Rotherham Metropolitan Borough Council

Home Enabling Service - Rotherham MBC

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

Home Enabling Service is a domiciliary care service which provides personal care to people living in their own houses and flats in the community in the Rotherham area. The main part of the service provides support reablement packages designed to be short term, typically to assist people regaining independence after an injury or illness. The second part of the service is known as 'Shared Lives', which provides opportunities for adults to live or spend time with approved. Shared Lives 'carers' [this is the term used throughout the report to describe people caring for people as part of the Shared Lives scheme] and their families. The service mainly provides support to people in the following areas: learning disabilities, physical disabilities, sensory needs, older people, and people living with dementia.

At the time of our inspection the service was supporting 82 people who required assistance with their personal care needs.

The inspection took place on 7 and 15 January 2019 with the registered provider being given short notice of the visits to the office, in line with our current methodology for inspecting domiciliary care agencies. At our last inspection in June 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Home Enabling Service' on our website at www.cqc.org.uk'

The service had two registered managers in post at the time of our inspection. One leading the reablement team and one the shared lives team. 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.

People were very happy with the quality of the care the service provided and how it was run. They told us care workers met their needs and supported them to meet their aims and objectives. People told us their privacy and dignity was always respected and staff were competent in their work, caring, kind, friendly and helpful.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Concerns, complaints, incidents and accidents were being effectively monitored and analysed to reduce risks to people.

Recruitment processes helped the employer make safer recruitment decisions when employing staff. Care workers and shared life carers had undertaken a structured induction and ongoing training and support, to help develop their knowledge and skills so they could effectively meet people's needs.

Medications were administered or prompted by staff who had been trained to carry out this role and whose competency was periodically checked.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People had consented to their planned care and support. Staff understood the importance of gaining people's consent and acting in their best interest.

People had been involved in care assessments and developing their support plans. Plans provided clear guidance to staff and carers, which assisted them to support people in the way they preferred.

People were enabled to raise complaints and concerns. The people we spoke with told us they would feel comfortable raising concerns, if they had any. When concerns had been raised the correct procedure had been used to record, investigate and resolve issues.

There were systems in place to continuously assess and monitor the quality of the service. This included obtaining people's views and checking staff were following the correct procedures.

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**

Home Enabling Service - Rotherham MBC

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 registered provider was 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 included visits to the agency's office on 7 and 15 January 2018. To make sure key staff were available to assist in the inspection the registered provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector carried out the inspection with the assistance of an expert by experience, who made calls to people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications made to us by the provider. Before the inspection, the registered provider had also completed a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make.

We requested the views of other agencies that worked with the service, such as service commissioners, healthcare professionals and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with six people who used the service, two relatives and five carers on the telephone. We also spoke with both registered managers, the team manager and 12 members of staff, including social workers, case managers and care workers, either face to face at the office or on the telephone.

We looked at the systems and documentation relating to people's care and the management of the service. This included nine people's care records, how complaints, safeguarding concerns and incidents had been managed, staff recruitment and training records, and the systems in place to assess the quality of the service provision.

Good

Is the service safe?

Our findings

Care and support was planned and delivered in a way that ensured people's safety and welfare. Risk assessment and management plans were in place to minimise any risks identified, while allowing people as much freedom and independence as possible. Topics covered included moving people safely, going out into the community and safety around their home.

People told us they felt the service delivered their care safely. One person said, "Yes, I do [feel safe]. They [staff] have identity badges and tell me their names. There's a key box and they always lock up when they go." Another person commented, "They [staff] make me feel safe and watch me do things."

The registered provider effectively protected people from the risk of abuse, because they had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Records showed when concerns had been highlighted the service had reported them and taken appropriate action, if necessary. Safeguarding concerns had been shared with, and analysed by the senior management team to promote improvement. Staff and carers had completed training in this topic and spoke confidently about their role in identifying and reporting any concerns.

Accidents and incidents had been monitored and evaluated. Information collated had been analysed by the registered managers, then shared with the senior management team so they had an overall picture of any concerns. This enabled the service to learn lessons from past events and make changes where necessary.

