

Devon County Council

Social Care Reablement - Estuary House

Inspection report

Estuary House
Collett Way
Newton Abbot
Devon
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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: Social Care Reablement Estuary House is a reablement service provided by Devon County Council. They are registered with us to provide personal care. The service supports people in their own homes for up to four weeks following an illness, injury or set back to learn or re-learn skills to undertake daily living activities such as washing, dressing and meal preparation. At the time of our inspection 30 people were using the reablement service and 49 people were receiving packages of personal care in their own homes.

In February 2019, Devon County Council managed a transfer of care packages from another provider to Social Care Reablement – Estuary House. This is planned to be a short-term arrangement until an alternative provider can be found.

People's experience of using this service:

The service had been very responsive. When a large number of packages of care were transferred from another provider at short notice, this was very well managed. People told us they had been fully involved in the development of their care plan and felt empowered and valued. One person said, "I'm over the moon with them. They've put the right carers in for me as an individual, these carers are brilliant." People were kept well informed during the transfer of care. One person said, "They kept me informed to the highest degree" and, "When I had a query I spoke to [Registered manager's name] and he sorted it, it's been perfect ever since."

People felt safe and comfortable when staff visited them in their home. People were kept safe as potential risks had been assessed and managed. There were enough staff to complete the planned visits.

People were treated with kindness and compassion by staff. People said, "They're all very helpful" and, "They're all absolutely lovely."

People's needs were met by staff who had received regular training and support. People were treated with respect and staff understood how to protect people's rights.

People were involved in making decisions about the goals they wanted to achieve. People felt staff had helped them to progress and become more independent. Reablement goal plans contained up-to-date information about each person's needs.

People were asked for their views about the service. The most recent feedback results showed people were happy with the service they were receiving.

There were effective systems in place to monitor the quality of the service.

The registered manager was committed to improving care where possible and had developed effective working relationships with other professionals and agencies.

The service met the characteristics for a rating of "Good" in all of the key questions we inspected. Therefore, our overall rating for the service after this inspection was "Good".

More information is in the full report.

Rating at last inspection: Good (The report was published on 2 December 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about this service until we return to visit as part of our re-inspection programme. If we have any concerns, 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 findings 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 findings below.

Good ●

Social Care Reablement - Estuary House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector carried out this inspection.

Service and service type:

This service is a domiciliary care agency. It provides support with personal care to people living in their own homes. At the time of our inspection 30 people were using the reablement service and 49 people were receiving packages of personal care.

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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to make sure the registered manager would be available.

Inspection site visit activity started on 20 May 2019 and ended on 21 May 2019. We visited the office location on 20 May 2019 to see the registered manager; meet with staff, and review care records and policies and procedures. We carried out phone calls to people on 21 May 2019.

What we did:

When planning our inspection, we looked at information we held about the service. This included notifications about significant incidents which the provider is required to inform us about by law. The provider had submitted a Provider Information Return (PIR). This is a form that asks to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people by telephone (four people who used the reablement service and four people who received a package of care). We spoke with the registered manager, the service manager and, five staff. We received feedback from two healthcare professionals.

We looked at eight people's care records, three staff recruitment files and other records relating to the management of the service including quality assurance.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable when staff visited them in their home. One person said, "I feel 100% safe."
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.
- When the provider took over the care of people from another provider, systems were put in place to ensure this was achieved safely.

Assessing risk, safety monitoring and management

- Detailed risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided. Records gave staff guidance on how to reduce risks and were up to date.
- Staff carried out a risk assessment for each person who transferred to ensure their needs would be met safely.
- The provider monitored staff visits to ensure people received their visits as planned.
- There was an on-call system for people and staff to ring in the event of an emergency outside of office hours.
- The service had contingency plans in place so people's care would continue in the event of an emergency.

Staffing and recruitment

- There were enough staff to complete the planned visits.
- Staff had transferred to the service to provide continuity in people's packages of care. Additional agency staff were made available at this time in case they were needed. Team leaders were also available to provide care when needed.
- People told us staff usually visited around the time they expected.
- Visits for reablement were not time specific or time limited as staff responded to each person's individual needs.
- Staff told us they had enough time at visits and sufficient travel time between visits.
- The service were flexible to people changing their visits, where possible. Calls could be cancelled on request.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) checks had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- Most people managed their own medicines. Staff gave some medicines under people's direction.
- The service planned for staff to administer people's medicines in the future. The management team had attended training in how to administer medicines and assess staff's competence.
- Staff told us they had completed medicines training. Further training was planned to ensure staff felt confident to administer medicines.
- The medicines policy had been reviewed and updated to reflect the change in practice and national guidance.
- Staff who delivered packages of care had completed medicines training. Team leaders checked medicine administration record sheets and observed staff's practice to ensure people received their medicines safely.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training and were provided with personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- After reviewing a complaint, it was identified staff would benefit from some specialist training in communication. Staff told us this had been arranged. They were looking forward to learning about how to deal with different situations.
- Issues identified within the organisation were shared across each service for learning purposes.

