

Leeds City Council

# Community Support Skills - Central

## 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

Community Support SkILs – Central is a Domiciliary Care Agency that is registered to provide personal care and support to people who live in their own homes. The aim of the service is to provide a short period of time limited rehabilitation and reablement (usually for a period of six weeks), to help people remain living in the community and be as independent as possible.

This was the first time the service had been inspected at this location. At the last inspection the service was compliant with regulations, when it was based at various other locations across the city of Leeds. At the time of the inspection the service was providing personal care and support to 177 people who used the service.

There were two registered managers for the service. 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.

Recruitment procedures had been followed to ensure reablement staff were safe to work and did not pose a potential risk to people who used the service. A range of assessments were completed to enable reablement staff to safely support people and encourage them to be as independent as possible. Reablement staff had received training about how to recognise and report potential abuse and ensure people who used the service were protected from harm. People who used the service were encouraged to take responsibility for managing their own medicines and training on medicines support had been provided to ensure reablement staff knew how to safely carry out this aspect of their role. People were provided with a range of equipment to help keep them safe and were provided with information about how to contact the service out of normal office hours and in emergency situations.

People who used the service were supported by reablement staff who were reliable, friendly and provided support in a consistent way. A range of training was provided to ensure reablement staff were able to effectively carry out their roles. Reablement staff received regular supervision and appraisal of their skills to enable their performance to be monitored and help them develop their careers. People told us reablement staff communicated with them in a considerate and courteous way and ensured their consent was obtained before personal care and support was delivered. Reablement staff involved health and social care professionals in the community when this was required, to ensure people's medical needs and wellbeing was promoted.

People were supported to be as independent as possible by reablement staff who respected their confidentiality and maintained their personal dignity. People were treated with kindness and sensitivity by reablement staff who involved them in making decisions about their support to enable their wishes and feelings to be promoted.

People were assessed to ensure the service was able to meet their needs in a way they understood and had agreed. Reablement staff demonstrated a positive understanding of working with people's individual strengths and preferences to enable them to achieve their personal goals. People who used the service were able to raise concerns and were confident the registered provider would investigate and resolve these, wherever possible.

Governance systems were in place to enable the quality of the service to be monitored. Regular meetings took place to ensure reablement staff were aware of their professional roles and responsibilities. Management support and feedback to reablement staff was provided in a way that was constructive and enabled them to positively question their practice. People who used the service were consulted and encouraged to share their views to enable the service to develop and continually improve.

## 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.

Reablement staff had been safely recruited and understood their responsibilities to recognise and ensure people who used the service were protected from potential abuse.

Reablement staff had been trained to support people with their medicines in a safe way.

Risks to people who used the service were assessed to enable reablement staff to manage these safely and protect people from harm.

Incidents and accidents were monitored to enable their potential reoccurrence to be minimised.

### Is the service effective?

Good ●

The service was effective.

Reablement staff worked in partnership with people to enable the quality of their lives to be promoted and help them achieve personal goals.

Reablement staff received regular supervision and appraisals of their skills and a range of training opportunities was provided to enable them to effectively carry out their roles.

People's consent was obtained before personal care was delivered. People were involved in making decisions concerning their support to ensure their wishes and preferences were respected.

Health professionals were involved when this was required to ensure people's medical status was promoted.

## Is the service caring?

Good ●

The service was caring.

People told us reablement staff treated them with kindness and encouragement to help them to achieve their aspirations.

People's individual needs were met in person centred way that focussed on their individual strengths and areas for personal development.

Specialist equipment was provided to help people's dignity to be promoted and enable opportunities for their wishes for self-control and independence to be maximised.

## Is the service responsive?

Good ●

The service was responsive.

People's needs were delivered in a personalised way and reviewed in partnership with them to enable their independence to be promoted.

Reablement staff supported and encouraged people to follow their interests and be involved with the community in order to reduce potential risks of social isolation.

A complaints policy was in place and people knew how to raise a concern or complaint if required.

