SCC Adult Social Care

North West Surrey Area Reablement Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 21 September 2016 and was announced. 48 hours' notice of the inspection was given because the manager is responsible for other services and is often out of the office. We needed to be sure that they would be available when the inspection took place.

North West Surrey Area Reablement Service is a domiciliary care agency that provides short term care and support to enable people to regain skills after a period of ill health. It is located in Woking and provides support to people within the town and surrounding areas. At the time of our inspection 17 people were using the service.

At our previous inspection of North West Surrey Area Reablement Service which took place on 13 May 2013 we found that the service was meeting the standards that we inspected.

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

People who used the service spoke positively about the support that was provided to them. The people whom we spoke with told us that care was provided by staff members who were respectful and supportive. People told us that they were fully involved in agreeing their care plans and that these were reviewed with them on a regular basis.

Care records contained detailed information about people's care needs and how these should be supported. Referrals to other services such as occupational therapy were made where appropriate to ensure that additional supports required by people were put in place. Where people were unable to make progress with their skills recovery, the service liaised with the social services care management team to ensure an effective transition to other care and support services at the end of the reablement period.

Staff members spoke positively and respectfully about their approaches to care, and the people that they provided care to. They recognised the need to work in partnership with people to enable them to regain their independence during the six week package of care.

People were protected from the risk of abuse or other harm. The provider had taken reasonable steps to identify potential areas of concern in order to ensure that people were safe. Staff members understood how to safeguard the people whom they were supporting.

Staff recruitment processes were in place to ensure that workers employed by the service were suitable for the work that they were undertaking. There were enough staff members in post to ensure that people received the support that they required. Staff members received training that met national standards for

staff working in social care organisations. They were further supported through regular supervision sessions with their manager.

People's religious, cultural and other needs and preferences were supported. The service made efforts to match people with staff members in order to meet any specific needs or requests.

The complaints procedure was provided in an easy to read format. People who used the service knew what to do if they had a concern or complaint.

The service was well managed. People who used the service and staff members spoke positively about its management. A range of processes were in place to monitor the quality of the service, such as audits, spot checks of care practice, and service user satisfaction surveys.

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 was safe. Risk assessments contained guidance for staff on managing risk to people and were reviewed regularly.

There was sufficient staffing in place to meet people's needs. Criminal records and other checks had been carried out as part of the staff recruitment process.

Staff members understood the principles of safeguarding, and knew what to do if they had any concerns.

People's medicines were managed and recorded appropriately.

Is the service effective?

Good

The service was effective. People who used the service were happy with the support that they received.

Staff members received regular training and supervision.

The service understood its roles and responsibilities in relation to the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring. People spoke positively about staff members' approach to care, dignity and respect.

Staff members that we spoke with spoke positively about the people whom they supported and described sensitive approaches to care.

The service had arrangements in place to ensure that people were matched to appropriate care staff

Is the service responsive?

Good

The service was responsive. Care plans were up to date and contained detailed information about how and when care should be provided.

Care plans and assessments contained information about

people's needs, interests and preferences.

People who used the service knew what to do if they had a complaint.

Is the service well-led?

Good

The service was well-led. There was a registered manager in place.

People who used the service and staff spoke positively about the management of the service.

Effective quality assurance procedures were in place and these were used to make improvements to the service.

North West Surrey Area Reablement Service

Detailed findings

Background to this inspection

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

We visited North West Surrey Area Reablement Service on 21 September 2016. The inspection team consisted of a single inspector.

During our inspection we reviewed records held by the service that included the care records for five people using the service and five staff records, along with records relating to management of the service. We spoke with the registered manager and two other members of the management team. We also spoke with two care staff, six people who used the service a family member and a care manager who made referrals to the service.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service and the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make.

Good

Is the service safe?

Our findings

People told us that they felt that the service was safe and that they were confident with the quality of staff members providing care and support. One person said, "They are very good," and another told us, "They do try hard to get it right for me."

People's individual assessments included details of risks such as those related to environmental issues, falls, mental and physical health issues. Guidance was provided for staff on managing risk where a concern had been identified.

The service had an up- to-date safeguarding policy and procedure. Staff members had received training in safeguarding and were aware of their roles and responsibilities in relation to this. We were told that any concerns would be immediately reported to the office. We looked at the safeguarding records for the service and noted that a recent safeguarding concern had been managed appropriately.

The service had a policy and procedure for administration of medicines. Some people received support from staff members to take their medicines and we noted that staff had received training to assist them in doing so safely. People's assessments included information about the medicines that had been prescribed for them along with clear information about staff roles where support was required. A form was in place for people to give consent for administration of medicines by staff members. All medicines administered by staff were recorded on a medicines administration record sheet.

Staff recruitment procedures followed Surrey County Council's policies. We looked at five staff records and saw that these included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. The records showed that staff members were not assigned work until the service had received satisfactory criminal records clearance from the Disclosure and Barring Service.

