

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

This inspection took place on 30 September and 11 October 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a reablement care service and we needed to be sure that someone would be in.

Surrey Heath Reablement Service is a domiciliary care service that provides personal care and support to people in their own home to promote recovery, independence and social inclusion for up to a maximum of six weeks. At the time of the inspection there were 11 people using the service.

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

People were protected against identified risks. The service had in place risk assessments that identified the risk and gave staff guidance on how to minimise the risk. People were protected from the risk of harm and abuse as staff were aware of the different types of abuse and the correct procedure on reporting their concerns. Staff received on-going safeguarding training that equipped them with the skills in dealing with suspected and actual abuse.

People received their medicines safely and in line with good practice. The service carried out assessments of people's needs around safe medicine management. People were supported to receive their medicine in line with their agreed support plan. Systems in place identified medicine errors and action taken to minimise the risk of unsafe medicine management were effective.

People were not deprived of their liberty unlawfully. Staff had sound knowledge of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. Staff were aware of the correct procedures when supporting people who were unable to make informed decisions and would follow the legal requirements outlined in the MCA and DoLS.

People received care that was person centred and tailored to their individual needs. Care plans detailed people's health, care and medical needs and gave staff guidance on how to effectively support people in line with their preferences. People and their relatives were involved in the development of their care plans, which were reviewed daily to ensure they reflected their changing needs. People's consent to care and treatment was sought prior to care being delivered. People were given information in a manner they understood to enable them to make decisions about their care. Where consent was not given staff followed the correct procedures.

People received support from sufficient numbers of suitably skilled and knowledgeable staff, to meet their needs. The service had robust recruitment procedures in place to ensure staff were safe to work with people

using the service. Staff files contained Disclosure and Barring Services [DBS] checks, references and photographic identification. The service matched people's needs to the number of staff providing their support and this was flexible to meet people's changing needs. Staff underwent regular training to enhance their skills and knowledge and reflected on their working practices through supervisions and appraisals.

People were encouraged to participate in activities and reduce the risk of social isolation. Staff supported people where possible to access their local community and day centre as agreed in their care package. Staff were aware of the importance of protecting people from the risk of social isolation and shared their concerns with the registered manager where appropriate. People were encouraged to enhance their independence.

People were aware of the procedure to raise their concerns and complaints. People were satisfied that their concerns and complaints would be listened to and action taken to resolve the issue. The service had a robust procedure in place to manage complaints in a timely manner and with a positive outcome for people.

People were supported to have access to sufficient amounts of food and drink that met their nutritional needs and preferences. Staff received training in food hygiene and would help prepare light snacks if agreed in people's care plans. People were supported to access health care professionals to meet their health and well-being needs. The service worked in partnership with health care services to ensure people's health and well-being was monitored and maintained.

The registered manager sought feedback on the service to improve the care provision. People's views were considered and where possible changes made to enhance the quality of care provided. The registered manager carried out regular audits of the service. Where issues were identified these were then addressed in a timely manner to ensure a positive outcome.

## 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. People were protected against the risk of harm and abuse by staff that were aware of the different types of abuse. Staff received on-going safeguarding training and knew the processes for reporting alleged or actual abuse.

The service completed risk assessments that identified, monitored and gave staff guidance on how to manage risks.

People were supported to receive their medicine in line with good practice as the service operated safe medicine management.

People received care and support from sufficient number of staff that had undertaken robust pre-employment checks.

### Is the service effective?

Good ●

The service was effective. People were supported by skilled and knowledgeable staff who had undergone mandatory training to meet their needs. Staff were supported to reflect on their working practices through supervisions and appraisals.

People were provided with sufficient amounts of food and drink that met their preferences and nutritional needs.

People received care and support from staff who were aware of their responsibilities in line with the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS].

### Is the service caring?

Good ●

The service was caring. People received support from staff that were kind, caring and compassionate. Staff were aware of the importance of maintaining and encouraging people's privacy and dignity.

People were encouraged to maintain and enhance their independence.

People had their confidentiality maintained. Staff respected people's need for confidentiality and shared information with

others when people had given authorisation.

### Is the service responsive?

Good ●

The service was responsive. People received care and support that was person centred and tailored to their individual needs. People and their relatives were encouraged to develop their care plans, which were reviewed daily to reflect people's changing needs.

