

Plymouth City Council

Plymouth City Council Independence@Home Reablement service

Inspection report

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12 November 2019

14 November 2019

15 November 2019

18 November 2019

19 November 2019

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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

Plymouth City Council Independence@Home Reablement Service provides support with personal care to people living in their own homes. The service supports people for a period of reablement after being discharged from hospital following illness or injury. The service supports people to regain their independence with activities of daily living such as washing, dressing, meal preparation and other domestic tasks.

At the time of the inspection the service was supporting 105 people. This included a small number of people who had been assessed as requiring longer-term care and for whom alternative care provision was not yet available. The service was also supporting some people who were receiving care at the end of their life.

Not everyone who used the service received personal care throughout the period of time they were receiving support. Once people became independence with their personal care, the service supported people with domestic tasks until they are assessed as safe with these tasks, or if alternative support was required in the long-term. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People, staff and healthcare professionals told us the service was well managed. People received personalised care that promoted their independence and well-being. People told us the service focused on meeting their needs, protecting their safety and promoting their independence. People felt safe and well cared for. People's preferences were respected, and staff were sensitive and attentive to people's needs.

Staff were described as kind, caring and compassionate, and people said staff were well trained. Staff told us how much they enjoyed working for the service. They said they were proud of the support they provided to people and had a great sense of achievement when people regained their independence.

Risks to people's health, safety and well-being were assessed and management plans were in place to ensure risks were mitigated as much as possible. Staff were aware of their responsibilities to safeguard people.

There were sufficient numbers of staff employed to ensure people's needs were met. People were not provided with specific visit times but a time period, such as morning, lunchtime or evening. Staff were not restricted to a length of time they were required to be with people. As the service was a reablement service, staff spent as much time with people as needed to undertake the task people were being supported with. People and relatives told us they were happy with this arrangement. If they did require a visit at a certain time, for example, with time specific medicines or to be ready for an appointment, the service accommodated this. If staff were going to be very late, people said staff would contact them.

The service's aim was to "enable not disable" and people were fully involved in their assessments and the development of their care plans. People discussed their progress with staff which included looking at different ways to undertake tasks or to become familiar with using equipment to make tasks safer and easier. However, not all care plans held detailed information about what people were able to do for themselves, or specific guidance for staff about how to meet people's care needs. We discussed this with the registered manager and deputy manager who took immediate action to review and update people's care plans, and records where necessary.

Where people were supported with their medicines, this was done safely, and people received their medicines as prescribed.

Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. The registered manager maintained a service improvement plan and carried out regular audits and reviews of the service.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection This service was registered with us on 01/12/2018 and this is the first inspection.

Why we inspected This was a planned inspection based on the date the service registered with us.

Follow up We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 ●

Plymouth City Council Independence@Home 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an assistant inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 72 hours' notice of the inspection visit because we needed to make sure the registered manager would be available.

Inspection site visit activity started on 12 November 2019 and finished on 14 November 2019. We met with the registered manager, the deputy manager, administrative staff, care staff, and an occupational therapist. We also reviewed care records and those related to the running of the service. We carried out phone calls to people, staff and health and social care professionals involved with the service on 15, 18 and 19 November

2019.

What we did before the inspection

We reviewed information we had received about the service since its registration and we used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 13 people who used the service and eight relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, deputy manager, an occupational therapist, care workers and administrative staff responsible for co-ordinating care visits. Our contact details were made available by the service to each person receiving support and to staff to allow them to share their views about the service should they wish to do so.

We reviewed a range of records. This included six people's care records and a sample of medicine administration records. We looked at six staff files in relation to staff recruitment and supervision. A variety of records relating to the management of the service, including staff training, meetings and safety and quality audits were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they received safe care and support. Their comments included, "Definitely", "Goodness me, yes" and "Mum likes the staff and feels safe with them."
- People were protected from the risk of abuse as staff had received training in safeguarding adults. They were aware of their responsibilities and knew who to report concerns to about people's safety and well-being.
- The information given to people when they started to receive a service, provided them with guidance about what abuse is and how and to whom to make any concerns known.
- Healthcare professionals told us they felt the service was safe, not only in relation to providing safe care to people but also in ensuring the safety of staff.

Assessing risk, safety monitoring and management

- The service worked in partnership with Livewell Southwest, (a service which provides and supports integrated health and social care services) and their Home First initiative which is designed to help people return home from hospital as quickly as possible.
- Detailed assessments were undertaken by Livewell Southwest prior to people's discharge from hospital. These identified people's personal care needs, and any risks associated with their health conditions, such as falls or the management of diabetes. This enabled the service to plan their support appropriately and to ensure the person would benefit from reablement support. An additional assessment, by the Home First team and the service, was undertaken within two hours of the person returning home from hospital. This identified if people required any additional equipment to support their reablement, such as shower seats, perching stools and trolleys. If required, these were delivered on the same day.
- Records gave staff guidance on how to reduce risks while promoting people's independence. One person told us how staff make sure they are safe, they said, "The girls make sure I'm safe when I'm cooking, and also when I'm taking my tablets."
- The service employed an occupational therapist. They were involved in people's assessments and guided staff about how to meet people's needs in ways that promoted their independence and protected their safety and that of the staff.
- Risk assessments of people's homes ensured the environment was safe.
- 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

- All the staff employed at the time of the inspection had transferred from another care agency when

Plymouth City Council took over the management of the reablement service. The service had not recruited any new staff since registration. However, there were robust recruitment processes in place to ensure staff would be recruited safely. These included pre-employment checks, including police checks, and obtaining references to ensure staff were suitable to work with people who might be vulnerable due to their circumstances.