## Is the service well-led?

Good ●

The service was well-led.

The registered manager understood their responsibilities to report notifiable incidents when required.

Reablement staff were encouraged to question and reflect on care practice. Reablement staff told us communication with them was good and that the registered manager listened to their views.

Systems were in place to enable the quality of the service to be monitored and address shortfalls where required.

People's feedback was obtained to help the service continually improve.

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# Community Support SkILs - Central

## **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.

This announced inspection took place on the 15th, 28th, 30th June 2017 and on 6th July 2017; when we completed phone calls to people We gave the service 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be available to support the inspection. The inspection team consisted of one adult care inspector.

Before our inspection visit we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and checked if we had received any concerns or compliments. We contacted representatives from the local authority for their views about the service.

During the inspection we made a visit to the registered provider's office and spoke with a disability service manager, the registered manager and the registered business manager for the service, together with staff who were based there. We also spoke with seven members of reablement staff, a senior support worker, two case workers and a team manager. We visited the home of one of people who used the service to ask them about the quality of provision they received. We subsequently contacted 15 other people who used the service or their relatives by phone in order to obtain their views.

We looked at the care files belonging to five people who used the service, four staffing records and recruitment documents together with information relating to the management and running of the service,

such as quality audits, minutes of meetings and performance reports.



# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt reassured by the service and that reablement staff supported and helped them keep safe. People said that overall, time keeping was good and that support was provided in a consistent way by a regular team of staff. They told us reablement support staff were friendly, kind and that they trusted and felt safe with them.

A relative commented, "[Name of person] is definitely safe. The reablement staff are really good. They come at the correct time and involve them in decisions about their support and how they would like it provided." A person who had recently finished using of the service told us, "I knew who was coming, which made me feel safe." Whilst another person said, "I am definitely happy with the service I received. The staff were lovely and made me feel safe, I couldn't ask for more."

People told us reablement staff did not rush, were considerate and provided their support in a flexible way to accommodate their needs where this was possible. One person told us how reablement staff had adjusted their visits to enable them to attend a hospital visit. They told us, "They definitely don't rush me and have been very accommodating and agreed to rearrange their visit to an earlier time to enable a medical appointment to be met."

People told us reablement staff liaised with other health and social care professional when required to help maximise their independence and enable them to be kept safe from harm. One person told us about equipment they were currently awaiting from the physiotherapy service to be delivered, whilst another person said, "They got in touch with occupational therapy to ensure I had a pendant alarm to press and raise assistance in emergency situations."

There was evidence reablement staff were appropriately checked before offers of employment were made and that safe recruitment procedures were followed, to ensure reablement staff did not pose an identified risk to people who used the service. Electronic staff files contained copies of staff pre-employment checks, including clearance from the Disclosure and Barring Service (DBS) to ensure staff were not included on an official list that barred them from working with vulnerable adults. The DBS carry out criminal records checks on individual's who intend to work with vulnerable adults, to help employers make safer recruitment decisions. Whilst we found the majority of staff had worked for the registered provider for a considerable number of years, the registered manager told us DBS checks were renewed every three years and that any potential offences were reported to management and discussed with staff in regular individual supervision meetings. We found that staff who had applied for vacancies relating to the recent internal reorganisation of the service had completed job applications and that employment references for them had appropriately been followed up. Checks of staff personal identity and past work experience were undertaken to verify and enable gaps in their history to be explored.

Reablement staff were clear about their roles and responsibilities to report potential issues of abuse, to ensure people who used the service were protected from harm. Reablement staff had completed

safeguarding training to enable them to recognise potential concerns and ensure they were familiar with different forms of abuse. Reablement staff confirmed they understood their duty to 'blow the whistle' about any concerns or incidents of poor practice. They advised they would raise potential concerns with the registered manager and were confident that action would be taken to follow these up. We saw evidence that safeguarding concerns were thoroughly investigated where required and measures put in place to address and minimise them from reoccurring.