People were encouraged to make choices about the care and support they received.

People were aware of the correct procedure for raising concerns and complaints. The service acted on concerns in a timely manner to reach positive outcomes.

### Is the service well-led?

Good ●

The service was well-led. The registered manager led a service that was open, transparent and inclusive of all.

People were encouraged to share their views of service. The registered manager carried out quality monitoring audits to drive improvements within the service.

People received support from staff that actively encouraged partnership working with other health care professionals.

# Surrey Heath and Farnham Area Reablement Service

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 30 September and 11 October 2016 and was announced. The inspection was carried out by two inspectors. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.

Prior to the inspection we looked at information we held about the service, for example notifications. A notification is information about important events that affect the service, which the service is required to send us by law.

During the inspection we spoke with two care workers and the registered manager. After the inspection we spoke with two people, two relatives and three staff members.

We reviewed five care plans, three medicine administration recording sheets, five staff files and other documents related to the management of the service.

# Is the service safe?

## Our findings

People were protected against the risk of harm and abuse. One person told us, "I feel safe with the staff." Another person said, "Yes, I am safe." A relative told us, "[Relative] feels safe and there's nothing to worry about." Another relative said, "We are well and safe." Staff had sound knowledge of the different types of abuse and how people may present if they were the victim of abuse. One staff member told us, "Safeguarding is about making sure people and ourselves are safe. If I suspected someone was being abused, I would reassure them and report it immediately. If I felt I wasn't being listened to, I would take the matter further and raise it with the social worker or the commission." Another staff member said, "You have to always be on the lookout and I feel confident raising any concerns of suspected abuse." Staff received safeguarding training which gave them the skills and knowledge on how to protect, support and identify abuse. Staff told us they found their training aided their understanding of how to raise their concerns in line with the provider's guidelines.

People were protected against identified risks. Staff were aware of the importance of identifying and reporting risks to maintain people's safety. One staff member told us, "The risk assessments are very important. We [staff] need to ensure we have made people safe and that we [staff] are also safe. We are always looking for signs of risks from the moment we walk in people's house's. It's an on-going process." On receiving care and support, staff would complete a risk assessment of both the premises and the care needs of people. For example, we looked at risk assessments and found that they took into account previously identified risks and potential risks and gave staff clear guidance on how to manage these risks. Risk assessments covered risks to people's physical health, mobility, food and drink, medicine administration, environment and general well-being. Risk assessments were reviewed daily to monitor and reflect people's changing needs. Where changes to risk assessments were made, these were forwarded to all care workers at the end of each day, or prior to their visit, to ensure staff were aware of any changes to the way they delivered care and managed risks.

People received their medicines safely and in line with good practice. On receiving support from the service, people were supported to complete a medicine profile. This recorded what type of medicines they received, the frequency and any support they required. This was then recorded in people's care plans and gave staff clear guidance on what support people required. Relatives confirmed where agreed in the care plan, staff would administer people's medicine. Staff were aware of the correct procedure in administering medicine and reporting any concerns, for example, one staff member told us, "We [staff] have to have authorisation to administer medicines. All medicines we administer must be pharmacy labelled and if we have any concerns we inform the registered manager and the GP surgery." Another staff told us, "We [staff] monitor and prompt people who have the capacity to self-administer their medicine. If you have to assist someone, you have to have authorisation from the GP. If you notice any errors you must inform the registered manager immediately."

We looked at people's Medicine Administration Records [MAR] sheets and found these detailed, people's name, date of birth, prescribing GP, medicine, dose and route. Records showed people were either prompted or reminded to take their medicine or had their medicine administered by staff. Where there had

been an error in the recording of medicines, the registered manager took responsive action to minimise the risk of repeat incidents. For example, staff were supported to complete a medicine error report form. This detailed the nature and description of the error, who has been notified and action taken as a result of the error. Dependant on the nature of the incident, staff would be offered additional support and training in safe medicine management.

The service had a robust system in place to ensure the recruitment of suitable staff. We looked at staff personnel files and found the service had carried out the necessary pre-employment checks to ensure staff's suitability to work at the service. For example, staff files contained, references, photographic identification, proof of address and Disclosure and Barring Service's [DBS] checks. A DBS check is a check of someone's criminal record to enable providers to make safer recruitment decisions. Staff confirmed they had not begun working at the service until they had received a satisfactory DBS.

