

# North Yorkshire County Council Hambleton Central & Hambleton North Reablement Services

## 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: Hambleton Central & Hambleton North Reablement Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats to predominantly older people through a short-term assessment and reablement program. This offers short-term support to help people regain their independence after an accident or ill health, or to help those with a disability remain independent. At the time of this inspection, 19 people were using the service.

People's experience of using this service: People told us they were happy and felt safe. Staff had an excellent understanding of people's care and support needs. Support was delivered by staff who had the skills, knowledge and relevant training. People received support at a time they preferred from a consistent team of staff.

People were treated with dignity and respect and their independence was promoted. Staff spent time getting to know people and their goals. Staff understood the importance of understanding people's abilities and working with them to achieve positive outcomes.

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. Choices people made were respected.

Systems were in place to continuously monitor the service. People felt they were listened to and their views respected. People told us the service was responsive to their needs and the support provided had improved their well-being and independence. They were asked to provide feedback on the service provided which encouraged continuous improvements.

People and staff spoke positively of the management team. The service was well-run by a registered manager who was supported by a team leader. The registered manager attended regular forums and events in the local area to build relationships and share best practice. They were passionate about providing a high quality, effective service. The service had good links with the local community and other professionals to promote and improve people's health.

More information is in the Detailed Findings section below. For more details, please see the full report which is on the Care Quality Commission's (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: At the last inspection the service was rated Good (report published 6 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-led findings below.

**Good** ●

# Hambleton Central & Hambleton North Reablement Services

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one inspector.

**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. It provides personal care to people living in their own houses and flats to predominantly older people through a short-term assessment and reablement program. This offers short-term support to help people regain their independence after an accident or ill health, or to help those with a disability remain independent.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit. We needed to be sure the registered manager would be available to facilitate this inspection.

**Inspection site visit activity** started on 28 February 2019 and ended on 5 March 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

**What we did:** Before our inspection, we looked at information we held about the service. The provider sent

us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit. We used this information to plan the inspection.

During the inspection we spoke with four people who used the service and two relatives. We spoke with the registered manager, service manager and four care staff.

We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records, medication records, two staff recruitment, induction and training files and a selection of records used to monitor the quality and safety of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The provider had a policy and procedure in place to guide staff in how to safeguard people from the risk of abuse and harm.
- Staff had been trained and understood how to identify, respond and report safeguarding concerns.
- People told us they felt safe. Comments included, "I give the staff 10 out of 10. I have never felt uncomfortable or unsafe at all."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risk assessments were in place to guide staff on how to safely meet people's needs; people's safety was paramount to staff.
- Risk assessments had been regularly reviewed to ensure they remained relevant and corresponded with people's current support needs.
- The environment and any equipment had been assessed for safety.
- Accidents and incidents were recorded and discussed with senior management.
- When near miss incidents occurred, lessons learnt were shared with all staff and senior management to promote continuous learning.

Staffing and recruitment.

- The recruitment process ensured suitable staff were employed.
- There was enough staff available to support people with their care needs.
- Staff arrived for people's care visits on time and they received support from a consistent staff team. One person said, "Staff are usually on time and they will contact you if they are going to be late for whatever reason. There is good communication."

Using medicines safely.

- Medicines were managed safely. People who had the ability to administer their own medicines were encouraged to do so.
- Audits were in place to ensure staff followed the providers policy and procedure. Any concerns identified were addressed appropriately.
- People received their medicines when required and were happy with the support they received.

Preventing and controlling infection.

- Staff followed good infection control practices; they used aprons, gloves and hand sanitiser to help prevent the spread of infection.
- Staff's infection and prevention control knowledge was assessed by management during observations of

their practice.

# 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.

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.

- People's needs were assessed before they joined the service; expected outcomes to help people gain independence were identified.
- Staff regularly reviewed people's expected outcomes and the progress they were making.
- People were involved in making every day decisions and choices about how they wanted to live their lives. One person told us, "They ask me what I want support with and they listen to what I say. Staff are respectful like that."

Staff support: induction, training, skills and experience.

- Staff had the skills and knowledge to support people. Refresher training was provided to ensure staff were up to date with current best practice guidance; specialist training had also been provided.
- People told us staff were well trained. Comments included, "They know what they are doing."
- Staff felt supported within their role and had completed a thorough induction when they joined the service. Regular, constructive supervisions had taken place.
- Staff used supervisions as an opportunity to raise any concerns and discuss their training and development needs. One member of staff told us, "Support is always available and management are open and easy to talk to. I have never been made to feel uncomfortable when I have wanted to raise anything."