There were sufficient staff members available to support the people who used the service. Staffing rotas had been designed to ensure that staff members had sufficient time to travel between care calls. The registered manager told us that there had been problems with missed or late calls earlier in the year. We were able to see records that showed that this had been addressed with staff members. Regular monitoring of care calls took place through telephone calls to people. One person told us that, "They are always on time," and another said, "When my lady was going to be late they phoned me and let me know."

Incident and accident records were well maintained and regularly monitored. The service logged incidents, accidents and events onto an online system that clearly identified actions which had been taken to address the concerns. This was reviewed on a regular basis by the registered manager and senior management as part of an ongoing quality assurance process.

All staff had received training on infection control procedures and was provided with disposable gloves, aprons and anti-bacterial gel, along with information regarding safe disposal of these and other relevant

waste. We saw that stocks of these were held at the office and during our inspection we noted a staff member came to the office to collect fresh supplies.

An out of hours 'on call' service was provided and people who used the service were aware of this. Staff members working outside of office hours were required to contact the on call service to verify that they had safely completed their care calls.

Good

Is the service effective?

Our findings

People were positive about the support that they received from staff and said that they had been fully involved in agreeing their assessments and care plans. We were told, "They can't do enough for me," and, "I think that they are helping me to get better."

Staff members received induction training that followed the requirements of the Care Certificate for workers in health and social care services. A programme was in place to ensure that all mandatory training was updated on a regular basis. Training was delivered through a mix of classroom and on-line sessions and included, for example, training in safeguarding, moving and handling, infection control, health and safety, medicines, food safety, lone working and the Mental Capacity Act. New staff members also shadowed more experienced workers until they were assessed as competent to work alone.

We saw records that showed that staff members received regular quarterly supervision from a manager. Following a recent requirement identified through a provider quality assurance audit we saw that periodic 'spot checks' of care practice took place in people's homes had commenced. These included assessment of areas such as time keeping, staff conduct, including maintenance of privacy and dignity of people being supported, competence in the tasks being undertaken and safe use of equipment.

A staff member that we spoke with told us that they felt that they were very well supported; "I don't have to wait for a meeting as I can come into or contact the office at any time if I want to talk something through."

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.

We checked whether the service was working within the principles of the MCA. The care plans for people who used the service clearly showed whether or not they had capacity to make decisions, and provided guidance for staff about how they should support decision making in day-to-day care. The service had an up to date policy on The Mental Capacity Act (2005) and staff members had received training in relation to this.

People had signed their care plans to show that that they had consented to the care that was being provided by the service. One person told us that, "They checked with me that this was what I wanted and they phone me to make sure I am happy with the care."

Information about people's nutritional and hydration needs were included in their assessments. Where support was required in relation to eating and drinking, this was included in people's care plans.

Care plans contained detailed information about people's health needs and how these should be supported by staff, along with contact information for health professionals. Where staff had made contact with

professionals, such as the person's GP or community nurse, this was recorded in their care notes. The records also showed that staff members liaised with the hospital discharge team at the point of referral, and with local care managers and other providers if the person was moving to another service at the end of the six week reablement support contract.

Throughout the period of reablement there was regular liaison with health and social care professionals, such as care managers occupational therapists and physiotherapists. The registered manager told us that partnership working was essential in order to ensure that positive outcomes were achieved for people who used the service. A care manager whom we spoke with told us that it was an advantage that the service was based in the same office as the adult social services team as issues were effectively discussed and resolved as they arose.

Good

Is the service caring?

Our findings

People told us that they considered that the service was caring and that staff members treated them with dignity and respect. One person said, "They are lovely and always have time to chat," and another told us that, "They are very kind and give me time to do things for myself."

People told us that they had been provided with information about the service that was easy to understand. This included information about what people could expect and how their support would be delivered. One person told us, "Everything was explained very clearly and kindly."

We saw that care plans included information for staff members on how they should support people to make choices about how their care was delivered. Plans included information about people's religious, cultural and other special needs and preferences, and information was provided on how these should be supported by staff where appropriate. We saw, for example, that information about a person of Asian origin included details in relation to their cultural preferences.

People told us that they had been fully involved in agreeing their plans and that staff members checked regularly to see if they were happy with their support. One person told us, "I really can't fault them. They seem very concerned about helping me to get my independence back."

Staff members received training in supporting people in ways that respected their dignity and privacy. People told us that they were treated with dignity and respect. One person said, "They are very respectful. They do things just as I like them to be done." Care plans included information about people's preferences in relation to how they would like care and support to be delivered. The registered manager told us that where there were specific requirements such as same gender care this was always respected.

Staff members spoke positively about the people whom they supported. There was an understanding of the difficulties people faced in accepting the need for care and support in the home, and of the importance of listening to people and giving the time. One person told us, "They always chat to me and ask me how I am. I look forward to them coming."