People received care and support from suitable numbers of staff to meet their needs. Following the initial assessment of needs carried out by the service, people were allocated with two staff for the first visit. The registered manager would allocate the correct staffing numbers in line with their support needs. One staff member we spoke with told us, "I do believe there are enough staff. If there's a problem we can raise this with the registered manager and additional support can be put in place quickly." Another staff member said, "If I found I needed help with supporting someone, this is arranged. You're not left to cope." A third staff member told us, "We are well staffed. Where needed we have double up visits mainly for health and safety reasons."



## Is the service effective?

### Our findings

People received care and support from skilled and knowledgeable staff that met their needs. One person told us, "Staff know their job well and I guess they are well trained." A relative told us, "Staff seems experienced and well trained. We have no concerns." Another relative told us, "They [staff] get on with their jobs as they should. They are confident at what they do. They look after my [relative] very well and we are happy. They are good at the job." Staff received on-going training to meet people's needs. One staff member told us, "There's a lot of training that we do, you always learn something or refresh your knowledge. I haven't needed to, but I could request additional training if I felt it would help me in my role." Another staff said, "I have had a lot of training, there's National Vocational Qualifications [NVQ's], safeguarding, medicines and mental capacity training." We found staff had undertaken a wide range of mandatory training and person specific training, for example safeguarding, fire safety, reablement, medicine management and lone working/personal safety. The registered manager had a training matrix that highlighted pending training to ensure staff were kept up to date at all times.

People were supported by staff that had undergone an induction. One staff member told us, "I have had my induction. I shadowed a more experienced staff member for about three weeks. It really did help me to learn my role and how to care for people. There was a lot to take on board but the induction could have been extended if needed." Another staff member told us, "I had a long period of induction before I started working. It was helpful. It prepared me and gave me the confidence I needed." We looked at the induction records for staff and found staff completed the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life ensuring all care staff are trained to the same standards. The standards were then assessed by a senior member of staff who confirmed the staff member was competent in caring for people safely and in line with good practice. We spoke with the registered manager who confirmed that the shadowing period for staff is tailored to their needs and is flexible in length.

People were supported by staff that reflected on their working practice and strove for improvement. One staff member told us, "We have regular supervisions." Another staff member said, "The supervisions are beneficial. You can speak about all areas of your work and discuss things that are you're concerned about. I talk about things I am doing well at and the registered manager asks if there is anything I think can improve the service." A third staff member told us, "I have had many supervisions, I can call them if I needed. The appraisals are where you talk about your achievements and areas you could work on to improve. I find them helpful to my role." We looked at staff personnel files and found staff received regular supervisions and annual appraisals. We found staff discussed their roles and responsibilities, training needs, support needs and goals were set for the next twelve months and reviewed at the next appraisal meeting. Where staff required additional support, this was documented and support was given.

People were supported by staff that were aware of their responsibilities in the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. 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. 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. One staff member told us, "If I have concerns about someone's ability to make decision, or someone refusing care, I will involve their family to see if there are others ways to support the person. I will also report it to the registered manager." Another staff member told us, "If I felt someone lacked the capacity to make an informed decision, I would inform the registered manager, the GP and their relatives. There could be a simple reason, maybe they have an infection and that can affect their decision making process. We [staff] would make sure we report any concerns."

People's consent was sought prior to care and support being delivered. Staff were aware of the importance of seeking people's consent to care and support. One person told us, "They [staff] listen to me and ask me before they do anything." A staff member told us, "If someone declines consent, we contact the office and contact their relatives. If the person has capacity we explain to them why we are seeking their consent, document the conversation and inform the registered manager. If they do not have the capacity to give consent, we follow procedure."

People were supported to have access to sufficient amounts of food and drink that met their preferences and nutritional needs. Staff were aware of how to raise their concerns regarding someone's decreased appetite or weight loss to ensure this was addressed by health care professionals. One person told us, "They [staff] help me to prepare food if I need it." A staff member told us, "I help to prepare light snacks or microwave meals. If I had any concerns about someone's appetite or weight, I would inform the registered manager, as they may need to have their food intake monitored and recorded on the chart. It's important that you try to ascertain the reasons why they may not be eating, and they may require Speech and Language Therapy [SALT] to help with swallowing."