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

- Were required people were supported with their meals, in a way which ensured people used and developed their skills as much as possible to improve independence; healthy, balanced meals were promoted by staff.
- Aids, such as adapted cutlery, to help people remain independent were promoted.

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

- People had access to health care professionals; staff sought medical advice for people where required. Information about people's health needs was recorded in their care plan.
- Staff followed professional guidance. Information was shared with other agencies if people needed to access other services such as hospitals and GP's.

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 with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. None were required for the people supported by the service when we inspected.

- The registered manager was clear of the process to follow if they had concerns about a person's capacity.
- People signed to show they had consented to the support provided.
- Where people had lasting power of attorneys in place, this was recorded in people's care plans.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by a consistent team of staff. One person said, "I see the same faces and they are all lovely. They always let me know who is due to come next."
- Staff were kind and caring in their approach. Comments included, "Staff are always asking us if we are okay or if we need anything. They are a caring bunch."
- Positive, caring relationships had been developed.
- Staff applied their equality and diversity training to their role and the support they provided to people.

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

- People lived according to their wishes and values; they had access to advocacy support if needed and were supported to make decisions.
- People were involved in discussions about their care and support; people could also choose whether their relatives were involved in these discussions.
- Staff understood the importance of effective communication whilst maintaining confidentiality.
- People chose a time they would like staff to visit and this had been accommodated where possible.

Respecting and promoting people's privacy, dignity and independence.

- The registered manager and staff showed genuine concern for people who used the service; they were keen to ensure people's rights were upheld and they were not discriminated against.
- Staff were trained and experienced in how to promote people's independence and improve their skills. Following support from the service, people were able to live independently without any additional care and support.
- The provision of specialist workshops had helped staff to better understand health conditions and available support and resources.
- The management team provided guidance to people on aids available to help them remain independent.
- People told us staff treated them with dignity and respect.
- Staff understood people's abilities and their goals. One person told us, "I wasn't able to wash my back when they first started coming; I can now so staff don't interfere."
- People were encouraged to maintain relationships and increase their social activities.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support.

- People's needs were assessed and achievable goals set to encourage and promote people to regain their independence. One person told us, "I needed more help at the start but now I am able to do most of it independently. Staff assess me every week and record how well I am doing. They have been brilliant."
- Care plans contained person-centred information that focused on each individual. These had been reviewed weekly to ensure they remained relevant and reflected the progress people were making.
- Weekly meetings with the management team also took place to discuss people's progress and review the packages of support in place.
- People received care from staff who knew their life story and who was important to them.
- Feedback from people who used the service indicated staff were responsive to their needs and preferences. One person said, "I have got to know the staff and they respect me. They respond to what I can or can't manage. They don't interfere, just encourage which is what I needed."
- Additional support had been sourced when people were unwell, or their care and support needs increased which meant they could not regain their independence.
- People's social interests and hobbies were recorded. A monthly newsletter informed people of events happening within the community to encourage social interaction.
- Information was presented to people in a way they could understand, as required by the accessible information standard.
- End of life support was not provided.

Improving care quality in response to complaints or concerns.

- The provider had an effective complaints policy and procedure in place. A copy of this was provided to people when they joined the service.
- People knew how to make a complaint. They told us any complaints or concerns would be addressed appropriately. One person told us, "I have total confidence in the management and how they would respond to any issues."
- Any informal concerns had been addressed immediately.

## 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager engaged with everyone using the service and those relatives and professionals involved; this ensured the service provided person-centred, high-quality care.
- The service had a positive culture that was open, honest and inclusive. Staff and people provided positive comments about the management team. One person said, "I cannot think of any way the service could be improved. It is very well run indeed."
- Staff were encouraged to share their views and contribute to decisions about changes within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager was aware of their role and responsibilities and kept up to date with best practice. They had submitted notifications to CQC as required.
- A comprehensive quality assurance system was in place to monitor, and where required improve the service. Action plans were in place when shortfalls were found.
- Feedback from people had been used to continuously improve the service. Prompt action had been taken when areas of improvement were identified.
- The registered manager worked to develop their team's knowledge and performance. One staff member told us, "I have gained so much knowledge from working alongside other staff and management since starting this role. I have come a long way."
- Confidential information was stored securely.
- Weekly staff meeting ensured effective communication about key issues and made sure staff were clear about their tasks and responsibilities.

Working in partnership with others.

- The service had good links with the local community and key organisations. Information on events taking place in the community were available within the service.
- Staff benefited from organised presentations from other professionals.
- The registered manager attended regular provider meetings and forums to share best practice with other managers, for the wider benefit of others.