- There were sufficient staff employed to meet people's needs and to be flexible and responsive to people's changing needs and to supporting people new to the service.
- People were not provided with specific visit times but a time period, such as morning, lunchtime or evening. Staff were not restricted to a length of time they were required to be with people. As the service was a reablement service, staff spent as much time with people as needed to undertake the task people were being supported with. People and relatives told us they were happy with this arrangement. If they did require a visit at a certain time, for example, with time specific medicines or to be ready for an appointment, the service supported this. If staff were going to be very late, people said staff would contact them.
- Staff used their phones to scan when they arrived and left people's homes to allow the care co-ordinators to monitor how long staff were needing to spend with people and adjust their visit times accordingly. This system also alerted the service if a member of staff was running late.
- People and relatives said they received support from a consistent group of staff enabling them to get to know the staff well. One relative said this was "a great comfort" for her loved one and they had developed a bond with the staff.

Using medicines safely

- Most people managed their own medicines. Where the service supported people with medicines, this was managed safely, and people received their medicines as prescribed.
- Only staff trained in the safe administration of medicines and who had been assessed as competent, administered medicines to people.
- Where people took medicines 'as and when required' or required topical medicines such as creams for skin protection, staff were provided with guidance about when they should be administered.
- Audit checks and observations ensured records were fully completed and staff's practice was safe.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. Staff had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- People and relatives told us staff supported them to keep their home clean.
- Staff had attended infection control training.

Learning lessons when things go wrong

- The registered manager told us they were keen to learn from people's and staff's experiences of receiving and providing support.
- Evidence was available to show when something had gone wrong the registered manager responded appropriately and used it as a learning opportunity.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments prior to and at the time of returning home identified people's needs and provided staff with information about how best to meet these needs in line with best practice guidance and people's preferences.
- The service's care co-ordinators and occupational therapist, as well as community health care professionals such as nurses, provided supervision and oversight of people's clinical and care support needs.
- Staff completed notes at each visit describing the support they provided and what the person had been able to do for themselves. This helped the service monitor and review each person's progress.
- Should people require longer term care, the service undertook additional assessments to determine people's needs in readiness to receive support from alternative care providers.

Staff support: induction, training, skills and experience

- Staff told us they received the training and support they required to meet people's needs effectively. One said, "The training is just great." Staff completed training in areas relating to personal care and health and safety. Learning was provided through face to face training and online training. Staff also had ongoing access to online training videos which covered a large number of topics related to people's care needs. Although the service had not recruited any new staff at the time of the inspection, processes were in place to support staff new to care to undertake the Care Certificate. This is a national induction for staff working within the health and social care sector.
- People and relatives said staff were well trained and knew how to meet their needs.
- Staff confirmed they received regular supervisions and appraisals, as well as undergoing direct observation of their practice and competency assessments of care tasks. This ensured staff could meet people's care needs, remained safe in their practice and reflected the service's standards.
- Staff said the management team were always there to give help and support if needed.

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

- People's ability to prepare meals was assessed, and care plans were created if staff were required to provide support with this.
- Staff knew to contact the office if they had concerns over whether people were eating and drinking enough. If necessary, an assessment, advice and guidance would be requested from appropriate health professionals.

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

- 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, community nurses and GPs to ensure people received appropriate care. If staff had concerns over people's health, they made referrals directly to the appropriate healthcare professional. One relative told us they were very grateful staff had recognised their loved one was not well and had contacted the GP on their behalf.
- When staff had notified the service that people were feeling unwell, the care co-ordinators contacted people later in the day to check how they were and to arrange follow up GP appointments if necessary.
- Staff completed records at care visits to ensure care remained consistent and staff knew how people's independence was progressing.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Each person who used the service had their capacity to consent to receive support assessed prior to receiving a service. Where people, particularly those requiring longer-term support, were unable to consent, healthcare professionals and relatives had made best interest decisions on their behalf.
- Staff had received training and were aware of the MCA principles. They knew to always ask for people's consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us they were supported by kind, caring and compassionate staff. Their comments included, "It's been wonderful. They're nice people and very helpful", "I'm very impressed with them all" and "The staff couldn't be nicer. They're very friendly and share my sense of humour."
- People's cultural and spiritual needs were respected. Staff had received equality and diversity training and understood how to deliver care in a non-discriminatory way, ensuring the rights of people with a protected characteristic were respected.
- Staff told us how much they enjoyed working for the service. They said they were proud of the support they provided to people and had a great sense of achievement when people regained their independence. One member of staff said, "I love to know when I've closed their front door that I have given them the best possible care" and another said they were "thrilled" that someone who had been told they would not be able to walk again, was able to do so.

