

London Borough of Haringey

# Haringey Community Reablement Service

## Inspection report

River Park House  
225 High Road, Wood Green  
London  
N22 8HQ

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08 August 2018  
09 August 2018

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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 inspection took place on 8 and 9 August 2018. We gave the provider two days' notice that we would be visiting their head office as we wanted to make sure they were available on the day of our inspection.

At our last inspection 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.

Haringey Community Reablement Service provides short term, intensive support to people so they can improve aspects of their independence. People are usually referred to this service before being discharged from hospital. People can also refer themselves to this service. Staff provide support with personal care to people living in their own houses and flats in the community. The provision of personal care is regulated by the Care Quality Commission.

At the time of this inspection there were approximately 25 people using the service.

People told us they were well treated by the staff and felt safe with them when being supported in their home.

Staff knew how to recognise and report abuse and they understood their responsibilities in keeping people safe. Staff understood that people were at risk of discrimination and knew that people must be treated with respect.

Staff understood that there were laws to protect people from discrimination.

Where any risks to people's safety had been identified ways to mitigate these risks had been discussed with the person and recorded so staff knew how to support the person safely.

The provider was following appropriate recruitment procedures to make sure that only suitable staff were employed.

Staff supported people appropriately with managing their medicines where this was assessed and identified as a goal for the individual.

People who used the service were positive about the staff and told us they had confidence in their abilities. Staff were provided with the training they required in order to support people effectively.

Staff offered choices to people as they were supporting them and people told us they felt involved in making decisions about their reablement programme.

The management and staff were quick to respond to any changes in people's needs and care plans reflected people's current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The service had effective quality monitoring systems and people confirmed that they were asked about the quality of the service and had made comments about this.

Staff were positive about the management and understood the vision and values that underpinned the reablement service.

## 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 continued to be safe.

### Is the service effective?

Good ●

The service continued to be effective.

### Is the service caring?

Good ●

The service continued to be caring.

### Is the service responsive?

Good ●

The service continued to be responsive.

### Is the service well-led?

Good ●

The service continued to be well-led.

# Haringey Community 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 checked 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.

The inspection took place on 8 and 9 August 2018 and was carried out by one 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.

We gave the provider two days' notice that we would be visiting their head office as we wanted to make sure they were available on the day of our inspection. After the inspection we spoke to six people who use the service and four relatives. Telephone calls were carried out by an expert by experience.

We reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

We spoke with eight staff who support people at home. These support staff are called enablers. We also spoke with the team manager, two occupational therapists, the two team leaders and the overall service manager.

We looked at five people's care plans and other documents relating to their care including risk assessments and healthcare documents. We looked at other records held by the service including four staff files, health and safety documents, quality audits and exit interviews with people who had completed the reablement programme.

## Is the service safe?

### Our findings

People told us they felt safe with staff and trusted them. One person told us, "Yes I do trust them. They've been very kind and never did anything wrong so there is no need not to trust them." Another person commented, "100%. It's the way they behave; they're just so trustworthy." A relative told us, "They behave with due respect when entering my mum's home. My mum said she feels safe that they're caring and supportive, because of the way they engage and interact with her. They treat her as a person and not as a job."

Staff knew how to recognise and report potential abuse. Staff had received training in safeguarding adults and understood the types of abuse people could face and potential signs to look out for that may indicate people were being harmed.

Before people were offered a reablement service, a pre-assessment was carried out by an occupational therapist (OT) in the team and a risk assessment was undertaken by a senior enabler. People told us they had been involved in this process. One person told us, "Yes, they went through a risk assessment; I was on a lot of [pain medicine] at the time. I'm better now, thanks to the carers who put me back on the road." A relative commented, "There was a risk assessment done at the beginning and we were well aware of the risks from the beginning. My mum was included in the assessment as well."

Where risks had been identified, the management had discussed with the person or their representative ways to mitigate these risks. Staff understood the risks that people they supported faced, and described these to us and the ways they mitigated these risks. Risk assessments were developed for staff in connection with their duties and a lone worker policy was available which gave staff information about keeping safe.

