Isle of Wight Council

Adult Social Care, Community Re-ablement & Outreach

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Adult Social Care Reablement and Outreach is a domiciliary care service registered to provide personal care for people who require this due to old age, illness or disability. At the time of the inspection it was providing care for approximately 85 people living on the Isle of Wight.

People's experience of using this service:
We received positive feedback from people about the service. All people who used the service spoke very highly of the care staff.

People told us they felt safe and secure when receiving care.

Individual risk assessments and those relating to people's homes helped reduce risks to people while maintaining their independence.

People told us they had been involved in care planning and care plans reflected people's individual needs and choices.

People were cared for with kindness and compassion. Privacy, dignity and independence were promoted.

People were supported to meet their nutritional and hydration needs, and staff contacted healthcare professionals when required.

Staff understood consent and were clear that people had the right to make their own choices.

Safe recruitment practices were followed, and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes.

There were sufficient numbers of care staff to maintain the schedule of visits. Staff told us they felt supported, received regular supervision and training.

People felt listened to and a complaints procedure was in place.

The provider monitored the quality of the service on a regular basis to ensure it continued to be safe and met people's needs.

The service met the characteristics of Good in all areas. More information is in the full report.

Rating at last inspection:
This service was registered with us on 05/09/2019 and this is the first inspection.

Why we inspected:
This was a planned inspection based on the registration date of the service.

Follow up:
We will continue our routine monitoring of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Adult Social Care, Community Re-ablement & Outreach

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 was undertaken by one inspector.

Service and service type
This is a domiciliary care service. It provides personal care as part of reablement to people living in their own houses and flats. The service is primarily aimed at people being discharged from hospital although it also works with some people to prevent hospital admissions.

Notice of inspection
We gave the service 24 hours' notice of the inspection visit as we needed to be sure relevant staff would be available in the services office.

Not everyone received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 site visit activity started on 15 December 2020 and ended on 24 December 2020. We visited the office location on 15 December 2020 to see the registered manager and office staff; and to review care and staff records.

What we did before the inspection
Before the inspection, we reviewed information we had received about the service, including registration reports and notifications. Notifications are information about specific important events the service is legally required to send to us.

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 used all of this information to plan our inspection.

During the inspection
We spoke with ten people (or their relatives) about their experience of the care provided. We spoke with the nominated individual, registered manager, assistant manager, and six other care team members. We spoke with one external social care professional.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including, training, quality monitoring, policies and procedures were also reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- Appropriate systems were in place to protect people from the risk of abuse.
- Everybody told us they felt safe and their property was respected. A relative told us, "I always feel they are safe with them (care staff), they know what they are doing." A person said, "I'm not worried about anything, I feel safe when they (care staff) are here."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "We did safeguarding training. If I had any (safeguarding) concerns I would tell the office staff immediately, but I also know I can go to you (CQC) or the (local authority) safeguarding team." Other care staff gave examples of when they had reported safeguarding concerns and were happy with the action the management team had taken to ensure these were investigated and the person was safe.
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team. The registered manager was clear about their safeguarding responsibilities and had attended additional safeguarding training for managers.

Assessing risk, safety monitoring and management
- Risks to people were assessed, recorded clearly in their care plans and updated when people's needs changed.
- People's risk assessments included areas such as mobility, use of equipment, health, medicine and personal care. Senior staff had completed additional training to enable them to assess specific risks such as the use of moving and handling equipment.
- Staff said they read care plans at the start of each care visit meaning they were updated about any risks and how these should be managed.
- People's home and environmental risk assessments had been completed to promote the safety of both people and staff. These considered the immediate living environment of the person, including lighting, the condition of property, any pets and security.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations such as severe weather.

Staffing and recruitment
- There were sufficient numbers of staff available to keep people safe and provide the re-ablement service. The registered manager and senior staff (re-ablement leaders) were clear that they would only accept new referrals if they had enough staff in the correct part of the island to ensure they would be able to meet

people's needs.
● Care staff told us two staff were always allocated when specific equipment to assist people to move safely was required. This was also confirmed by a family member we spoke with. This meant equipment such as hoists could be used safely.
● People said staff arrived when expected and stayed the appropriate length of time. One person said, "Yes, they do try and stick to a regular time, sometimes it doesn't always happen if they have been held up, but we know this might happen."
● The registered manager told us that short term staff absences were covered by existing staff members including office staff who were all suitably trained to provide care for people.
● Recruitment procedures were robust to help ensure only suitable staff were employed.

