

Knowsley Metropolitan Borough Council

Knowsley Reablement Service

Inspection report

Huyton Resource Centre for Older People
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Liverpool
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Tel: 01514434623

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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

Knowsley Reablement Service provides people with care, support and re-ablement within their own home. The service is provided, together with other health care professionals for a short period of time to enable people to maintain or regain their independence. Thirty four people were using the service at the time of this inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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

People's needs and wishes were assessed and planned for. Care plans identified the intended outcomes for people and how their needs were to be met. People received care and support from staff who had received training for their role. People received the support from health care professionals and services as part of their re-ablement plan.

People were protected from abuse and the risk of abuse and staff understood their role in relation to this. People and their family members told us that the service was safe. Risks to people and others were identified and measures put in place to minimise harm. Good infection control procedures were in place.

Staff got to know people well and were knowledgeable about individual's needs and how they were to be met. People and their family members knew how to raise a concern or make a complaint about the service. People were treated with kindness by staff. Staff provided care and support with positive outcomes for people.

The service worked with other agencies to plan for and deliver the changing needs of people living within the borough of Knowsley. Links to community groups were in place to promote positive social wellbeing for people at risk from social isolation.

Systems for assessing and monitoring the quality and safety of the service were effective in identifying areas of improvement within the service. People and their family members spoke positively about the service they received and the staff supporting them. Systems were in place to gather people's views on the service.

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 21 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 section 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 section below.

Good ●

Knowsley Reablement Service

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

We gave the service 24 hours' notice of the inspection. This was to ensure that people we needed to speak to were available.

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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.

Inspection activity started on 29 August 2019 and ended on 5 September 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report., We reviewed information we had received about the service since the last inspection. We used the information the provider sent us to inform us of changes within the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three of their family members about their experience of the care provided. We spoke with seven members of staff, the registered manager and a senior service manager for the registered provider who is Knowsley Metropolitan Borough Council. We reviewed a range of records. This included four people's care records, records relating to staff supervision and training and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place. Staff had completed safeguarding training and had access to information about how to protect people from harm.
- Staff knew how and where to refer any concerns they had about people's safety. They told us that they had access to safeguarding procedures at all times electronically via their mobile phones.
- People told us they felt safe using the service. Comments included "Very safe" and "Very respectful."
- Family members told us they were confident that the service supported their relative safely.

Assessing risk, safety monitoring and management

- Risks to people's physical and psychological wellbeing were identified and considered in the planning of people's care and support to minimise these risks. One person told us how they had worked with staff to minimise risks that had been identified with their mobility when answering the door.
- Staff had access to policies and procedures in relation to health and safety and had received training in this area. In addition, the service had access to support from Knowsley Metropolitan Borough Council's health and safety department for advice and support.
- Staff had access to mobile phones which enabled them to seek advice and support at all times. Senior managers were contactable at all time for staff to report any concerns they had about people's safety.

Staffing and recruitment

- The recruitment of staff was safe. Clear procedures were in place to ensure that appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- Sufficient numbers of suitably trained and experienced staff were on duty to meet people's needs safely. Staff were on duty between the hours of 0800hrs and 2200hrs to carry out visits to people and to respond to any new referrals.
- People told us that staff visited them at the agreed time and stayed until they had received all of the support they needed. One family member told us that staff arrive at the time their relative wanted. They explained that their relative was a 'late riser' and this had been considered when planning their care and support.
- People told us their needs were always met by the staff working with them.

Using medicines safely

- People were encouraged, when appropriate to manage their own medicines safely. Support people required was recorded in their care plans. One person told us that staff helped them to count their medicines which enabled them to maintain their independence.

- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been checked to ensure their competence.
- Policies and guidance was available to staff about how and when to administer medicines prescribed for people.
- Medication administration records (MARs) were completed to ensure that appropriate records were maintained of people's medicines.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had received training and procedures were in place to maintain a safe and clean environment for people.