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

Good: 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 were referred to the reablement service, for support to learn or re-learn skills to undertake daily living activities such as washing, dressing and meal preparation.
- Before people started to use the service, staff received referrals which included personal information and what support was needed. The registered manager told us they would obtain further information, where necessary, to ensure they could meet the person's needs.
- Staff received information on how best to support each person in line with best practice guidance and people's preferences.
- Staff completed notes at each visit describing the support they provided and what the person had done for themselves. This helped team leaders monitor and review each person's progress.
- Where people's packages of care were transferred to the service until another provider could be found, each person's needs had been assessed to ensure these would be met effectively.

Staff support: induction, training, skills and experience

- Staff completed training in areas relating to personal care and health and safety. Learning was provided through face to face training, online training and workbooks. New staff completed the Care Certificate and a diploma in health and social care.
- People told us staff knew how to meet their needs and understood their medical conditions.
- Staff told us they had the skills and knowledge to meet people's needs effectively. One staff member said, "The training is brilliant." When new staff started work, they shadowed more experienced staff to learn about people's needs.
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role. They said the management team were always there to give help and support if needed.
- Where staff had transferred to the service, the registered manager had checked their training was up to date. Observations of staff's practice were also carried out to ensure the standard of care would meet the provider's requirements.

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

- Staff supported some people to regain their independence with preparing and cooking meals.
- Staff advised people about healthy options and maintaining a balanced diet.
- Staff knew to contact the office if they had any concerns in relation to people's eating and drinking. An assessment, advice and guidance would be requested from appropriate health professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to maintain good health and had access to external healthcare support as necessary.
- Staff worked with other healthcare professionals such as physiotherapists, occupational therapists, district nurses and GPs to ensure people received appropriate care. One healthcare professional said, "They ask questions and keep me informed."
- Staff completed detailed records at care visits to ensure care remained consistent.

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware of the MCA and knew to always ask for people's consent.
- Each person who used the service had capacity to make decisions. If staff identified that a person may lack capacity to make decisions, an assessment was carried out.

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

Good: 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, respect and compassion by staff. People said, "They're all very helpful" and, "They're all absolutely lovely."
- Staff spoke about people with compassion and told us they enjoyed their work. One staff member told us, "It's good to go in and see how people have progressed."
- People's cultural and spiritual needs were respected. Devon County Council had a comprehensive equality policy. Staff had completed training in equality and diversity. People were able to express their gender preference for staff and told us this was respected.
- People who were receiving packages of care had continuity in the staff who visited them. One person said, "I love all of my carers. They help me with my disabilities." A staff member said, "I go to all the regular people I've had for years. They are all happy."

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

- People were encouraged to express their views. They identified the goals they wanted to achieve and reviewed their progress with the staff and team leaders.
- Every person we spoke to was able to describe how they had met with staff at the start of their reablement to arrange their care plan and routine.
- Each person received an information pack. This pack contained information about local advocacy services, fire safety checks, what to expect from the service and how to feedback compliments, concerns and complaints.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect.
- Responses to the most recent provider survey confirmed staff treated them with dignity, respect and understanding.
- Staff were aware of each person's ability to carry out daily living activities and encouraged people to do as much as they could for themselves.
- People who received a package of care told us staff respected their independence. One person told us "I'm moving house next week and the staff are going to help promote my independence."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us the service was highly responsive and they had been fully involved in the development of their care plan. When a large number of packages of care were transferred from another provider at short notice, this was extremely well managed. The provider brought in team leaders from across the county to review and update people's care plans. A team leader met with each person in their own home with senior staff who knew them well. They discussed their care, preferences, emotional needs, cultural and spiritual needs and what they wanted to achieve. Staff completed 75 person centred care plans in four days. One person said "I'm over the moon with them. They've put the right carers in for me as an individual; these carers are brilliant."
- The registered manager told us, "We ensure staff put the person first and empower them to make choices day by day." People told us they had been consulted, listened to and felt empowered and valued throughout the care planning process.
- People were kept well informed during the transfer of care. One person said, "They kept me informed to the highest degree" and, "When I had a query I spoke to [Registered manager's name] and he sorted it; it's been perfect ever since." A staff member commented, "There's been a big improvement in the care."
- The registered manager had spent time individually with staff members to build visit runs. This meant people continued to be supported by staff who knew them well.
- Staff were very responsive when people's needs changed or in the event of an emergency. For example, staff arrived at a visit to find a relative, of the person who received care, had fallen. Staff made sure they were safe and phoned for an ambulance. They supported and reassured the person who received care. A team leader went out to the property to provide support. Staff arrived early for the next visit to sit with the person and reassure them. Staff rang the hospital, as the person was unable to, and updated them on their relative's condition. Once a family member arrived, staff made themselves available on call if anything else was needed.
- The service was flexible and people were able to change their visit time to accommodate appointments or other activities. For example, one person needed to attend a hospital appointment so staff visited them earlier so they had time to get ready before their transport arrived.
- People using the reablement service received personalised care that was responsive to their needs. People discussed with staff the goals they wanted to achieve. This included learning or re-learning skills to undertake daily living activities such as washing, dressing and meal preparation.
- One person wished to regain their independence so they could go out in the local community as this was very important to them. Staff were supporting the person to travel to the supermarket by taxi. The goal was to build the person's confidence so they could travel independently on the bus.
- Once a person had identified their goals, these were used to develop their reablement goal plan.
- People's reablement goal plans were continually reviewed so they could live as independently as possible. At each visit, staff recorded how much people had been able to do themselves and how staff had supported

