

SCC Adult Social Care

Surrey Heath and Farnham 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

About the service:

Surrey Heath and Farnham Area Reablement Service is a Surrey County Council service. It is a domiciliary care agency located at Surrey Heath Borough Council offices. The service provides short term reablement support and/or domiciliary care to a wide range of people in their home following either a hospital admission, or a change to the person's ability or independence. The service support people to regain lost skills, learn new ones, and generally increase their ability and independence.

The service also provides support to people living in four extra care schemes where people lived in their own self-contained flats. These schemes were staffed 24 hours a day.

At the time of our inspection there were 26 people receiving personal care from the reablement service and 33 people in the extra care schemes.

Rating at last inspection:

Good (published 2 November 2016).

Why we inspected:

This inspection was a scheduled inspection.

People's experience of using this service:

People, professionals and their families described the staff as caring, kind and friendly. 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 supported this practice.

People and relatives told us they were happy with the service, and that staff had a good understanding of their needs and preferences. People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults.

Staff understood the actions needed to minimise the risk of any avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

The service had an open and positive culture that encouraged reablement of people and involvement of their families, staff and other professional organisations. Leadership was positive and promoted good teamwork. People, professional's and relatives spoke highly about the management and staff had a clear understanding of their roles and responsibilities.

Checks of safety and quality were made to ensure people were protected and received a good quality service. Work to continuously improve was noted and the registered manager was keen to make changes

that would impact positively on people's lives.

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

A full description of our findings can be found in the sections below.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

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.

Surrey Heath and Farnham Area Reablement Service

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:

The inspection was carried out by one inspector. On Monday 29 April 2019 an Expert by Experience made telephone calls to people and family members. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Surrey Heath and Farnham Area Reablement Service is a domiciliary care agency. This service provides care and support to people living in their own homes.

Not everyone using Surrey Heath and Farnham Area Reablement Service 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 consider 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 23 March 2019 and ended on 24 March 2019. We visited the office location on the morning of 23 March 2019 and people in their homes in the afternoon. We returned to the office all day on 24 March 2019 to see the manager and office staff; and to review care records, staff files, policies and procedures.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit so that people could be informed of our visit and permissions could be sought to arrange home visits.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We met with four people who used the service in their own homes. We spoke to two health and social care professionals. Following the inspection site visit we received feedback from four relatives and four people via the telephone.

We spoke with the registered manager and the senior manager of reablement services. We met with two carers and three team leaders. We reviewed four people's care files, four Medicine Administration Records (MAR), policies, risk assessments, incident reporting, consent to care and treatment and quality audits. We looked at four staff files, the recruitment process, complaints, and training and supervision records.

Is the service safe?

Our findings

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

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

Safeguarding systems and processes, including recruitment.

- People, professionals and relatives told us they felt Surrey Heath and Farnham Area Reablement Service was a safe service. Comments included; "I feel safe with staff", "I like the service, I feel safe, they [staff] are very good", "Staff help me feel safe at home. They make me comfortable and listen to me" and "I believe the service is safe and that people's needs are met".
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. We found that there were no safeguarding alerts open at the time of the inspection.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. A professional said, "I have no safeguarding concerns at all and believe the service to be open and honest".
- Staff could tell us signs of abuse and who they would report concerns to both within the service or to external organisations. .
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people.

Using medicines safely

- People told us they were happy with the support they received to take their medicines.
- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice. A person told us, "The pharmacy had stopped delivering my medicines. They [staff] sorted it. Staff manage my medicines well, they are very particular about that".
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Medicine Administration Records (MAR) were completed and audited appropriately.

Assessing risk, safety monitoring and management; Staffing levels; Learning lessons when things go wrong; Preventing and controlling infection

- Staff were confident people were safe and told us that systems were in place to ensure safety. For example, policies were in place, risk assessments had been completed and care plans were clear and up to date.
- Where people had been assessed as being at risk of falls, assessments showed measures were taken to discreetly monitor the person and manage the risk. A person told us, "Staff explain risks to me and tell me how to keep safe".
- There were enough staff on duty to deliver support hours and attend visits to people's homes. A person told us, "I feel there are enough staff I've never had a missed visit". A relative said, "Definitely enough staff. They asked us how much time we thought we needed and we have agreed on ½ to ¾ hour.". A staff member said; "There's enough staff. I never feel overworked or rushed. We have time to spend with people and don't feel under pressure".

- The registered manager had implemented improvements and responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- Staff were clear on their responsibilities with regards to infection control and keeping people safe.
- Staff were supplied with Personal Protective Equipment (PPE) which included gloves and aprons. The registered manager told us that stock was kept in the main office and that staff could come and collect it as and when required.