Learning lessons when things go wrong

- A system was in place to ensure that accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences.
- Staff understood their responsibilities to report any incidents that occurred. Situations were discussed and where possible, changes were made to how people's support was delivered to further minimise negative outcomes for people.
- The service had the support of the health and safety department at Knowsley Metropolitan Borough Council in the management and prevention of incidents.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People receive the service for a set period of time to support a period of re-ablement.
- A system was in place to ensure that people's requests for care and support were managed quickly. Referrals to the service were made by hospital and community health care professionals to allow people to be discharged from hospital in a timely manner or to prevent a person being admitted to hospital.
- An assessment of the person's initial needs was accessible to the service at the time that a period of care and support was requested. This enabled the service to plan the person's care and support within a response time of four hours.
- Once a person was in receipt of a package of care their needs and wishes are continually reviewed by the service and other health care professionals involved.
- People and their family members told us that they had been included in the assessment process.
- When a person requires further on-going support at the end of their period of re-ablement, the service maintains contact with the person for a period of four weeks. This was to ensure that people received a safe and effective transition to other care providers.

Staff support: induction, training, skills and experience

- Staff supporting people had the right knowledge, skills and experience to meet their needs effectively.
- Staff told us that on-line and face to face training was available both to ensure that they had up to date knowledge for their role. People spoke positively about the knowledge and skills of the staff that supported them. Comments included, "Staff well prepared and have the skills to look after people", "Absolutely superb, every single one of them" and "Amazing, they go above and beyond."
- Staff competency was regularly assessed for specific tasks within their roles.
- Staff received support and supervision for their role. In addition, they told us that senior staff and management were always contactable for advice and support.

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

- People were protected from poor nutrition and dehydration.
- If a person was identified as being at risk from poor nutritional intake, the service requested specific assessments and support from local community professionals, for example, dietitians and speech and language therapist.
- Support people needed with their meal and drink preparation was recorded in their care plans. One person told us how staff cut up their vegetables for them so that they could continue to cook their own meals. A family member told us that staff supported their relative by preparing and leaving lunches for them.

to eat when they wanted to.

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

- Part of the service included a holistic assessment of needs to ensure people had the facilities and service they needed. This involved liaison with other services, for example, physiotherapy; occupational therapy and housing services. One person told us that the service had been "Very supportive" in planning a move to different accommodation that met their needs. A family member told us that the service had supported their relative in ensuring that their living environment was safe and fully accessible.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found that they were.

- The registered manager and staff had a clear understanding of the MCA and knew what actions to take to ensure that people's rights were upheld under the Act.
- Family members authorised by the Court of Protection to act on behalf of their relative told us that they had "Always been included" in all aspects of the service delivered to their relatives.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- People were treated with kindness, dignity and respect. People's comments included, "Very respectful", staff are "Really good people", "Very re-assuring", "When they leave there is nothing they haven't done" and "All very kind and chatty."
- Staff took time to get to know people well and it was evident that positive relationships had been formed. People told us that staff "Have a little chat, they don't just come in and out, they take time to ask how I am" and "Very polite, they do everything I need."
- Staff understood and supported people's needs. People told us "Staff are really nice" and "Respectable people." Another person told us that they had been "Dreading receiving personal care at first, but I'm really glad I did now."
- People's care planning documents gave the opportunity to record specific needs and wishes in relation to their chosen lifestyle.
- Staff had access to policies and procedures and training to ensure that people's specific needs and lifestyle choices were met.

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

- People's needs, and wishes were reviewed constantly over their period of re-ablement. People told us that they were constantly asked by staff how they were feeling which gave people and relevant others the opportunity to express their views about the care provided and make any changes to their planned care.
- People told us that staff always sought consent prior to commencing care and support.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support. They spoke positively about the communication they had with staff at the service. " A family member told us that staff write messages for them, for example, they may suggest that a doctor's appointment is made for something specific to promote their relatives recovery.

Respecting and promoting people's privacy, dignity and independence

- Staff provided support in private to maintain people's privacy and dignity. People's comments included, "Very respectful when having a bath, they protect my modesty", "Set me on my way to do things on my own" and "Very respectful when I'm in the shower." A family commented "Very respectful when giving personal care, they don't make her feel embarrassed."
- People were supported and encouraged to maintain their independence. People told us "Help me shower and wash my hair, they care and I don't feel rushed" and "They help me manage." A family member told us that "Staff keep their relative motivated to maintain their skills."

