

North Yorkshire County Council

# Craven North Reablement Service

## 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

This was an announced, comprehensive inspection that took place on 13 and 18 December 2018.

Craven North Reablement service provides personal care to people living in their own homes in the community. One of the functions of the service is to provide assessment and short-term rehabilitative support to promote people's independence or if needed access to longer term support. We inspected the short-term assessment and reablement service. At the time of inspection 17 people were using the service.

At our last comprehensive inspection in April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

People and their relatives told us the service kept them safe. They trusted the staff who supported them. Risks to people were assessed and plans put in place to reduce the chances of them occurring. Policies and procedures were in place to safeguard people from abuse. People's medicines were managed safely.

The provider and registered manager monitored staffing levels to ensure enough staff were deployed to support people safely. The provider's recruitment process minimised the risk of unsuitable staff being employed.

People had access to health care professionals to make sure they received appropriate care and treatment. There was clear evidence of collaborative working and communication within the team and other professionals in order to help people progress and become more independent. People's comments in their feedback to the service included, "I was happy with the whole service, they could not have done anymore for me and I was soon reabled this time" and "It has been wonderful having someone to come and enable me to be independent, wouldn't change anything."

People told us staff were kind and caring and they felt comfortable with all the staff who supported them. They also said their privacy, dignity and confidentiality were maintained. Staff understood the needs of people and care plans and associated documentation were clear and person-centred. Staff were aware of people's nutritional needs and made sure they were supported with eating and drinking where necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Staff had received training and had a good understanding of the Mental Capacity Act 2005(MCA) and best interests decision Making, when people were unable to make decisions themselves. There were other opportunities

for staff to receive training to meet people's care needs.

People had the opportunity to give their views about the service and any improvements were made if required. There were several commendations about the service and staff support. For example, "I cannot praise the reablement workers highly enough for the care, courtesy and dedication they have shown towards me. When I first came out of hospital I was deflated and feeling very down and unloved but with their encouragement and support, I have regained my lust for life."

People said they knew how to complain. The provider undertook a range of audits to check on the quality of care provided.

Further information is in the detailed findings below.

## 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 remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Craven North Reablement Service

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 18 December 2018 and was announced.

We gave the provider 24 hours' notice to ensure someone would be available at the office. We carried out a site visit on the first day of inspection and on day two we carried out telephone interviews with people who use the service, relatives and staff.

The inspection team consisted of one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted other professionals who could comment about people's care.

During the inspection we spoke with the registered manager. We reviewed a range of records about people's care and how the service was managed. We looked at care records for five people, recruitment, training and induction records for three staff, staffing rosters, staff meeting minutes and quality assurance audits the registered manager had completed. After the inspection we telephoned three people, one relative and five staff members to obtain their views about the service.

# Is the service safe?

## Our findings

Everyone we spoke with said that they felt safe being supported by staff from the service. People's comments included, "I trust the staff", "Yes, I feel safe with staff" and "It's a reliable service." Staff also said they felt safe working for the service. Buddy arrangements were in place for staff members who worked alone, did late evening calls and worked in poor weather conditions to check they had got home safely. One staff member said, "You text and let a colleague know you're back home." Another staff member commented, "I do double ups if needed with a car driver as I don't drive."

People and staff were kept safe because suitable arrangements for identifying and managing risk were in place. Risk assessments were carried out by staff using a recognised risk assessment tool that included environmental risks and risks to people's well-being. Assessments and care plans highlighted any areas of risk such as mobilising, pressure area care, falling or choking. Risk assessments were also used to promote positive risk taking and support individual lifestyle choices, such as medicines management.

People received their medicines when they needed them, or they were supported to manage these themselves. Staff had completed medicines training and the registered manager told us competency checks were carried out. Staff had access to policies and procedures to guide their practice. One staff member told us, "I've just done updated medicines training a couple of weeks ago" and "We are observed doing medicines during spot checks."

We considered there were sufficient staff to meet people's needs. Staff told us they were not rushed and responded promptly and patiently to people's requests. There were 17 people who were supported by 16 support staff. Staff member's comments included, "We get travelling time, but calls are usually grouped in the same area to cut down on travelling time", "We have an hour for calls, or more if needed", "We're never rushed with people as we support them", "Tend to be on time for calls, if running late due to an emergency will let the office know who will inform the person", "If delayed may let people know unless waiting for an ambulance which could be any time and office will make arrangements for another worker to go in to the person."

Staff were clear about the procedures they would follow should they suspect abuse. They were able to explain the steps they would take to report such concerns if they arose. They expressed confidence that the management team would respond to and address any concerns appropriately. Their comments included, "I've done safeguarding training" and "I'd report any concerns to the team leader or manager." No safeguardings alerts had needed to be raised since the last inspection.

People and staff had access to emergency contact numbers if they needed advice or help when the office was not open. One staff member told us, "We would contact the duty team for the local authority." Another staff member said, "Manager's will respond if we send them a text."

Staff confirmed they had the equipment they needed to do their job safely. They were provided with protective clothing, having access to gloves and aprons. They had completed training in infection control.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults.