## Is the service caring?

### Our findings

People received support from staff that were caring, compassionate and treated people with dignity and respect. One person told us, "They [staff] treat me extremely well." Another person said, "The staff are nice. They are caring and I am happy". A relative told us, "They [staff] treat us very well and respect us." Staff were aware of the importance of maintaining people's privacy and dignity wherever possible, for example when supporting someone with personal care. One staff member told us, "Dignity and independence are 'a must' for us when working with people and we have been trained in them and regularly discussed at team meetings."

People told us staff had sufficient time to support them and would spend time chatting to them. One person told us, "They [staff] arrive on time and stay the full course of their slot. They complete all they need to do and have time to chat with us." One staff member told us, "We [staff] have plenty of time to carry out our work and properly support people." The service provided reablement services, which meant staff were able to adjust the amount of time they spent with people depending on the needs of the individual. For example, if someone required additional support they were able to take that time to deliver the care. This meant that people were not restricted on the amount of time they received support from staff.

People had their confidentiality maintained. Throughout the inspection, we observed staff speaking with senior staff in a confidential manner ensuring others in the office were unable to hear the information being shared. This meant that people's confidentiality was respected. A staff member told us, "Confidentiality is about sharing information only with people who need to know, for example, team members or other people if authorised by the person." Another staff member said, "We [staff] need to keep people's personal information safe. You share information on a need to know basis." The registered manager ensured people's records were kept securely in a locked office in a locked cupboard to ensure people's information and records remained confidential.

People were encouraged to make decisions about the care and support they received, by staff that gave them information and explanations in a manner they understood. One relative told us, "I know the care my relative is getting. I was involved in planning and in the decision making and its going ok". A staff member told us, "If we ask people what they want to do, they will make that decision and we respect their decision."

People were supported to maintain and enhance their independence. The service provided a reablement service whereby people would receive care and support for a short time to gain their independence. One relative told us, "They encourage her and support her to be independent." One staff member told us, "Encouraging independence is the core of the organisation as a reablement service." Another staff member said, "We [staff] must encourage people to be independent, so that we don't do too much for them. We need to help build their confidence so that they are reabled."

People's health and well-being were regularly monitored by staff. Staff were aware of acting immediately on concerns regarding people's health. Records showed where concerns about people's health and well-being were identified, information was shared with health care professionals and guidance sought. Staff then

acted on the guidance given to monitor and maintain people's health.

## Is the service responsive?

### Our findings

People received care and support that was person centred and tailored to their individual needs. Prior to using the service an assessment is carried out. The assessment looks at all aspects of people's care needs including, communication, physical, mental and health needs, support network and concerns about their care they may have. From the completion of the assessment a reablement support and care plan is created. The support plan documents whether people are able to make day to day decisions, if people have given their consent to receive the service, what support people would like, when they would like the support and the level of support someone needs. For example, do they need prompting, support from one staff member or more than one staff member.

People were positive about their care plans and confirmed where possible they were involved in the development of their care and support plans. One person told us, "Yes, I have a care plan and I know about the support I get." Another person said, "I have a care plan and there are no problems with it." A relative told us, "We were involved in the process of the assessment and care planning. We knew what [relative] was going to be getting and are happy. There will be a review tomorrow so we can give feedback and make any changes if needed." People and their relatives were encouraged to be involved in the development of their care plan. Care plans were reviewed on a daily basis to reflect people's changing needs and ensure staff delivered care and support that met people's needs. One staff member told us, "The registered manager creates the care plan. We receive information about the person and the type of care they require. We read the care plan so we know as much as we can about that person and what we need to do to support them. It's about knowing the big and the little things that are important to people." Another staff member said, "Initially the care manager will create the care plan, then we [staff] update it on a daily basis. We inform the office of the updates at the end of the day and this is then shared with all staff in the team, regardless of whether they directly work with the person. We share information and discuss things together. The care plans set a goal to work towards, and we involve the person in the development of the care plan and where possible include the relative."

People were protected against the risk of social isolation and encouraged to participate in activities where appropriate. Where agreed in people's care package, people were supported to go shopping, go for walks and attend the local day centre. One person told us, "They [staff] help me with making appointments." A staff member told us, "We [staff] do ask people about their social needs and preferences. We talk to their relatives as well to gather information about the person's likes and dislikes and historical activities. We can arrange for people to have access to the local day centre. Occasionally we will go shopping for people. We need to be aware of the impact of social isolation and people could present as withdrawn or depressed if they are socially isolated."