Using medicines safely
● People's care records included specific information about the level of support people required with their medicines; lists of people's prescribed medicines and information about who was responsible for ordering further supplies of medicines.
● The service aimed to promote people to be independent with their medicines. Where people were managing their own medicines an assessment of their ability to do this safely had been completed. When staff had identified a person may not have been managing their medicines safely, all necessary action was taken including seeking medical advice and reviewing the person's medicines care plan.
● Where staff were to provide support with, or administer medicines or topical creams, medicine administration records (MARs) were in place. Senior staff reviewed these during two weekly reviews to ensure staff were administering medicines as required. When the service was completed (usually before 42 days) MARs were returned to the office where they were audited along with other care records.
● Staff had been trained to administer medicines and had been assessed as competent to do so safely. This was reassessed yearly or following any medicines errors.
● Where medicine errors had occurred, appropriate action had been taken by the registered manager to investigate and change procedures to reduce the risk of recurrence.

Preventing and controlling infection
● We were assured that the service was taking appropriate action to prevent people and staff from catching and spreading infections.
● Staff were trained in infection control. Additional guidance had been provided following the Covid-19 pandemic. One staff member said, "When it (Covid-19) started we all got information immediately about what to do and the (pool) cars were stocked up with everything we needed."
● There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable masks, gloves and aprons, were available for staff to use. The correct use of PPE was monitored during unannounced observational visits made by senior staff.
● The Infection control policy had been updated to reflect the new risks posed by the pandemic and appropriate actions had been introduced for the safety of staff and people receiving a re-ablement service. Prior to the commencement of a service all people were required to have a negative Covid-19 test. All staff employed by the service were now receiving weekly Covid-19 tests.

Learning lessons when things go wrong
● Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.

Good

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.

This is the first inspection for this service. This key question has been rated Good.

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's needs were assessed prior to the commencement of the service to ensure their needs could be met. A relative said, "There was a care plan and we were asked things about [relative] before they started."
● Most people commenced receiving a reablement service following hospital discharge. The service had senior staff based at the hospital meaning they could complete assessments prior to discharge. They said this meant they could identify any equipment needed to enable care to be provided safely following the person arriving home.
● A senior staff member was arranged to visit the person immediately on discharge to undertake a further home-based assessment and prepare the person's care plan. Assessment included people's physical, social and cultural needs. People, and relatives if appropriate, were involved in the assessment process and had signed their assessments showing they agreed with the content.
● Care plans clearly identified people's reablement needs and the choices they had made about the care and support they required. People were happy with the care they received. One person said, "I can't fault them, they were all excellent, I wish we could have them back."
● Care staff told us that when they identified a change in people's needs, they would contact the office for a reassessment and review of the person's care plan. They said that if they felt more time was needed to complete a particular care visit the management team took prompt action to address this.

Staff support: induction, training, skills and experience
● The service ensured that staff had the necessary induction and training to provide them with the skills required to meet people's needs. Staff applied learning effectively in line with best practice, which led to good outcomes for people.
● People were confident in the staff's abilities. A person told us, "Yes, they know what they are doing, I like them all."
● Staff received an induction into their role, which included the services essential core training. New staff worked alongside more experienced staff until they felt confident and were competent to work directly with people.
● Staff were also provided with additional training that was specific to people's individual needs, such as catheter care. There was a process to ensure training was refreshed every year or as required. Staff confirmed this. One staff member said, "We have lots of training, It's all online now (due to Covid-19) but it's good." Senior staff had completed additional training to enable them to provide practical training in moving and handling when required.
● There were systems to monitor training and records viewed showed that staff had completed necessary

training for their roles.
● Staff told us they were supported in their roles and had regular one to one meetings with a designated member of senior staff. This was to discuss their care practices and development opportunities and records confirmed this. Unannounced observational visits were also undertaken to monitor staff performance and provide advice or reassurance when required. A staff member said, "I feel very well supported; I can talk to the management at any time if I need to, someone is always available."