The registered provider continued to recruit staff and carers robustly. Reablement staff and carers had attended interviews and essential checks had been completed to make sure they were suitable to work with vulnerable people. Carers' recruitment process also involved approval by a panel and could take between three to six months, to make sure they were matched to people appropriately. Once employed, staff and carers had undertaken a structured induction, which included receiving a handbook, which contained key policies and procedures, and completing essential training.

There was enough staff and carers employed with the right training and skill, to meet people's needs, and ongoing recruitment aimed to fill identified staff vacancies. People using the Shared Lives Scheme lived with the carers who supported them. People who received support from the reablement team said staff were usually on time and stayed the agreed length of time for their visit. Their comments included, "They're [staff] usually on time, but there's no definite time for them to come. Usually about 9am or after depending on who they have before", "Yes, they do come on time" and "Their timekeeping is pretty good, especially over Christmas."

People were supported to take their medication safely. Staff had undertaken training on safely handing medication and periodic competency checks made sure they were following the provider's policy. Staff working with the reablement team only prompted people to take their medicines, while carers administered medication to the people who lived with them. They recorded this on a medication administration record, which was checked periodically by senior staff. People told us they were happy with the way staff supported

them to take their medicines.

Infection control procedures helped to ensure the spread of infection was minimised. Staff had completed training on this topic and where applicable said they had ample supplies of protective clothing, such as disposable gloves and aprons. People we spoke with raised no concerns about staff's hygiene standards.

Good

Is the service effective?

Our findings

People were supported to live their lives in the way they chose, and their wishes and preferences were respected. People had been involved in care assessments and told us they received an effective service. One person told us, "Oh yes, they're [staff] friendly and professional." Another person said, "After the initial assessment we got reviewed after 3 weeks." A relative commented, "They [staff] go the extra mile and offer to do other jobs. They're professional and make [family member] feel at ease."

Consent to care and treatment was sought in line with legislation and guidance. The service continued to meet the requirements of the Mental Capacity Act 2005 [MCA]. People's mental capacity to make decisions had been assessed as part of the assessment process and recorded. Staff had received training on this topic and demonstrated a satisfactory knowledge of gaining consent from people as part of care provision and acting in their best interest. People told us staff asked them what they wanted and acted on their decisions.

People's nutritional and hydration needs were met. Where people needed assistance to prepare or eat their meals this was included in their plan of care. People we spoke with were satisfied with how this support was provided. Staff had completed training in food hygiene and understood their role in supporting people to remain as well-nourished and hydrated as possible.

People received the support they required to access health and social care professionals when they needed to. Records showed input from people such as the occupational therapy team, GP's, district nurses and opticians. A relative told us, "One [care worker] was particularly observant and spotted a mark on [family member's] ankle. She told me and reported it. A district nurse turned up within half an hour to check it wasn't the beginning of a pressure sore. We were very impressed with that."

A member of the transitional team told us, "I have found the shared lives service to be very professional and dedicated, they have delivered a high level of support in all areas, including attending my clients many meetings with me to ensure that all parties are fully informed of process and procedure. They have offered high level of supports to the Shared Lives carers with whom my clients have been placed, to ensure that the placements are stable and sustainable. The whole team are so approachable and helpful resulting is really positive co-working."

People were supported by care workers and carers who had the training and knowledge to meet their needs. They had completed a structured induction to their roles and the enabling staff had also shadowed an experience care worker until they were confident and competent in their work. They all had ongoing access to a structured training programme to update and enhance their skills and knowledge. The registered manager overseeing the Shared Lives scheme told us further training opportunities had, or were being arranged for carers as it had been recognised that additional training may be beneficial.

All the care workers and carers we spoke with felt they had received a good level of training. Staff were also supported within their roles through one to one meetings, an annual appraisal of their work performance, group meetings and observational checks in the community. Care workers and carers all told they could

approach the management team for guidance and support at any time.

People who used the service spoke positively about the care staff's skills and abilities. Their comments included, "Yes they're very good and trained. We were pleasantly surprised and are really satisfied. It's all been good" and "They're trained and know what they're doing." A relative told us, "I'm certain they are trained and have skills and abilities appropriate for [family member's] needs. They're very helpful with anything, right down to minor things."

Good

Is the service caring?