People were offered choices about the care and support they received. One person told us, ""The staff do anything I want them to do and I am happy with it." Staff were aware of the importance of offering choices to people prior to care and support being delivered. One staff member told us, "If people can make choices, then they are in control. It's important that we offer choices or different options so they can make a choice." Another staff member said, "Whether it be making choices about clothing, food or drink, you should ask

people what it is they want."

People were aware of how to raise their concerns and complaints and were confident these would be addressed in a timely manner. We looked at the complaints file and found there had been no complaints received in the last 12 months. The service provided people with a leaflet on how to make a complaint, upon joining the service. For those that would find written format difficult to understand the service had the resources to create picture based complaints forms, to support people should they wish to raise a concern or complaint. We spoke with the registered manager who was aware of the correct procedure in managing complaints and concerns and seeking a positive resolution to those concerned in a timely manner. One person told us, "I have nothing to complain about. If I am unhappy, I speak to the manager and they call me back to deal with it and everything is now ok." A relative told us, "We know to call the manager if we have any problems but have no need to do that." Another relative said, "I know how to make a complaint if we are unhappy. I would call the manager. I am sure they would respond and try to resolve any concerns quickly." One staff member told us, "You have to record the information people share with you and inform the registered manager. I try to gather as much information as possible and ask them what would make things better."

## Is the service well-led?

### Our findings

People, their relatives and staff spoke highly of the registered manager and were happy with the service. One person told us, ""The registered manager is very pleasant and good and so are the staff." A relative told us, "The management have been supportive so far." Another relative said, "The manager is helpful and kind. They check up on us to see everything is going well." One staff member told us, "The registered manager is fantastic, proactive, easy going and one of the best managers I've had."

The service had clear values which were shared with all staff and evidenced in how people and their relatives spoke about the service. We spoke with the registered manager who told us, "Our values are to do the best for everyone that uses the service. To meet all their needs in a way that reflects how they want it to be delivered and is safe."

The registered manager operated an open door policy, whereby people, their relatives and staff could meet with her at a time that was convenient to them. People and their relatives confirmed they could speak with the manager should they wish. A staff member told us, "She [registered manager] never dismisses you. You can always contact her. You can walk into the office and speak with her. She's very supportive and listens to your ideas. She always asks us [staff] what we think and does take on board our views and acts on them." During the inspection we observed staff visiting the office to speak with the registered manager for advice and guidance.

The atmosphere of the service was one that was supportive and welcoming to all. One staff member told us, "It's a good team to work with. The registered manager is good and it's an open and inclusive environment. There is no 'them and us' culture, we are all aware of the hierarchy and I am happy to work here. We have a lot of responsibility and autonomy to make decisions." Another staff member told us, "The management are interested in us all and support us generally including our well-being."

The registered manager carried out audits of the service, which identified areas of improvement. Audits related to all aspects of the service, including risk assessments, the environment, training, medicines, supervisions and care plans. Audits were on-going and where issues were identified, the registered manager took decisive action to minimise the risk of repeat occurrences. The registered manager and senior staff also completed unannounced spot checks, this meant that they were able to directly observe staff delivering care and give immediate feedback on how to improve the care provided.

People benefited from a service that encouraged and sought partnership working. The registered manager actively encouraged involvement and guidance from other health care professionals. We spoke with the registered manager who told us, "We [the service] can do some really good work because of joint working. We work alongside the GP's, mental health team and Speech and Language Therapy [SALT] teams. Our offices are based in the local authority offices and we can therefore seek guidance and support from a wide range of health care professionals which benefits everyone."

People received a service that actively sought feedback on the delivery of care. The registered manager sent

out quality assurance questionnaires, which were given to people and their relatives to gather feedback on the service provision. Feedback was then analysed and a plan of action devised to address the identified issues. For example, feedback received around care visit times was looked at and how this could be improved for people. We looked at the recent feedback for the service and found the service received a 68% positive response. One comment from the feedback stated, "I was so grateful and thankful for all the help given to me by the carers who visited me on a daily basis. They were very kind and understanding of my needs."