CareQuality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

City of London

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 September 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and talked with other authorities.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service and the staff told us, what we observed and the records we looked at. We visited two people who used the service. We spoke with the assistant director for People Services, the service manager, two care workers and their line manager. We also spoke to a social worker and looked at six care records.

Is the service safe?

Care workers were trained as 'Trusted Assessors" which meant they could ensure equipment used was fit for purpose. They had been trained in safeguarding awareness and could demonstrate their knowledge of this to us. The service manager told us how "the Reablement team is embedded in the wider social care team and we all share our expertise around safeguarding and protection of vulnerable people." A person who used the service told us "my illness made me feel so vulnerable but my support workers helped me to feel totally safe with them."

Is the service effective?

We spoke to those who used the service and were told they were happy with the care provided. Staff told us they understood people's care and support needs and said they referred to the support plan at all times. One person who used the service told us "the service is staggeringly good." Staff had received training to meet the needs of the people whom they supported. There was knowledge of the person's needs gathered prior to discharge. In this way, the service was able to plan the most effective means to support the person when they returned to their home. We saw on one feedback form a person had written "the support speeded up my recovery towards independence."

Is the service caring?

A care worker told us "the best bit of my job is seeing people regain their independence, I love that." We were told how respect for the dignity of the person was observed and how permission was sought before any personal care was given. Before a service started, an assessment of the persons needs was carried out and a care plan was developed to meet those identified needs. One person who used the service told us "I was not used to being dependent upon anyone else, but the workers have been so sensitive to this and have been very kind without being patronising."

Is the service responsive?

People's needs had been assessed prior to hospital discharge in order to meet them effectively in their own homes. Records confirmed people's diverse needs and care and support had been provided, which met their wishes. A manager told us "the service is very flexible in order to maximise peoples' chances of improving." A local authority social worker told us "the Reablement service responds so quickly, especially at times when there is tremendous pressure from the hospital to release a bed."

Is the service well-led?

Staff had a good understanding of the philosophy of the service. They told us they were clear about their roles and responsibilities. Quality assurance processes were in place. We saw completed quality assurance forms [Satisfaction Survey] on the records of those who used the service. A local authority social worker told us they were asked for their verbal feedback. Care workers told us the management team were available to them at all times and "very supportive." A person who used the service told us "I can pick up the phone at any time to speak to a manager."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

There was one person using the service at the time of our inspection. We reviewed their care plan, and those of six others who recently used the service. We saw how information was presented in a clear and accessible way and care plans showed people's needs were assessed and care was planned and delivered in a person centred way. A manager told us the care workers [reablement coordinators] assessed those new to the service, and ensured this assessment took place on the day of discharge from hospital. Where there were complex needs, the assessment was done in hospital in conjunction with the hospital staff. If there was doubt about a person's Capacity to make a decision, their Capacity was formally assessed prior to leaving hospital. One care worker told us the hospital supplied background information and they then met with the person "as soon as possible upon discharge from hospital." They told us how the person was "always at the centre of their own care." A person who used the service told us they were assessed at home one hour after they were discharged from hospital. They told us "I was given very clear information and instructions. The care worker discussed with me the type of support I needed. I can't believe it was so good."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The initial assessment which formed the care plan included goals and care objectives; medication; infection control; health and safety considerations; environmental hazards and identified daily tasks. We saw how the daily activities of the care worker were noted in the care plan. We saw there was a summary at the end of each week, and any progress made by the person who used the service was noted. For example, it was documented how a person had regained the ability to wash independently, which led to a reduction in support hours. A care worker told us of a person who acquired the manual dexterity to use a knife which meant they could assist in preparing their own meals. A person who used the service told us how "all along, the worker set me realistic goals and I could work at my own pace. I am sure that is why I am making good progress." In this way, the provider was able to deliver care, which centred on those who used the service as individuals and which reflected their changing needs.

An administrator told how they had frequent contact with District Nurses and attended a neighbourhood community meeting to learn who was in hospital and therefore likely to require a service upon discharge. During our inspection, we heard numerous telephone calls being made to other agencies where information was being shared appropriately and in a respectful manner. We were told how there was continuity of care and support for those who used the service as a result of effective communication between all those who provided it. A social worker told us how the Reablement team members were able to accurately identify those who required continuing services, following the six week intensive period of support offered by the Reablement team. This meant that early planning by the social work team was possible in order to initiate further social care interventions.

We visited a person who used the service and looked at a folder which contained their care plan, a signed record of the worker activities, emergency contact details, aims and objectives of the support and how to make a complaint. Care plans were reviewed each week during a meeting with the care workers and their line manager. We saw any actions from these reviews had been followed up. For example, if people's needs changed their support hours were altered in response to this. A person who used the service told us "sometimes I do not want to do what has been planned and the support workers are always so responsive." A manager told us in cases where a person became more unwell, they were immediately referred onto other services which provided longer term care. This showed that care and treatment was planned and delivered in a way which was intended to ensure people's safety and welfare.

Staff we spoke with told us how they would deal with an emergency, depending on the type. They said that in addition to dealing with the emergency they would also inform their manager. We saw on record staff had received First Aid training. This showed us that there were arrangements in place to deal with foreseeable emergencies.