# Is the service effective?

## Our findings

People were supported by skilled, knowledgeable and suitably supported staff. Staff told us they were trained to carry out their role. Staff had opportunities for training to understand people's care and support needs. Staff members comments included, "We get loads of training", "We do face-to-face and classroom training", "I have supervision every two months", "My training is up-to-date" and "The team leader and manager do supervisions."

Staff told us induction included information about the service and training for their role. They were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them.

Staff training records showed staff were kept up-to-date with safe working practices. There was an on-going training programme in place to make sure that all staff had the skills and knowledge to support people.

People's needs were assessed by staff within the reablement team, before they started to use the service. This ensured that staff could meet people's needs. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. The multi-disciplinary team consisted of social workers, independence coordinators, support workers and occupational therapists and assessments included for any aids and equipment that may promote independence.

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.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. People told us care workers always asked their permission before acting and checked they were happy with the care that was provided.

People were provided with different levels of support to meet their nutritional needs. People had individualised support plans which described their dietary requirements, likes and dislikes, and the support they needed.

People's healthcare needs were considered within the care planning process. Records showed people were registered with a GP and received care and support from other professionals, such as the district nurse, speech and language therapist and medical consultants.

## Is the service caring?

### Our findings

People and relatives we spoke with told us they were very happy with the support and the staff who cared for them. Their comments included, "The service is brilliant", "Absolutely fabulous", "I have no problems", "The staff are very kind" and "They[staff] listen to me." The service had received overwhelming positive feedback from people. For example, "The care is wonderful and I am back to my old self I have been very happy with the reablement service. The care has been second to none."

People received information about the service when they started to use it. This provided them with information about the provider, including who to contact with any questions they might have. They told us they were supported to express their views and to be involved in making decisions about their care and support.

People told us they could contact the office if they needed to. They said communication from the office was organised. People and relatives told us that staff's time keeping was good and that they were reliable. They told us they would be contacted beforehand if a support worker was going to be late. Support staff also confirmed that they would contact the office if they had been detained on a previous call. The office staff would then inform the person of the delay.

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. People were encouraged to make choices about their day-to-day lives.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. They provided information of how the person wanted to be supported, if they were not able to fully inform staff of their preferences.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was accessible and was made available in a way to promote the involvement of the person. For example, by use of large print, pictures or symbols for people.

All people we spoke with said their privacy and dignity were respected. Staff were considered to be attentive, friendly and respectful in their approach. Staff were aware and respectful of people's cultural and spiritual needs.

People and their relatives were supported, to have access to advocacy services to support and speak on behalf of people if required. Advocates help to ensure that people's views and preferences are heard.

## Is the service responsive?

### Our findings

Before people started to use the service, an assessment was carried out by reablement team staff to ensure people's needs could be met. This information was used to develop individual care plans were developed and put in place to ensure staff had the correct information to help maintain or regain people's health and well-being.

Care plans covered a range of areas including, diet and nutrition, personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. Care plans were person-centred and well-detailed to guide staff. The input of other care professionals had also been reflected in individual care plans.

The service provided rehabilitation and it helped people to relearn and regain living skills to promote their independence. Care plans provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their need. They reflected the extent of support each person required. Care records were up-to-date and personal to the individual. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People's care records were kept under weekly review. Evaluations were undertaken by keyworkers who were allocated to designated people to ensure records accurately reflected people's care and support needs.

Meetings took place with people and relatives, if they were involved, to check that people's care requirements were still being met and if there were any changes in people's care and support needs.

Written information was available that showed people of importance in a person's life. People were supported, if needed to keep in touch with family members. People were also consulted and their wishes were respected where they did not want family members to be informed about events taking place in their life.

People told us they knew how to complain. One person said, "I don't have any problems with the service. I could contact someone if I needed to." Information about how to complain was available in the information pack people received when they started to use the service. The service's complaints policy provided guidance for staff about how to deal with complaints. A record of complaints was maintained and none had been received since the last inspection.

## Is the service well-led?

### Our findings

A registered manager was in place who had registered with the Care Quality Commission in June 2017.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was achieving its aims and objectives with some success. The service user guide, given to people before they started to use the service, clearly set out the objectives of the service and what people could expect to receive from their support. People we spoke with and a relative were very appreciative of the care and support provided.

Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

Staff, people and relatives told us the registered manager and management team were approachable. They were very positive about their management and had respect for them. Staff said they felt well-supported. They said they could speak to the registered manager or team leader, if they had any issues or concerns.

Staff said communication was effective to ensure they were made aware of risks and the current state of health and well-being of people. This included information from the office and the daily care entries in people's individual records. Their comments included, "We are kept up-to-date about people's needs", "We call in at the office and we have regular meetings."

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, six weekly, quarterly and annual checks. These included medicines, health and safety, accidents and incidents, complaints, safeguardings and care documentation. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

People told us senior staff members called at their homes to check on the work carried out by the care workers. Staff confirmed there were regular spot checks carried out by staff including checks on paperwork

completed, moving and handling and the safe handling of medicines.

Feedback was sought from people through meetings and surveys. Feedback from staff was obtained in the same way, through regular staff meetings and surveys. Comments were predominantly positive.