Our findings

People were supported by compassionate and caring staff, who delivered their care and support as they preferred. People described staff as caring, polite, helpful and kind. One person said, "They're very, very good and kind. I do what I can do and they observe my progress. I trust them." Relatives were also complimentary about the care staff provided. One relative told us, "[Family member] is improving and they're [staff] encouraging. They watch him using a walking frame. They're kind and patient and they don't rush him at all."

People's privacy and dignity was maintained. When we asked people if staff respected their privacy and dignity they told us they did. One person said, "They [staff] help me in the shower; they do my back and I do my front. They put towels round me [to maintain privacy and dignity]." A relative told us, "They [staff] do things like close the door and cover [family member]. They're very respectful of our house rules."

As part of induction staff had completed training in person centred care and respecting people's privacy and dignity. These helped them understand how to support people correctly, prioritising their preferences and wishes. Shared lives carers are carefully matched to people based on the type of people they are, their interests, cultural and ethnic backgrounds. This helps to make sure people get on well with the person or people they are living with.

People's choices and preferences were respected. People were involved in planning care so support reflected what was important to them and how best to support them.

Senior staff had undertaken observations checks where they had assessed staffs' competency in supporting people and monitored how they worked. This included gaining peoples views on the care and support they had received. People using the service, as well as the carers we spoke with confirmed the service communicated with them regularly to ask if they were happy with the support provided. They said they had all the information they needed about how the service was run.

People's rights were respected. Through talking to people who used the service, and staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. For example, in one person's support plan it highlighted that they liked to attend regular religious services, and had been supported to do this.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. One person commented, "Everything's perfect there's absolutely nothing to report. I'm making a recovery and everybody's perfect." Another person told us, "They're [staff] very good all round and quite impressive. They help with my personal care. They're very attentive and well-trained. They're confident and this makes me feel safe. They know what they're doing." A third person said, "They've [staff] been perfect. They're very conscientious and they do their job."

People's care and support needs were effectively met. Following an initial assessment each person had a plan devised to meet their needs and help them to achieve their goals. These outlined the areas they needed support with, their preferences and any risks associated with their care. The plans we saw reflected people's individual needs in sufficient detail to ensure their needs were met. However, we noted some reablement plans would have benefited from clearer guidance on the management of risks. The registered manager told us they would work on improving this information.

People spoke positively about the care planning process and were very happy with how staff delivered care and support. One person said, "I was involved in the care plan and review." Another person commented, "They [staff] review [care provision] and are responsive [to their needs]." A relative told us, "The initial assessment was done by the manager. They have been very approachable when I've contacted them and they phone me [to check how things are going]."

People's end of life wishes were not always discussed as it was not relevant to their care package. For instance, people receiving the reablement service were only supported for a short time to increase their confidence and assess any aids needed to assist them. Therefore, this topic was not applicable to the care workers role. However, it was recognised by senior staff that this topic could be explored more. The registered manager for the Shared Lives team told us they were currently looking to expand the end of life training provided as part of carers induction and intended to introduce a specific end of life care plan in the near future.

People living in the shared lives scheme lived as a family member on a long or short-term basis. When respite care was needed the service aimed to make sure this was provided in a consistent way. People using the reablement service, including staff, said generally people were supported by the same team of staff. However, a few people said they felt continuity of staff could be improved, so people got fewer care workers providing their support. They said this would give better consistency.

Where possible, people were enabled to follow their hobbies and interests. The registered manager overseeing the reablement service told us, "Alongside the direct delivery of care and support in people's homes. The care workers provide 'ad hoc' support to engage people in local community resources, such as escorting them to access new local lunch clubs or walking them to local shops." This was aimed at introducing people to new experiences within the local community, thereby helping them to regain their confident and improving their lives.

The carers we spoke with told us the shared life scheme had arranged periodic events, such as a Christmas party and a 'Health and Wellbeing day'. They said these included the chance for carers to meet and talk, and activities for people to take part in. A newsletter also tells people about community activities people might want to attend, such as a disco aimed for people with a learning disability and local car boot sales.

Assisted technology was used to help people be more independent and confident to live in the community. For example, the service worked closely with the local telecare response service, who respond to alert pendants people wear, and electronic medication dispensers had been used to assist people to become independent in administrating their own medication. The registered manager also told us one of the social workers was an assistive technology champion, ensuring that the service remained up to date on options available for people. A manager from the company who provide assisted technology told us, "The team are proactive and will always assist us if required, and I feel that we have good partnership working practices."