- Staff ensured that people's confidentiality was maintained. People's personal information stored at the office was stored securely. Mobile phones and computers used to access people's information were password protected and staff had received training in keeping personal information safe.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- People confirmed that they had participated in the development of their care plan, that they had a copy, and that it was a true reflection of their re-ablement needs.
- People's care planning documents demonstrated the person's care and support needs. In addition, re-ablement support provided by other health care professionals and agencies was also recorded. This helped ensure that people's time with the re-ablement service could be monitored closely to ensure they received the support they required. Discussion took place with the registered manager in relation to the recording of minor immediate changes required to people's plan of care. These changes were communicated to staff via phone or email, however there was not always a record of these telephone calls taking place. The registered manager explained that they would ensure that all telephone calls would be recorded in the future.
- People's needs were identified, including those needs that related to protected equality characteristics.
- Family members told us that they received regular communication from the service and were involved in planning of their relatives care when it was appropriate.
- Staff were person-centred in their approach when speaking about the people they supported.
- People were happy with how their care and support was planned. Comments included, "Really, really good. The service has worked out really well for me" and "My progress notes are updated each day."

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.

- People and their family members told us that staff got to know them well and how to communicate to best support their understanding.
- People's care planning documents included people's needs and wishes in relation to their communication and sensory needs.
- People received information about the service at the time they start to receive re-ablement services. The information gave the aims of the service and was produced in a typed format. However, Knowsley Metropolitan Borough Council had facilities to produce information in different sized print, alternative languages and access interpreters to meet people's communication needs if required.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and made accessible to people using the service.
- A system was in place to record all format complaints received about the service which included the detail

of the complaint, how the complaint was investigated, the outcome and any lessons learnt.

- People told us they know who to speak to if they were not happy or wished to raise any complaints about the service they received.

End of life care and support

- The service does not provide end of life services to people. However, people's religion and cultural needs were recorded as part of the assessment process and guidance was available to staff as to how manager the sudden death of a person using the service.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- System were in place to monitor of quality and safety. This monitoring included daily monitoring of visits, people's progress, care and support. In addition, further monitoring took place by the registered provider. This monitoring included oversight of the performance of the service, staff training and health and safety.
- The service promoted a person-centred approach to the assessment and care planning of individuals' needs and wishes along with oversight and co-ordination of other services involved in people's re-ablement. People told us that their individuality was respected.
- There was a clear line of accountability within the service. Staff had a clear understanding of their role and responsibilities.
- Policies and procedures to promote safe, effective, person centred care for people were available to staff both in written format and electronically. These documents were regularly reviewed and updated by the provider's internal quality and health and safety departments.
- People told us that they experienced a good standard of care and support from their service. Their comments included, "Excellent, they do everything I need", "All very kind and chatty", "Very good carers" and "It's very good."

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 had a good oversight of their responsibilities and a good understanding of regulatory requirements.
- The registered manager had a clear understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things went wrong.

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

- People were regularly consulted throughout their period of re-ablement to ensure that they were receiving the care and support they required. Changes to people's needs and wishes were implemented quickly to ensure that they received positive outcomes from the service. People were asked to complete a survey at the end of their period of re-ablement to give their views on the service they had received.
- Staff were engaged and involved in regular staff meetings which they found beneficial for their role. Staff told us that their views and opinions were listened to and suggestions to improve the service were acted

upon. For example, one member of staff told us that they had been praised for making a suggestion which improved the continuity of care for people using the service.

- The registered manager and staff sought advice and worked in partnership with others such as commissioners to ensure the best possible support for people.

Continuous learning and improving care

- The service worked within Knowsley Metropolitan Borough Council's improvement and living well strategy to identify and develop the service to meet the current needs of people living within the borough. This included utilising and working together with health and social care services.
- The service worked closely with local community groups to promote the wellbeing of people at risk from social isolation.
- Staff received regular training and support for their role to ensure their practice was up to date and safe.