People told us the staff generally arrived on time and they did not feel rushed when being supported. A relative told us, "Staff all been on time; a couple of times they've been a bit late due to a delay with the previous person; not been dramatically late and they covered the time if they were late. No evidence of them rushing to get to next client; they left mum in a positive frame of mind."

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform the team leaders if they felt they needed more time.

Staff supported people to be able to manage their medicines themselves if this was part of their reablement programme. Staff had completed training in the management of medicines and understood what they should and should not do when supporting people or prompting people with their medicines. People told us they were satisfied with this support. One person told us, "I take [the medicines] myself, but they did give me water." A relative commented, "They made sure he took his medication. It was done in a safe and timely manner."

We checked staff files to see if the provider was continuing to follow safe recruitment procedures. Staff files contained appropriate recruitment documentation including references, criminal record checks and

information about the experience and skills of the individual.

Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment (PPE).

Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses and gave us examples of how they had done this in the past. There were systems in place to monitor and review any accidents, concerns or incidents that occurred.

## Is the service effective?

### Our findings

The provider of this service is a local authority and as such people's needs assessments and care planning was carried out in line with the requirements of the Care Act 2014. The Care Act 2014 sets out in one place, local authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support. We saw these assessments were detailed and holistic and put the person at the centre of the process.

The support provided was intended to be a short term and the goal of each person was to increase their independence. As such people's support and assessed goals were closely monitored by staff and changes made as required. Usually this was to make sure people were encouraged as much as possible to do tasks for themselves.

People told us they had confidence in the staff who supported them. One person told us, "They seemed well informed and well trained as to my particular hip problem and what was needed." A relative commented, "They always spoke about safety and they did what was best for my dad. They never rushed and took into consideration what had to be done."

Staff told us that they were provided with the training they needed in order to support people effectively. One staff member told us, "We get the statutory training every year, but if we think of something else we might need we can suggest it." Another staff member told us, "They have excellent training. They send us on the training that we need."

Staff told us about recent training courses they had attended and how this had positivity impacted on their work. One staff member told us, "we had infection control [training] the other week, I understood more about airborne viruses."

Staff told us and records confirmed they received regular supervision and appraisals. Supervision included spot checks on staff, by a team leader in people's homes. Staff told us they discussed their training needs and any changes in the care needs of the people they supported. One staff member told us, "It involves our well-being and the service user's well-being as well and if we have any concerns."

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.

Because of the nature of the service, people who were undertaking the reablement programme were required to consent and agree with the support they received. This meant they needed to have the capacity to do this. Some people who had mild cognitive impairments were offered a service if they were assessed as benefiting from the programme and were being supported by relatives.



People told us that staff always asked for their permission before supporting them and did not do anything they did not want them to do. One person told us, "They always consulted [me]." A relative commented, "They went through things with him, so he knew what was coming."

Staff had undertaken food hygiene training and supported people to prepare meals and cook for themselves as part of their individual reablement programme. People told us they were satisfied with this support. A relative told us, "Mum said they made some basic meals for her and abided by her dietary requirements. Mum seemed pleased with the food given."

Staff had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. The service had an on call system so staff knew they could always contact someone from the service in an emergency for advice and support.

## Is the service caring?

### Our findings

People told us the staff treated them with respect and kindness. Comments from people were positive about the caring attitude of the staff. One person told us, "They're kind and caring, they made me feel happy." A relative told us, "They introduce themselves, they've all come in and shown respect. They behave with due respect when entering my mum's home." Another relative commented, "They can see when she's not having a good day. They seem to tune into the changes in her mood."

If people were referred to the service when being discharged from hospital, a hospital assessment was usually sent to the reablement team. The occupational therapist or physiotherapist would then visit the person in their home and review these goals with the person. We were told that this further assessment was undertaken to ensure the person agreed with their support plans and to make sure their set goals were realistic and achievable.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. People told us that staff listened to them and respected their choices and decisions. One person told us, "They listened to my requirements and made things happen according to my wishes."

Staff told us they enjoyed supporting people and demonstrated a good understanding of people's likes, dislikes and life history. This matched the information we saw in people's care plans. A relative told us, "I think they are getting to know her personality quite well and you can see that they like her."