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

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

- Reablement packages of care lasted for a maximum of six weeks. Extra care scheme packages were long term. There was a clear assessment process in place which ensured that people received an assessment of their needs before packages of care were agreed. A person said, "When I was in hospital, they talked to me about what I needed. I was very nervous, but I didn't need to be, they've been marvellous".
- People were supported to achieve effective outcomes. A person said, "I have been losing weight and staff are actively encouraging me to eat more".
- People had profiles which gave an overview of important information which included their choices, needs and preferences.
- There were actions under each outcome of care. Visits including number per day, routines and preferred methods of support were clearly recorded and available to all staff via paper support plans which were kept in people's homes. The senior manager told us that the service was looking at introducing a paperless system this year where staff would have access to people's records via smart phones.
- Staff understood people's dietary needs and ensured that these were met. Reablement people to cook and maintain healthy diets was part of the service and often an outcome for people who had recently been discharged from hospital.
- A staff member said, "We support some people to eat. We encourage balanced diets. Nutrition is important, and we promote this along with hydration".
- People's nutritional needs had been assessed as part of their care plan and clear guidance was given to staff in relation to the support people required including their preferences. A person said, "I try to do as many of my meals myself as I can. Staff may make me a cup of tea or a piece of toast. I do my main meals".

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A person said, "Staff are very professional, very pleased with them. I have the same regular people. One is good at cleaning and shopping. Another is very good with writing it all up in the book". A staff member told us, "I feel we get enough training and I always find it informative." The registered manager told us that professionals regularly delivered half day awareness sessions for staff on topics such as dementia and nutrition.
- There was a clear induction programme for new staff. This included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed that the induction process was effective. A new staff member told us, "My induction was good. I needed to complete all training before lone working and there was lots of shadowing. There was

always good support".

- The registered manager told us staff received annual appraisals and regular supervision meetings. A staff member said, "We receive regular supervisions from the team leaders. This is an opportunity to discuss how we are feeling, actions from our last supervision, people we are supporting, performance and set goals".
- In addition to regular supervision meetings a team leader explained that they also carry out observational supervisions on staff. These covered areas such as; staff delivering care, promoting privacy and dignity and medicines. The team leader said, "We also involve the people and have questionnaires for them to complete".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Surrey Heath and Farnham Area Reablement Service worked alongside the local integrated care team. A team leader was based in a hub with other agencies such as community matrons, district nurses, the local community mental health team, dietician and physiotherapist. A professional told us; "Shared care is all about us working together, preventing hospital admissions and getting people out of hospital back into their own homes".
- Integrated work with other professionals proved to be effective in supporting people. For example, the staff had concerns about one person's insulin. These concerns were discussed immediately with the district nurses and didn't have to be referred. There were concerns about another person's diet. This matter was immediately discussed with the dietician.
- Relatives told us that the service worked effectively with them to coordinate and arrange health appointments as and when needed. On day one of our inspection we observed a community matron visiting a person in their own home.
- Information was recorded on an online system and accessible to all professionals in the integrated care team and others such as GP's and hospitals.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- As the provider is Surrey County Council it is their protocol for all Mental capacity assessments and best interest paperwork to be completed by the Adult Social Care team. Paperwork was available.
- At the time of our inspection we were told that everyone using the service had capacity to consent to their care and treatment. Consent to care and support had been sought and people had signed their care plans. A person said, "Staff ask me for my consent before supporting me". Another person told us, "I have given the service my consent for care to be delivered by staff to me here at home".
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. Staff told us how they supported people to make decisions about their care and support.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People, professionals and relatives told us staff were kind and caring. Comments included; "Staff are very caring. They keep it light hearted, pleasant and listen", "The staff are lovely. I try not to work them too hard! We have friendly banter which is important to me" and "I can't praise them enough. They are very kind and caring. I am so happy with all of them. Very tactful and understanding". A relative explained, "Very, very kind and caring. You've got to be kind to do something like this.100%".
- People's cultural and spiritual needs were respected. These were assessed and reflected in people's care and support plans. A team leader told us, "Equality and diversity is important to reablement. No one person is the same and we respect this. For example; if a person usually goes to their place of worship on a certain day we can support this. If people have specific times to pray, we can arrange visits around these".
- Training records showed that all staff had received training in equality and diversity.

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

- People and relatives told us they were pleased with the care delivered by Surrey Heath and Farnham Area Reablement Service and that they felt involved in decisions. A person said, "I'd like the service to know how satisfied I am with the service and how much I like all the staff and everything they do".
- People were supported to make informed decisions by staff who knew people well. Staff told us that involving people and enabling them to express their views was important to them. A person told us, "Staff know what I like and don't like. They encourage me to make decisions".