them. People's records were photographed and sent securely to the office so team leaders could easily monitor their progress.

- At the end of the first week, the team leader contacted the person to discuss their support and progress towards their goals. The reablement goal plan was amended to reflect any changes. For example, adding in more goals. Where the person used the service for more than 21 days, the team leader carried out two or three face to face visits and phone calls. This was to check the person's progress and discuss the level of support being provided.
- Reablement plans and progress records were kept at people's homes. Staff and other healthcare professionals were able to access up-to-date information about the person's needs.
- The registered manager was aware of the Accessible Information Standard (AIS). If communication needs were identified, documents could be made available in a range of formats. This included large print, symbols, document readers, and audio recordings. The service also had access to the Devon County Council sensory team and learning disability team if they needed any further assistance. Where one person did not speak English as their first language, the service was able to arrange for a person to translate. This meant the person and staff could understand and communicate.
- Team leaders identified when items of technology could support people to be as independent as possible. Several people had electronic medication administration devices that had an alarm to enable them to take their medicines independently. The community therapy teams provided advice on other equipment such as electronic beds and hoists.
- Where people were unable to regain their independence, the service referred people to other core services as part of Devon County Council to look at a package of care for ongoing support.

Improving care quality in response to complaints or concerns

- At the start of the service, each person was given a feedback form to raise complaints or concerns.
- People knew how to make a complaint and felt able to raise concerns if they were unhappy. People told us they were happy and hadn't needed to complain.
- Where a complaint had been received, this had been investigated and responded to appropriately.
- People felt confident the registered manager would take action to address any concerns.

End of life care and support

- The service was not providing end of life care at the time of the inspection.
- The registered manager told us they would provide end of life care if the person deteriorated whilst using the service. They would work with other professionals to ensure the person's needs and wishes were met.

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

Good: 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 responsibility

- People, staff and healthcare professionals told us the service was well managed. One person said, "They couldn't improve at all, they're marvellous." Healthcare professionals said, "It's well managed. I think quite highly of them" and, "We have a good relationship"
- Staff told us they felt listened to by the registered manager and senior management and enjoyed working for the service. One staff member commented, "I can speak to them about anything and it's sorted."
- The transfer of people's care packages from another care provider had been extremely well managed. People were very happy with the service they received from DCC. Comments included "I would prefer Devon County Council over any company" and "They couldn't do anything better." Staff said, "They're brilliant to work for" and "[Registered manager's name and Care lead's name] have been fantastic, I can't speak highly enough of them."
- The registered manager was aware of their responsibilities under the duty of candour. That is, their duty to be open and honest about any accident or incident that placed a person at risk of harm.
- The registered manager had provided the CQC with important information as required and had done so in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a service manager, team leaders, reablement staff and administration staff. There was a stable staff team. Each staff member knew their responsibilities and there were clear lines of accountability.
- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. The registered manager carried out a monthly review of the service. Any issues identified were recorded in the service improvement plan. Actions were taken to make improvements.

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

- People and their relatives were asked for their views about the service via feedback forms, phone calls and home visits. Senior staff regularly spoke with people to obtain feedback about the service. The most recent feedback results showed that people were happy with the service they were receiving. Comments included, "The service has been brilliant" and, "I can't fault the care I have had from everyone who has helped me."
- Staff meetings were held to enable staff to contribute their thoughts and experiences. Meetings were also used to discuss updates in best practice.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to improving care where possible. They kept up-to-date with national developments in the care sector.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care and support.
- The service manager was a qualified occupational therapist employed by Torbay and South Devon NHS foundation trust. The provider information return stated, "This appointment is to support the integration of both health and social care in the local community. This has led to an improvement in communication between the two organisations, to ensure a more joined up approach of health and social care.
- Staff were being given the opportunity to spend time with the Torbay reablement team to review and compare the two services. Staff told us they had enjoyed sharing ideas.