellent awareness, skills and understanding of people's individual communication needs and knew how to facilitate good communication.
- The service benefited from having access to the provider's in-house communications team. We saw several positive examples of how information had been provided in alternative formats. This included large print, audio, or translation into another language where a person's first language was not English.

Improving care quality in response to complaints or concerns

- The service had a framework in place that supported people, and those important to them, to raise concerns and complaints easily. This was supported by the providers robust policies and procedures.
- The registered manager treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team.

End of life care and support

- The core function of the service was not centred around providing care to people nearing the end of their life. However, as part of the wider holistic approach, where appropriate, people's wishes, and cultural or religious needs were identified in this regard.

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. At this inspection the rating has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care; working in partnership with others

- Central Reablement Service & Home Pathway's journey to outstanding had the foundations laid through the Better Outcomes Better Lives (BOBL) programme. This provider initiated, and staff-led programme, embedded strengths-based practice across Manchester's adult social care services. This improvement was particularly impressive given its inception started in January 2021, during lockdown, and when the whole service was feeling the effects of responses to the COVID-19 pandemic.
- We learnt from the provider how it would have been easy for them to pause the BOBL programme, but it was clear everyone shared the same vision and common goal in that strengths-based practice was part of the solution to help address challenges across adult social care.
- We asked health and social care professionals who work closely with the service for their views on the service and the reablement model more generally. Professionals consistently reported that demand for reablement outstripped supply and confirmed where the reablement service was working with people, the service achieved outstanding outcomes for those individuals. One professional commented, "I feel the reablement service has a significant and positive impact within the wider health and social care system locally. In terms of short-term support provision, and enabling service users to regain independence, the reablement service supports the acute [hospital] sector both in terms of patient flow and admission avoidance. Also reducing costs in the social care sector by reducing support needs for individuals."
- The registered manager was highly experienced and demonstrated exceptional skills and knowledge to perform their role. One member of staff commented, "[Registered manager] is reablement through and through. What they can't tell you about the service isn't worth knowing."
- The service operated a well-established and fully embedded governance and quality assurance system. There was a systematic cycle of planning, action, and review, reflecting aims and outcomes for people.

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

- A significant standout feature of the service was the positive workplace culture. The registered manager and service lead manager led by example, embedding a positive culture and ethos where everyone felt valued and their individual contributions recognised. Comments from staff included, "I definitely feel valued. I can't say enough about [Registered manager] they are very hands on and they are the only manager I've known who will pick up tasks, for example, if people are off sick" and "[Registered manager] values our contribution" and "I never feel like I'm being 'summoned' into a meeting. Discussions can sometimes be for an hour or more, but I always come away feeling valued and that the interaction was positive and

meaningful."

- Staff were equally complimentary about the service lead manager. We were told how on more than one occasion, they had gone above and beyond in supporting staff at times of greatest need. For example, over a weekend the provider's IT system went down, and the service lead manager did not hesitate to come into the office to help. On another occasion, during a prolonged period of bad weather, the lead service manager took it upon themselves to personally contact each member of the team to check on their wellbeing, even out of hours.
- In recognition of their outstanding management style, the registered manager, service lead manager and other members of the reablement leadership team had been nominated across a variety of categories at the provider's annual corporate Awards for Excellence. The service lead manager won Adult Social Care Manager of the Year in recognition of their invaluable contribution.
- A health and social care professional who works closely with the service told us, "Reablement managers are visible, approachable and we have an excellent working relationship to address issues if/when they arise day-to-day. As we share an office, we are integrated, and sit in close proximity to reablement. I can confidently state that reablement's team culture is open, professional and supportive, aligning with the culture we also foster."

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

- In the responsive section of this report, we reported on the golden thread that placed people at the heart of service delivery. Intrinsic to this, was the service-wide approach to tackling inequality and ensuring equity and inclusion for all.
- Service managers did not accept groups were 'hard to reach' be that in respect of people who used the service or in recruitment activity. For example, the service took staff recruitment events 'out on the road' and into diverse communities. Following feedback from prospective new employees, contractual and salary related information was presented in a format that helped people better understand the benefits of working for the provider as an employer of choice. One member of staff commented, "I've worked here for just under a year now and it's the best place I've worked."
- Through their own diversity monitoring activity, managers had already recognised people who used the service were not always representative of the city's diverse population. For example, older people who identified as lesbian, gay, bisexual or transgender, and people from black and minority ethnic backgrounds. However, building on the positive and proactive approach taken in relation to recruitment, the service had firm plans in place to adopt a similar approach with the aim of increasing the diversity of referrals into the reablement service.

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 registered manager fully understood their legal responsibilities around duty of candour. The provider had a framework in place which sought to ensure investigations into accidents, incidents and untoward events were completed in a timely manner and findings shared with relevant people.