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. A team leader introduced us to a person and reminded them why we were there. The staff member spoke softly, bent down to the persons level and made sure they were comfortable. A person said, "I use a rollator. Staff walk at my pace and are patient".
- People told us they felt respected. Comments included; "They [staff] are very respectful when I receive personal care. I am treated like a human and not an object" and "Staff always respect me and know me well".
- The service offered a skill gain programme to increase people's level of independence. Promoting independence was important to staff and they supported people to re gain skills to live more fulfilled lives. Staff explained that their approach was focused on supporting and empowering people to do things for themselves again. People's comments included; "They have shown me how to do things, like the medication. I was very nervous at first. They've gradually brought me into it, not pushing me, doing it slowly. This was important when I came out of hospital. It's marvellous; I'm so much more independent now" and "They have always asked. At first, I was reluctant to have them shower me, but they really helped me, doing

my back and stuff, and now I can do it myself".

Is the service responsive?

Our findings

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

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

- Surrey Heath and Farnham Area Reablement Service was responsive to people's current and changing needs. Care and support plans were person centred and had clear goals and outcomes for people to work towards. A person said, "Staff always ask if there are any changes to my care needs, they are very responsive". A relative said, "Staff write in my loved one's care record every single day. I read the book every day. If I have queries, I am able to call the office and they get someone who knows to deal with it".
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. A person said, "They understand my preferences, needs and my condition. And they always tell me what they are going to do. Very tactful and understanding".
- People and professionals were positive about the support and outcomes achieved by people with staff support. A professional said, "Staff are very good at reablement and supporting people to learn skills they may have lost in hospital. The service is very responsive to people's needs. Staff identify these quickly and respond positively". During the inspection one person told us they wanted to have access to and learn more about the internet and smart phones. The registered manager told us that they would discuss this further with the person and set it as a goal.
- People's information and communication needs were identified and assessed by the service. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for people.
- Staff told us how they put people at the centre of their care and involved them and their relatives in the planning of their care and treatment. The registered manager told us that regular review meetings took place with people, professionals, the local authorities and families.
- Staff considered how barriers due to disability impacted on people's ability to take part and enjoy activities open to everyone. A professional told us, "Surrey Heath and Farnham Area Reablement Service always try to find solutions".

Improving care quality in response to complaints or concerns

- Complaints were seen as a positive way of improving current practice and driving the service forward. The registered manager said, "Complaints are an opportunity to learn. I welcome honest conversations".
- The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of the inspection there were no live complaints.
- People and relatives told us they knew how to raise concerns and make complaints. A person said, "They left a number to ring. Yes, I would, but I have no complaints, I'd just ring the number". A relative told us, "I would call up and sort it out over the phone. But no, never needed to complain. I think I would be comfortable to do so, and I think they would take into consideration what I had to say".

End of life care and support

- At the time of inspection, nobody was receiving end of life care. The registered manager told us they had supported people with end of life care at home in the past. We were told that wishes were known by the service and an advanced care plan put in place alongside input from district nurses and the local integrated care team.
- End of life wishes had been discussed with some people and those who wished to share their preferences and wishes had done so. The registered manager told us that they were still exploring this with people.

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

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

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

- Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly.
- The internal quality assurance team completed two audits annually. In a recent audit it was identified that staff in the extra care schemes did not fully understand their responsibilities and the reporting processes. This was actioned and now an increase of reporting has confirmed learning and positive outcomes.
- The senior manager completed service delivery quarterly accountability management reports which covered number of any missed visits, incidents, notifications, vacancies and feedback from people. The senior manager told us that these were discussed in senior management meetings where continuous learning and reflection took place.
- Staff told us they felt valued and listened to by the management team. A staff member said, "I feel management acknowledge my work and I feel valued. They really appreciate what I do. They are polite and always thank us". The registered manager told us that during the severe winter weather they had used their 4x4 vehicle to pick staff up and take them to visits.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, professionals and relatives were positive about the management of the Surrey Heath and Farnham Area Reablement Service. People's comments included; "it seems very well managed. All the people seem to work together" and "I can't fault them". A relative told us, "Well managed, very good. I wouldn't have got through the past six weeks without it". A professional said, "The registered manager is very good and manages the team well. They know people and have many years' experience. Excellent really".
- Staff comments included; "The registered manager is really supportive and has been from word go. They are very flexible and a good leader. The team leaders are all brilliant too" and "[Registered managers name] knows the job and is very good. They make sure the service is well led and is always contactable".
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

Working in partnership with others; Engaging and involving people using the service, the public and staff;

- Surrey Heath and Farnham Area Reablement Service worked in partnership with other agencies to provide good care and treatment to people.

- Professionals fed back positively about partnership working with the service. Professional comments included; "Partnership work is very good we share information well" and "We share information and they attend multi-disciplinary team meetings. We all work very well together".
- People and relatives were actively engaged and involved in the service improvements and delivery. People were regularly asked for feedback whilst they were receiving support and customer questionnaires were sent to people and relatives when the service ended. One person's feedback read; "[Relative] was so happy and comfortable with the reablement team. Everything was so, so lovely. Thank you, all of you so much".
- Staff were actively involved in changes to the service. The registered manager told us, "We have recently involved staff in the review of how the observational supervision form should look like. This was then piloted, further feedback obtained and tweaked again".