Everyone we spoke with who worked at the service understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against. Staff gave us examples of how they valued and celebrated people's differences.

Staff told us that it was important to respect people's culture and customs when visiting and gave us examples of how they did this in relation to religious observance, language and culture. People's diversity including their background and culture was looked at as part of the pre-assessment of their needs. A relative told us, "The carers would wait for mum to finish her prayers before they started."

People confirmed that they were treated with respect and their privacy was maintained. Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

## Is the service responsive?

### Our findings

People using this service told us that the management and staff responded quickly to any changes in their needs. This would normally be because the person was becoming more independent and relied less on staff support. A relative told us, "I think it took a bit of time to push mum to do things herself. Eventually she seemed to be more independent and I think the carers helped her with that." Another relative commented, "They encouraged him to shower on his own, but [the staff] would be outside. They also gave him a technique to put his shirt on; he's come on leap and bounds. Once he started doing things for himself, he felt better for it."

We saw from people's care records and by talking with staff that any changes to people's health conditions were noted by staff and reported to the team leaders so they could take the required actions. We saw communications between the team leaders and the reablement staff that visit times were changed as requested by people using the service.

Each person had a care plan that was designed to meet their identified needs and to achieve their agreed goals of independence. Staff told us that goal setting was very much focused on the person's wishes and preferences and designed in a way that ensured people's protected characteristics were respected.

We checked the care records for five people. We saw that people had been involved in their care planning and agreement of achievable goals for their independence.

Occupational therapists confirmed that assistive technology was used to help people to achieve their goals if this was appropriate.

Some people told us they would not make a complaint about the service as they were very grateful to the staff who supported them. One person using the service told us, "I wouldn't want to complain as I don't want to get anyone into trouble unless they did something really bad." Another person commented, "I don't know how to make a complaint but I would talk to my children."

Relatives we spoke with knew how to make a complaint. One relative told us, "I would complain to the office and would feel confident doing it." Another relative commented, "I would call the office and I would have no hesitation in complaining."

Complaints received by the two team leaders had been recorded and action taken to address any concerns to the satisfaction of the complainant. These were usually issues of timekeeping which had been sorted out straight away. The team manager told us that if any pattern of continuous lateness were identified this would be discussed in the staff member's supervision.

## Is the service well-led?

### Our findings

People using the service were positive about the way the service was run and were particularly positive about the two team leaders who had been working at the service since it started. One person told us, "I spoke with [the team leader] on the phone and she was absolutely lovely and helpful and it actually helped me."

The registered manager had left the service last year and the service manager had applied to be registered. We were informed that a new team manager had been appointed and would now be applying to be registered instead. 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 and associated Regulations about how the service is run.

Staff told us that the lack of a registered manager had not significantly affected the service as the two team leaders were professional, supportive and carried out regular supervision and team meetings. One staff member, speaking about the two team leaders said, "They are accessible. This is the most supported I've felt." Another staff member told us, "We can talk to them at any time."

The team leaders carried out 'spot checks' on staff supporting people in their homes. This included asking the person's views about the staff and the service. After people had completed the reablement programme the team leaders carried out an 'exit interview' to find out what people felt about the service.

People had also written to the service expressing their thanks. One person had written, "We have both been immensely impressed with this service and especially by the personal care and attention we have received by all those involved." Another person had written, "I particularly appreciated how you found the time to discuss any issues I had over the phone at length and I appreciated how you listened."

Staff understood the vision and values of the organisation and told us how these were promoted and upheld.

The team manager told us about recent initiatives that had been implemented to improve the communication within the team and improve the service as a whole. Staff told us how this had improved their work and gave us an example of how daily meetings had improved communication. One staff member told us, "They are trying hard to develop the service. There is a real strength in our team." Another staff member commented, "It feels like there is much more communication, it feels more inclusive now. We come to meetings and put our views across."

People told us the service worked well with other agencies in order to ensure a more collaborative approach to supporting people. One relative commented, "When my mum was discharged from hospital there was a degree of chaos. The only thing that kicked in straight away and was efficient was the reablement service and they have been instrumental in getting things on board such as occupational therapists and other

referrals."