Supporting people to eat and drink enough to maintain a balanced diet
● Staff ensured people had enough to eat and drink.
● Information about people's dietary requirements were included in their assessments and care plans.
● For most people a relative was responsible for shopping and preparing meals. Where this was not the case the service was able to refer people to other support services for shopping. One staff member said "We can do shopping if they don't have anything (on discharge from hospital). We then contact someone like age concern to sort out a shopper for them."
● For some people the reablement goals seen included preparing their own meals. Staff described how they could access equipment to make this easier for people such as perching stools and walker trolleys to transport food and drinks from kitchens so these could be eaten safely in other parts of the home.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● The service was closely linked with local NHS hospital and community services with a view to preventing unnecessary hospital admissions and ensuring people could be discharged from hospital in a prompt manner. Some staff responsible for assessing people's needs prior to receiving a service, were based at the local hospital.
● Community outreach staff worked with social services staff to ensure appropriate information was available if the person required ongoing community support, which would be provided by another domiciliary care service.
● Care plans included information about people's general health, current concerns, social information, re-ablement goals and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently. Where appropriate staff were able to work alongside the new agency for a short time, which meant people received a smooth transfer to a new community service.
● Staff worked well with external professionals to ensure people were supported to access health and social care services when required. Records showed that staff sought timely support from external health and social care professionals, when needed for people.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 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

- People and relatives told us they had been involved in discussions about their care planning.
- Assessments and care plans had been signed by the person to show they agreed with the care which was planned to be provided.
- Before providing care, staff sought verbal consent from people and gave them time to respond. One relative told us "They listen to him and ask him what he needs them to do."
- Staff had received training in the Mental Capacity Act 2005 (MCA).
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. Records of care people had received included information where people had declined planned care showing staff respected people's right to change their minds. Where this may have placed people at risk appropriate action had been taken.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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 and relatives told us that staff were kind and caring and knew their preferences. A person said, "The carers were so lovely, we always felt comfortable with them." Another person told us "I'm very happy with the carers, they are kind." Whilst a relative said, "They are all kind and friendly." Other people and relatives made similar positive comments.
● Staff had built up positive relationships with people. Staff spoke about their work and about people warmly. Most people confirmed they had a regular team of care staff. A relative said, "We have had a regular staff team, so that's been really good as we have got to know them."
● Care staff told us that before visiting a new person they were provided with information about the person. This meant they would know important information such as equality and diversity or protected characteristics before attending and therefore be better able to meet people's individual needs.

Supporting people to express their views and be involved in making decisions about their care
● People were involved in all aspects of the service they received from pre service assessment, care planning, day to day decisions and reviews of care. A relative told us, "They don't do anything without checking with him first." A person said, "The carers will always ask what help I need."
● Records viewed showed people were provided with information about the service, what it could and could not do and what would happen when the planned re-ablement service was completed. People had signed their assessments, care plans and reviews showing they had had the opportunity to read these.
● Following completion of the reablement service people were asked to complete a survey about their experience of the service. The most recent responses for July to September 2020 showed everyone felt staff listened to them and supported them to express their needs and wants.
● People were given a choice of male or female care staff. This information was included within care records viewed and was part of the pre-service assessment process. Staff confirmed this information was known and where people had expressed a preference this was met. This meant people were cared for by care staff they felt comfortable with and had been able to make decisions about who provided their care.

Respecting and promoting people's privacy, dignity and independence
● People felt they were treated with dignity and respect and their independence was promoted.
A person confirmed this saying "Oh yes, the carers respect my privacy." A relative said, "The carers also respect privacy when supporting with personal care."
● Staff explained how they respected people's privacy and dignity, particularly when supporting them with

personal care by, for example, ensuring doors and curtains were closed and people were covered up.

● Following completion of the reablement service people were asked to complete a survey about their experience of the service. The most recent responses for July to September 2020 showed everyone agreed staff had respected their privacy and dignity.

● The services primary goal was to enable people to be as independent as possible, care plans included re-ablement goals and detailed what each person hoped to achieve. Care plans were reviewed against these goals.

● Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One staff member said how rewarding it was to see people becoming more independent. They said their goal was "re-ablement not disablement". Staff said they had enough time to promote independence and enable people to undertake tasks themselves even when this took a longer time.

● Following completion of the reablement service people were asked to complete a survey about their experience of the service. The most recent responses for July to September 2020 showed everyone agreed they had been supported to do things for themselves and had felt more confident and aware of what their capabilities were.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this service. This key question has been rated good.

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 received individualised care which met their needs. One relative told us, "I can't fault them, they were all excellent, I wish we could have them back." They added, "They all knew what they were doing and were very professional."
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, dressing, meal preparation and health issues. Care plans reflected people's individual needs and had clear re-ablement goals. Care plans were reviewed at regular intervals or when a person's needs changed.
- The service was able to respond when people's needs changed. For example, they were able to provide additional visits where a person lived alone and required support to meet their nutritional needs due to a new health need.
- The service worked closely with the NHS and independent community providers. It was able to respond when necessary to provide a service to enable rapid hospital discharge or when independent providers could no longer support a person living in the community.

