

Nottinghamshire County Council

# Start Service - Mansfield and Ashfield Locality

## Inspection report

Lawn View House  
40 Station Road  
Sutton In Ashfield  
Nottinghamshire  
NG17 5GA

Tel: 01158041234  
Website: [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk)

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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 announced inspection was carried out on 22 November 2018. Start Service – Mansfield & Ashfield Locality provides a short term reablement service. Reablement services support people in their own homes. This service is usually delivered following people's discharge from hospital. People normally do not use this service for longer than a six week period. On the day of the inspection there were 49 people using the service who received personal care. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for reablement; this inspection looked at people's personal care and support.

The service had a registered manager who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

This is the service's second inspection under its current registration. In our previous inspection the service received a rating of 'Good' overall. After this inspection, the service has retained this rating.

People were protected from avoidable harm and neglect. The risks to people's safety were assessed and mitigated. There were sufficient staff in place to support people with their reablement. People's medicines were managed safely. Staff understood how to reduce the risks of the spread of infection. Processes were in place that enabled accidents and incidents to be investigated and preventative measures put in place to reduce the risk of recurrence.

People received support in line with current legislation and best practice guidelines. Staff were trained and received supervision of their practice. People were supported to lead healthy lives. Effective relationships with external health and social care organisations were in place to ensure people's health was regularly monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and relatives found the staff to be kind and caring. People felt they were treated with respect and dignity. People's diverse needs were discussed with them. Advocates were made available if people needed further support. People were involved with decisions about their support needs. People's privacy was respected.

People were provided with support in accordance with their personal preferences. Staff understood how to support people. People's support records were reviewed to ensure people's changing needs could be met. No formal complaints had been received since our last inspection, but processes were in place that enabled these to be responded to appropriately. End of life care was not provided.

People, relatives and staff would recommend the service to others. People's views on how to continually develop and improve the service were asked for and acted on. Staff felt valued. Robust and effective quality assurance processes were in place. The registered manager was knowledgeable about their role and carried out their duties effectively.

## 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 remained safe.

Good ●

### Is the service effective?

The service remained effective.

Good ●

### Is the service caring?

The service remained caring.

Good ●

### Is the service responsive?

The service remained responsive.

Good ●

### Is the service well-led?

The service remained well led.

Good ●

# Start Service - Mansfield and Ashfield Locality

## **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 checked 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.

This comprehensive inspection took place on 22 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to be sure that the registered manager and staff would be available to speak with.

Prior to the inspection an Expert by Experience carried out telephone calls to people and relatives and asked them for their views of the quality of the support provided. An Expert by Experience is someone who has cared for someone who has used this type of service. They spoke with 10 people who used the service and four relatives. We also sent questionnaires to people, relatives, staff and community professionals and asked them for their views. We received three responses from people who use the service, three from staff and three from community professionals. The feedback from these telephone interviews and questionnaires was largely positive. This feedback helped to inform this inspection.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We reviewed information we held about the service, including notifications of incidents that had occurred in the service, which the provider is required to send us by law. We contacted commissioners, responsible for funding some of the people using the service, to gain their views about the care provided.

During the inspection, we spoke with two support staff, a support coordinator and the registered manager.

We looked at records relating to four people who used the service, as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for support staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

## Is the service safe?

### Our findings

People told us they felt safe when staff supported them with reablement in their homes. One person said, "I'm very unsteady when I first get up, but they are there for me, they steady me as I go to the bathroom and help me sit down as I can't stand. They are there for me in so many ways. They let themselves in and make sure they secure the property when they leave."

People were supported by staff who understood how to reduce the risk of them experiencing avoidable harm. The registered manager could explain how any allegations of abuse would be dealt with, including making referrals to the local authority safeguarding team and the CQC. Since the last inspection there had been no reason to do so, but the provider's safeguarding policy provided the guidance needed to ensure this was done in a timely manner.

The risks to people's safety were assessed and support plans put in place that enabled staff to reduce the risk to their safety. Assessments of people's home environment, their ability to manage their own medicines and the support needed with personal care were some of the risk assessments that were in place. These were regularly reviewed to ensure they reflected people's changing needs. This ensured people continued to receive safe care and support.