The registered provider continued to enable people to raise concerns and complaints with the confidence they would be taken seriously and addressed appropriately. A record of concerns, complaints and compliments had been maintained. Complaints and concerns raised had been investigated and where outcomes indicated changes were needed, these had been made. Everyone we spoke with said they had no complaints. Comments included, "I've got no complaints; everyone's been quite good", "We've got the info' [on making a compliant] and if I had to, I'd ring the office" and "Perfect [service]. I've no grumbles at all. They have their duties and they carry them out."

People could access information about the service in different formats to suit their individual needs. For instance, for people with a sight impairment, information such as the complaints procedure and support plans, could be provided in larger print, and the service had an easy read version of the guide on how the service operated. The registered managers said information in languages other than English and interpreters could also be accessed when needed.

Good

Is the service well-led?

Our findings

The service had two managers in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. One registered manager oversaw the reablement service, while the other was responsible for the shared lived team. They were supported by a team manager who worked closely with them and monitored the service's performance.

Each registered manager worked with a separate team of staff. These included social workers, reviewing officers, case managers, a staff manger and administration staff.

People we spoke with told us the service was well led and they felt able to speak with the registered managers and staff openly, as they were very approachable. Comments included, "I feel they'd welcome my views. I would recommend them [to other people]. My family have also been very impressed with the service" and "I would recommend them. I didn't even know it [the reablement service] existed."

Reablement staff and the shared lives carers also spoke positively about how the service was run. They told us the registered managers and office based staff were approachable and provided support and guidance as and when needed. When we asked staff if there was anything they would like to change to improve the service the majority could not think of anything. However, topics highlighted that could be improved included reduced travel time between calls and making sure everyone had the same care team consistently.

Regular checks had been carried out to make sure the correct procedures were being followed. Topics covered included visit records, support plans, medication records and complaints. These enabled the management team to monitor how the service was operating, including staffs' performance. Where shortfalls had been found these had been highlighted and an action plan put in place to address them. However, we saw one care manager's audit actions plan had not been revisited to record when shortfalls found had been addressed. We spoke with the management team who said they would reiterate the importance of entering completion dates on action plans with key staff, but it was evident this had not had an impact on the care the person had received.

People's views had been sought to ensure the service was meeting their needs and to promote improvement. We saw questionnaires, visits, telephone calls and reviews had been used to gain people's opinions. Outcomes had been summarised and used to evaluate the service provided to people.

The care workers and carers we spoke with had a clear understanding of their roles and responsibilities and felt well supported. They had taken part in various forms of support, depending on their role, where they could voice their opinions and share ideas. These included, meetings, carer reviews, annual appraisals, observational competency checks and one to one support meetings. A newsletter was also used to update and inform people involved with the shared lives scheme. Management meetings had also taken place to share information and strive for improvement.

The service worked effectively in partnership with other agencies and other community projects. For

example, the service is a member of 'Shared Lives Plus', which is a nationwide network for family based and small-scale ways of supporting adults. It enables the service to easily access guidance and support, thereby providing carers and people using the service with a better service. Reablement staff were being encouraged to engage with services in the community to provide people with new social opportunities.

The service works in close partnership with the integrated care team, such as the hospital, health and social care professionals GPs, community nursing, social workers, learning disability services and occupational therapists. Staff told us they had been involved in regular multidisciplinary meetings where they shared information and looked at different ways to support people to reach their goals.

An occupational therapist told us, "I worked closely with the shared lives registered manager and one of the social workers from this team. I found them both to be focussed on the needs of the adult being cared for and on supporting the shared lives carer in what was a very stressful situation. Both had a very clear knowledge of the history of the adult in question and the support they received at home with the carer. They showed great commitment to getting the best for them both. This was through communication with the professionals at the hospital and the community. They advocated ensuring appropriate priority was given to assessing and planning for a safe discharge. They made regular visits to the hospital and provided face to face and telephone support to the Shared Lives carer. This was necessary due to the changing health needs of the adult throughout the admission period and the impact this then had on discharge arrangements. I felt that they had the best interests of the adult and carer at the heart of their practise throughout their intervention. They clearly have a passion for their work and are extremely dedicated."

The registered managers understood their responsibilities for sharing information with CQC in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.