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.

- The registered manager told us they had access to different communication formats and staff would read care plans to people with significant vision impairment.
- Care plans included information about people's communication needs, for example if they required spectacles or hearing aids. Within one care plan we saw that staff were guided to give the person additional time to process and respond to information or questions. This would help ensure the person would be able to respond.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- As a re-ablement service' support to develop relationships and take part in activities was not provided. However, care staff told that when they had additional time, they would use this to chat with people who were living on their own to help reduce feelings of isolation.
- The service had contact details of other organisations who may be able to provide a befriending or other

community support service who they would direct people to, or contact on the person's behalf.

Improving care quality in response to complaints or concerns

● People and relatives told us they knew how to make a complaint. They said they would speak to the 'office' if they had a concern or complaint. One relative told us, "I have nothing whatsoever to complain about."

● The provider had a complaints policy. Written information about how to complain was available for people and relatives within the information provided to all new service users.

● People and relatives were also asked if they had any complaints when service reviews were undertaken. Records of complaints were maintained, and action was taken when a complaint was received.

End of life care and support

● No one using the service was receiving end of life care at the time of our inspection. Some staff told us they had attended end of life care training. They told us on occasions they had provided end of life care and where this had occurred two staff had always been allocated.

● End of life care training was being completed by all staff.

● The registered manager provided us with assurances that people would be supported to receive good end of life care and to ensure a comfortable, dignified and pain-free death. Furthermore, they told us they would work closely with relevant healthcare professionals, provide support to people's families and other people who used the service and ensure staff were appropriately trained.

Good

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.

This is the first inspection for this service. This key question has been rated Good.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff felt the service was well-managed.
- The registered manager and management team had a clear vision and set of values for the service. This included providing "Quality individual care for people, being customer and community focused, working together, effective and efficient, fair and transparent." The services annual performance appraisal was based on these values.
- The vision and values were cascaded to staff and monitored through training, staff meetings, and staff supervision meetings.
- The management team were aware of and kept under review, the day to day culture in the service. This was done through working alongside staff, one to one meetings and observations.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. We saw that this process had been followed where required.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

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

- The provider had a formal process in place to monitor the quality of the service. This consisted of various audits completed by the management team such as those undertaken on care records when these were returned to the office. The provider's nominated individual, who, with the registered manager, was legally responsible for the service, had undertaken a 'mock' inspection of the service in August 2020. This had identified some minor areas for improvement which the registered manager was addressing.
- The registered manager had produced an ongoing service improvement plan. This showed that as new areas for improvement were identified, these were added to the plan with clear information as to who and by when action would be completed.
- There was a management structure in place, consisting of the registered manager, and senior staff responsible for the day to day running of the service. Each had clear roles and responsibilities which they understood and had the necessary skills to undertake.
- Staff were positive about working for the re-ablement service and support they received from the management team and registered manager. Comments from staff included: "I really love this job. Everyone

is really supportive and helpful." Another staff member said, "I can always get support or help if I need it." A senior staff member was always available when staff were providing care. A staff member said, "There is always someone in the office until we have all signed off for the night." This meant staff could receive prompt support or advice whenever they required this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were consulted before, during and following completion of the re-ablement service. They had signed assessments and care plans to confirm their agreement with the information about them and how care would be provided.

● For many people the service provided was for short term, time limited re-enablement. When this was completed all people were offered the opportunity to complete a questionnaire survey about the care they had received. These were collated every three months to identify any patterns which may require action. The results from April to September 2020 showed people were positive about the service they had received.

● A staff satisfaction survey had also been completed in September 2020. Although there had been a low response rate by staff this did show that staff were generally happy working for the service and had been provided with an opportunity to anonymously provide feedback to the management team.

● The service experienced low levels of staff turnover. Staff said they were happy working for the provider and felt able to raise issues or concerns with the management team.

Working in partnership with others

● The re-ablement service had very close links with local health and social care services and worked in collaboration with all relevant agencies, including health and social care professionals.

● An external social care professional told us they worked closely with the reablement service and the links had been strengthened during the Covid-19 pandemic meaning people were able to receive the most appropriate service for their needs.

● Some re-ablement staff were based within the local hospital to ensure prompt pre-service assessments were completed. This facilitated smooth, effective hospital discharges. Staff also worked with community health and social care professionals to prevent hospital admissions, wherever possible.

● Should people need to move to a longer-term community-based or residential service, senior staff were clear about the need to share information to ensure a smooth transfer of care to new providers. This all helped ensure people received the right care and support when they needed it.