People were given time slots throughout the day when staff would attend to support them with their reablement. People told us on the whole staff arrived during their allocated slot. One person said, "They come on time and I am usually already up, they do what I can't reach and let me get on with the rest. This is what I need as eventually I want to be independent." Another person said, "The time varies a bit particularly at night, but it is not a problem. I am getting better and can do a lot more for myself."

We were shown how people's calls were planned to ensure there were always sufficient staff in place to them. We were told the 'slots' people were given matched their dependency level. If people needed more support with personal care in the mornings and evenings then their calls were prioritised with earlier calls. When people became more independent the calls times varied. The support coordinator who planned the calls said, "Our aim is to support people with doing the things they could do before they went into hospital. The way we plan our rotas supports this." We noted robust recruitment procedures were in place that protected people from the risks of unsuitable staff.

People's medicines were managed safely. Most people could manage their own medicines. However, if people needed help to return to doing this independently of staff, then support was offered. One person said, "They [staff] watch me take my medication. I can manage but it's nice to know they are looking out for me." The risks associated with medicines had been assessed and support plans were in place that guided staff on the assistance each person needed. This could include prompting and supervising people to administering medicines for people. The support received by staff enabled people to take control of their medicines ready for when reablement support ended.

People were supported by staff who had completed infection control training and understood how to

reduce the risk of the spread of infection. People were supported to maintain the cleanliness of their home where needed. However, due to this being a reablement service, people were encouraged wherever possible to maintain the cleanliness of their own home without staff support. Checks of the environment where people lived when they first started to use the service were carried out to ensure they were safe and clean.

The registered manager had the processes in place that ensured lessons were learned when any accidents or incidents had occurred. They ensured they were investigated and reported to the relevant authorities where needed. Records showed these processes were followed appropriately reducing the risk to people's safety.

## Is the service effective?

### Our findings

An assessment of people's needs had been completed prior to commencing with the service. The protected characteristics of the Equality Act were considered to ensure that people were not discriminated against because of a disability or specific support need. Records viewed showed people received the support they needed to aid their recovery and to support them to return to fully independent living.

People told us they were supported by staff who understood their needs and provided them with the support they needed. One person said, "I think they are very well trained; I have no problems at all. They put me at ease even when they are seeing to my most personal care. They will help me with anything I want."

Most staff training was up to date with plans in place to ensure that any refresher courses for staff were completed soon. Staff received regular supervision of their practice and their performance was assessed. Any areas for future development or learning were discussed with staff during one to one sessions and then all staff received an annual appraisal. This ensured people continued to receive support from competent and skilled staff.

Where people needed assistance with their meals staff offered appropriate support. One person said, "They leave all the breakfast things on the table for me to help myself. This is how I want things as I want to do as much as I can for myself. They watch me with my insulin and will do anything like clear up and wash up. They are such a help to me." Assessments of people's ability to manage their own meals were carried out when they first started to use the service. Staff told us they offered support to people where needed, but the main aim was for people to be able to return to preparing their own meals. Daily records showed staff supported people with this by recording what people could and could not do for themselves in relation to their meals.

People had access to a wide range of health professionals who worked together to support people to return to fully independent living. Occupational therapists and physiotherapists regularly attended people's homes to offer support and guidance for people. People's needs were continually assessed by staff working alongside health professionals. This meant people's support was tailored to their needs as their health improved. This cohesive approach was successful in supporting people to return to independent living. If people were deemed to need further support once the reablement process had concluded, then people were supported to access support from a home care agency or were advised that a move to residential care home may be beneficial for them.

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 found they were. The majority of people were able to consent to care and support. Assessments had been conducted where needed and it was clear who had been involved with decisions to ensure they were made in people's best

interest.

## Is the service caring?

### Our findings

In the short time that people used the service, they told us they found the staff to be kind and caring. One person said, "The people [staff] who come are very good. I look forward to them coming." Another person said, "They are all very nice people. They help me do the bits I can't. I have got to know them, and they treat me well. I feel I have got a bit better since they started coming. I feel more confident."