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We saw recorded on care plans a person's ability to eat and drink and whether they had any special dietary needs. The level of support they required was identified and could include prompting or guiding the persons hand on the spoon or fork. Since the focus of this service was on reablement, the majority of those who used the service could eat and drink independently. A care worker told us how they helped those who had previously used the service, to eat. They demonstrated awareness of people's individual food choices and needs, including people on special diets due to diabetes. They also told us how they encouraged those to whom they offered support to drink sufficient amounts of liquids for their needs. One care worker told us how a person who used the service did not like to drink water. They offered them alternatives such as squash or flavoured teas. In other situations, they provided a flask of tea for the person to sip during the day. In this way, people were supported to be able to eat and drink sufficient amounts to meet their needs.

In cases where a person's care plan included being supported to regain their ability to prepare food, a support worker told me they discussed with the person healthy alternatives prior to assisting with simple food preparation. They also told us they observed a person's weight and gave an example of where they contacted the GP to report rapid weight loss.

One person who used the service told us their care worker heated their meals for them and encouraged them to eat. They also said "my care worker always checks my fluid intake and replenishes my glass before they leave me."

The provider may wish to note that the support workers last did training on food hygiene in 2010.

Cleanliness and infection control

✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We noted from the records of people using the service, people's individual risk assessments contained information and guidance for staff on how to prevent and control the risk of infection of known risks.

There were effective systems in place to reduce the risk and spread of infection. Most people who used the service were recently discharged from hospital, and therefore were often vulnerable to infection. We asked staff how they minimised risk of infection and cross contamination. A manager told us all staff had been supplied with personal protective equipment [PPE] such as gloves and aprons. One care worker told us they used a combination of gloves, aprons, sanitisers and shoe covers when supporting a person. They then disposed of these in a separate bag. They also washed their hands thoroughly, according to guidelines. A person who used the service told us their support worker always "gowned up" prior to assisting with personal care. We observed copious supplies of aprons and gloves in the office and in the home of those people who used the service. Care workers told us they had received training in infection control. We looked at their training records and the provider may wish to note that the most recent training done in this area was in 2010.

Management of medicines

✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Those persons suitable for support from the Reablement service were identified as having the capacity to regain their independence following an intensive period of input and were self-medicating. All of the care plans we looked at confirmed this and consequently, care workers did not administer medication.

We were told the hospital pharmacy issued medicines in blister packs upon discharge. Since the person took responsibility for their own medication, there was no MAR [medicine administration record] sheet to be filled in by the support worker. However, a care worker told us how on occasion they observed the person they supported taking their medicine and they recorded this on their notes. If a situation occurred where they had to remind the person to take their medicine, this was also recorded. We were told how the GP would be contacted for advice if it were apparent the person regularly forgot to take their medication or stated they no longer wished to take their medicine.

A person who used the service told us they required no assistance to take their medication "but I know my care worker worries about me and will ask me whether I have taken it."

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider ensured that staff had appropriate training to check it was properly maintained and they could use it correctly. A manager we spoke with told us the care workers were trained 'Trusted Assessors' which meant they had specialist training to assess persons for basic equipment such as commodes, bathing and toileting equipment, grab rails and bed raises. A care worker showed us their certificate which confirmed this training was up to date. They told us they monitor the condition of the equipment and would reorder as necessary "I want those I support to be safe and comfortable." A care worker told us of a time when the brakes on a commode broke and they immediately reordered a new one. They also told us they had a full discussion with those whom they supported about the sort of equipment they might require and how it should be used "I want them to be safe, and at the same time, to be as independent as possible."

A care worker told us they often had to transfer those they supported, either from bed into a chair or wheelchair or the shower. They demonstrated to us their knowledge of how to do this safely and showed us their certificate for manual handling. They told us how they always informed the person before they performed any manoeuvre. A person who used the service told us "I feel completely safe in their hands. They transfer me gently and competently."

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people received. The agency provided personal care services to a small number of people over a short period of time, usually for six weeks. A manager told us quality assurance checks were done in the weekly team meeting, when the case of each person who used the service was discussed. We saw a record of these meetings and noted how a progress update was given on each person who received support. They also told us they did home visits and met with the person. We spoke to the Assistant Director of People Services who told us they "quality assured the Reablement service by accompanying the workers to visits on occasion and observing their activities." A care worker told us they knew they were doing a good job when "I get positive feedback from my person and when they make good progress."

When the service came to an end, those who used the service were given a 'Satisfaction Survey' to complete. We looked at 10 of these responses and noted comments such as "the carers were always very helpful and encouraging, willing to let me do things for myself" and "I received a really excellent service, for which I am very grateful."

Where there were comments requiring follow up, we saw that these were responded to appropriately. The manager we spoke with showed us one such comment and a record of how it was dealt with.

We saw there was a complaints procedure and people were made aware of this when the service started. There were no complaints recorded at the time of our inspection. We were told by a manager there had been no adverse events, incidents, errors or near misses recorded at the time of our inspection. A person who used the service told us there was good communication with the office and showed us a list of numbers which they knew they could use. They also said "I can't imagine I would ever have a complaint to make because they are all so good."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✗ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✗ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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