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

- People were encouraged to express their views about what they wanted to achieve through their reablement support. They identified the goals, contributed to their care plan and reviewed their progress with the staff and care co-ordinators.
- Each person received an information pack containing information about what to expect from the service as well as 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. One person said the staff were "Really lovely people, excellent. They can't do enough for you."
- 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. One person said, "They are called enablers and live up to their name too. They have supported me every step of the way and gave me back my confidence. I can't praise them enough." One member of staff told us, "It's about supporting people to do things for themselves, not doing things for them" and another said, "We're here to promote their independence, protect their dignity and give them choices."
- Staff were proud to tell us of the success and progress people had achieved with their support. One said, "It is a sense of achievement for me and when you have been going to see someone for a while and then they start to do things for themselves."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager told us the service's aim was to "enable not disable", and a member of staff confirmed this and said, "The ethos of promoting independence is something I strongly believe in."
- People had been fully involved in their assessments and the development of their care plans to ensure support was provided for their specific goals in line with their preferences. People discussed their progress with staff which included looking at different ways to undertake tasks or to become familiar with using equipment to make tasks safer and easier.
- However, not all care plans held detailed information about what people were able to do for themselves, or specific guidance for staff about how to meet people's care needs. For example, one person's care plan did not describe how staff should care for their catheter. In another, for a person who was only able to stand for a short period of time, there was no guidance about how staff should support them with washing and dressing.
- The registered manager told us all staff had been provided with an 'Independence at Home Goals Plan' reference document which described good practice principles when providing support with a number of daily living tasks. These included washing and dressing, medicine management, mobility and meal preparation. Although these provided staff with step by step guidance, this was not personalised, nor did it guide staff about what to be observant for to indicate a person might be becoming unwell, such as from a urinary tract infection. We discussed this with the registered manager and deputy manager who took immediate action to review and update people's care plans, as well as the reference document where necessary.
- Daily care records completed by staff described what people had been able to do for themselves and where they still required staff support. Regular updates were provided to the care co-ordinators who maintained regular contact with people to review their progress.
- Where people were unable to regain their independence, the service referred people to healthcare professionals to arrange support for ongoing care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified through the initial assessment and staff were guided to ensure people had their hearing aids and glasses to support their communication. The service was able to

provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People and relatives had no complaints but felt confident they would be listened to if they did. They confirmed that had been provided with written information about how to make a complaint, and what action to take should they be dissatisfied with how the service had responded.
- Records of complaints were maintained, and actions identified to resolve issues. The registered manager reviewed all complaints and told us they used these as an opportunity to learn and make improvements.

End of life care and support

- The service was supporting a small number of people to receive end of life care at home. The service was working in partnership with relatives and community healthcare professionals to ensure people received a dignified and pain-free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received personalised care that promoted their well-being. People told us the service focused on meeting their needs, protecting their safety and promoting their independence. One person said, "They can't do enough for you. They always ask if there is anything else you need before they go. They have a smile on their face when they come and have smile on their face when they go. I'd give them 20 out of 20." Staff told us they listened to people to understand their needs and placed them at the forefront of everything they do.
- People, staff and healthcare professionals told us the service was well managed. One person said they were "very impressed" with the professionalism of the service and other people referred to the service as "excellent" and "tremendous". Healthcare professionals said the service was responsive, flexible and approachable. One said the service "never said no" but looked at ways it could support people.
- 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; Continuous learning and improving care

- The registered manager was supported by a deputy manager, a team of care co-ordinators and an occupational therapist. Each understood their responsibilities and there were clear lines of accountability.
- The registered manager kept up to date with best practice by attending care forums and subscribing to newsletters, such as that from the National Institute for health and Care Excellence (NICE). They shared this information with the staff team through regular meetings. These also provided opportunities to reflect on how to improve the service and reviewed staff's knowledge.
- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. The registered manager maintained a service improvement plan and carried out a regular audits and reviews of the service. They confirmed they would strengthen the framework for records in relation to care planning content.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were asked about their progress and for their views about the service via phone calls and home visits. Records showed people were happy with the service they were receiving. Comments included, "The staff are a real credit to your company and make mum feel like a person, not a task" and "Staff went above and beyond their roles as carers."
- Staff told us they felt listened to by the registered manager and enjoyed working for the service. One member of staff said, "This is the best company I have ever worked for." The service recognised staff's good practice and notified them through a 'thank you' email when they had received praise from people.
- People and staff's protected characteristics were considered and respected.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care and support.