People also felt staff were respectful and treated them with dignity when supporting them with personal care. One person said, "They treat me with respect and we have a bit of laugh. I think I have a nice relationship going on with them." The staff we spoke with could explain how they supported people in a way that always protected their dignity. Staff spoke respectfully about the people they supported. They were able to explain how they ensured people's dignity was maintained when they supported them. This ensured the provider's approach to providing everyone dignified care and support was implemented.

People praised the approach of staff with supporting them with regaining their independence. One person said, "At the minute it is all working well. They are there for me and eventually I hope to be back in my own home." Staff were knowledgeable about people's needs. They told us they found the support plans and risk assessments informative and helped them provide people with the support they needed. We noted people's needs were regularly reviewed with them. This ensured that when their support needs changed, documentation was amended and staff were notified, giving them the support they needed to continue their reablement.

People had access to advocacy services to support them to put forward their views and wishes about care. This meant people were encouraged to be actively involved in their care, and their independence was promoted."

People's confidentiality and privacy was protected. Records were stored securely and access to handheld electronic devices, which contained people's personal information, were password protected. The registered manager told us they had the processes in place that ensured all records were managed in line with the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

## Is the service responsive?

### Our findings

People had their needs assessed before starting to receive support. This assessment was done collaboratively with the person, the service, and local healthcare professionals. If it was concluded that this was the right service for them, support plans were then discussed with people and agreed with them. This included the support they would receive from a variety of health care professionals. People's diverse needs and what support they needed with them was also discussed.

People told us they were happy with the support they received which was provided in the way they wanted. People's personal preferences were recorded and this included the support they wanted with personal care. The records were regularly reviewed to address any changes in people's needs.

The registered manager was aware of the Accessible Information Standard. This Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. A variety of easy read documentation was in place to support people's understanding. Additionally, assistive technology was used to aid independence. This included, a device which reminded people when to take their medicines. This type of technology was important in the reablement process and helped support people to maintain their independence.

People were provided with the information they needed if they wished to make a formal complaint. Some of people we spoke with were not aware of the formal process, but did say they knew who to contact if they had any concerns. The registered manager had processes in place to respond to and act on formal complaints. No formal complaints had been received since our last inspection.

Due to the type of service provided, people were not supported with end of life care.

## Is the service well-led?

### Our findings

All the people, relatives and staff who spoke with told us they would recommend this service to others. One person said, "I would 100% recommend them, they are brilliant, I can't fault them." Another person said, "I would recommend them. They are all very nice and polite and make me feel a lot better." A relative said, "I would absolutely recommend them. They have been brilliant, we are really happy with the service." A staff member said, "I enjoy the role, the fact that every day is different, supporting people in their own homes. There are new challenges every day. I'd recommend this to people, definitely."

Staff felt valued and could build fulfilling careers at the service. They told us they enjoyed their role and were encouraged to exceed expectations. Staff were offered the opportunities for career development with some staff offered promotion. This enabled experienced and committed staff to remain with the service, providing people with high quality and consistent support.

People were supported to express their views about the service, both during the reablement process and also once they had finished. The most recent survey conducted showed 182 positive responses out of a possible 190 to a variety of questions about the reablement process. These responses were then used to help identify any areas where improvements may be needed.

A whistleblowing policy was in place, which gave staff the guidance needed to report poor practice. Whistleblowers are employees who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The service was led by an enthusiastic registered manager who was committed to ensuring that all people who used this reablement service were given the support needed to regain their independence. They had a variety of quality assurance processes in place that were designed to identify and act on any areas of improvement. A 'quality assurance project' was in place. This helped the registered manager to assess performance in a variety of areas including; support plan reviews, unannounced spot checks of staff practice and acting of people's feedback. The actions for these areas and many more were continually assessed and reviewed which showed there was culture of continued learning and development.

The registered manager had a good understanding of their role and responsibilities and this included ensuring the CQC and other agencies, such as the county council safeguarding team, were notified of all events that could affect the running of the home and people's safety.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed in the provider's website and in their office.