Staff members understood the importance of short term reablement support in developing the recovery, independence and well-being of people. We were told, "It's essential that we support people to get back to where they were as much as possible and help them to do things for themselves." Another staff member said, "People don't always accept us coming to support them immediately. It's important that we are sensitive to this and make sure that they know we are there to work towards them not needing us in the future."

Good

Is the service responsive?

Our findings

People who used the service told us that they were pleased with the support provided. One person told us, "They help me to do things for myself. I feel much better since they have been coming."

Care documentation included assessments of people's care needs. Assessments contained information about people's living arrangements, personal history, interests, preferences and cultural and communication needs where appropriate. They also included information about other key professionals providing services or support to the person.

People's care plans were clearly linked to the assessments, and to risk assessments for specific activities. We saw that care plans provided information about each task, along with guidance for care staff about how they should support the person with these. Specific information in relation to people's individual needs, such as communication and mental health needs was contained within people's plans.

Progress in meeting care plan objectives was assessed after two weeks and the plans were revised to reflect progress in supporting people to develop independence. There was evidence of weekly reviews taking place throughout the six week support period. Where appropriate care packages were reduced following review to reflect people's increasing independence. We saw that any changes were discussed and agreed with the person.

The aim of the service is to ensure that people had the right support to become as independent as possible. The registered manager told us that, additional support was sought at an early stage if this was required. We saw, for example, that referrals had been made for occupational therapy assessments where people required additional equipment and adaptations to support their independence.

We asked the registered manager about approaches to working with people where they were likely to need longer term support They told us that, as soon as this was evident, an immediate referral would be made to the care management team. We saw from records that we viewed that this was the case. For example, a referral had been made to the care management team in following the two week assessment where there had been no change in a person's support needs, and that actions were in place to seek a suitable long term care provider should this be necessary.

All care plans were clear about the importance of ensuring that staff members communicated with people about how their care was being delivered to enable choice and full participation in care activities. Information about people's communication needs was included in their care plans where there were language or other communication issues. For example, for a person who had limited use of English, the service had sought advice from family members about how best to communicate with them.

Daily care notes were recorded and kept at the person's home. We looked at copies of recent care notes and we saw that these contained information about care delivered, along with details about the person's response to this and any concerns that care staff had. They also showed where concerns had been

discussed with other health and social care professionals along with details of any outcome.

The service had a complaints procedure that was available in an easy to read format. This was provided to all people who used the service at the commencement of their care agreement. The people that we spoke with told us that they knew how to make a complaint. We looked at the complaints record and noted that there had been no formal complaints made about the service during the past year.

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example general practitioners and community and specialist nursing services.

Good

Is the service well-led?

Our findings

People told us that they had received positive support from the management team at the service. We were told that office based staff contacted people regularly to check that they were happy with the care that was being provided. One person told us, "If there is a problem they sort it out immediately." Another person said of the office-based staff, "They are very good. I know I can always phone them if I need to."

The registered manager and other members of the management team spoke positively about their views of the aims and objectives of the service. They had a clear vision of their roles in supporting people to become independent. Staff members that we spoke with demonstrated that they shared this vision and spoke positively about the support that they received from their manager. During our inspection a member of staff came into the office and the registered manager and other members of the team took time to speak with them about their work and how they were doing.

People's views of the support that they received were obtained through regular telephone calls. Concerns and comments arising from these calls were recorded and records showed that immediate action was taken to address any concerns that arose. During our inspection, staff members received a number of telephone calls from people who used the service and their family members. We noted that they responded to concerns immediately. For example, during our visit staff immediately made a number of telephone calls to health professionals following a call that was received regarding a person's medicines.

Formal satisfaction surveys of people's views of the service were conducted following the end of the six week period of reablement care and support. We looked at some recent responses to these surveys and found that these showed high levels of satisfaction with the service.

Quarterly staff supervisions and annual appraisals took place and input from people who were using the service was sought as part of these processes. The registered manager told us that it was important to seek this information in order to ensure that staff members were working in a responsive and person centred way.

There was a process for ensuring that regular quality assurance monitoring of the service took place on a regular basis. The records of these showed that, for example, staff files, support plans, risk assessments, infection control and medicines records were reviewed. This information was used to evaluate how the service was performing, identifying areas that required improvement and areas where the service performed well against CQC's key lines of enquiry for the type of service. We saw that actions had been put in place to address any concerns that were identified during quality assurance monitoring visits. For example, we saw that an audit that took place on 15 July 2016 identified the fact that staff meetings had not always taken place regularly. We saw that a staff meeting had subsequently taken place on 30 July, and that further meetings had been arranged.

Records of accidents, incidents, complaints and safeguarding concerns were monitored through a centralised database. These were reviewed by senior management and were not 'signed off' until there was

a satisfactory response and conclusion. The registered manager showed us how this was used to produce regular reports that enabled her to identify any issues of concern.

The service followed the local authority policies and procedures. We saw that these were up to date and reflected legal and regulatory requirements as well as good practice in social care.