We found people who used the service were encouraged to take responsibility for managing their own medicines and that reablement staff prompted and assisted them to take their medicines when was required. Training on medicines support management had been provided to ensure reablement staff knew how to safely carry out this aspect of their role. Where people were assisted to take their medicines by reablement staff, daily records and medication administration records (MAR) were completed to ensure people received their medicines as prescribed. We saw people's MAR were audited on a regular basis to ensure medication errors were minimised and action was taken when required. A member of reablement staff told us, "The service is really, really keen on reporting medicines incidents. We get pulled out and put on additional medicines training if we make any mistakes."

The service followed a policy of positive risk taking. A needs identification tool was used to assess potential risks to people, from which a personalised outcome plan (POP) was developed for them. We saw people's POP's highlighted their personal strengths and areas where support was required. People's POP's centred on their individual needs and included risks identified with moving and handling, medication, domestic environment and fire safety. We found people's POP's were monitored and updated as required and that progress reports were developed from these. This ensured reablement staff knew how to support people safely whilst encouraging them to be as independent as possible. There was evidence incidents and accidents were monitored to enable their potential reoccurrence to be minimised and promote people's safety.

There were suitable numbers of competent and skilled staff available to ensure people who used the service were supported safely. We found reablement staff worked in geographical patch based teams that were line managed by reablement team senior staff and coordinators. We found the reablement staff worked with multi-disciplinary social work teams and physiotherapy or occupational therapy staff, to ensure people's support needs were met in an integrated way. We found new referrals were screened by reablement team coordinators to ensure they were appropriate for allocation to enable people's support to be met in a planned and holistic way.

People who used the service confirmed they were provided with emergency contact details, to enable them to contact the service for emergency support, out of normal working office hours. We found reablement staff has been issued with smart phones to enable them to remain in contact with the office. We were told the service was in the process of procuring an improved system to enable reablement staff to log in and out when making visits. This would enable reablement coordinators to monitor the length of people's calls and ensure reablement staff were safe when out working on their own.

## Is the service effective?

### Our findings

People who used the service were overall very positive about the approach their reablement staff adopted with them and told us it enabled them to lead their lives in a way that they choose. People and their relatives said reablement staff knew how to support them well and that the quality of reablement staff was very good. One person said, "They (reablement staff) have the skills that are needed. We sit and discuss working in partnership together." Another person told us, "They (reablement staff) are gentle and efficient; they should get a gold medal."

Commenting about the approach to delivering support, a relative advised, "They don't do for him, they supervise and do what is needed. [Name of person] has done well and we are approaching the time when support is no longer needed. I can't speak too highly of staff."

People told us reablement staff listened and involved them in making decisions about their lives. They told us reablement staff communicated with them well and explained things clearly to enable them to understand and make informed choices about their support. Reablement staff demonstrated a good understanding of the need to obtain consent from people who used the service, before carrying out interventions with them. People said decisions about their support were discussed and agreed with them at the start of their use of the service, to ensure their wishes and feelings for this were respected.

Reablement staff confirmed they were aware of the principles of The Mental Capacity Act 2005 and understood the requirements of this to ensure people's legal and human rights were promoted and protected. 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. We checked whether the service was working within the principles of the MCA and found people's liberty was not being restricted and that the registered manager understood their responsibilities in relation to the MCA.

There was a training programme in place to enable reablement staff to be equipped with the skills required to effectively carry out their roles and be clear about what was expected of them. We found the training programme was supported by the training department of the corporate registered provider and that a wide range of mandatory and specialist courses were delivered to enable staff to perform their work. The registered manager told us an induction programme was available that was based around the requirements of the Care Certificate. (The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.) We found the registered provider had not yet formally signed up to the Social Care Commitment. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. We saw action was taken by registered manager to

escalate this matter with a request that this was appropriately addressed.

Reablement staff were very positive about the training they received and demonstrated consideration and empathy for people who used the service and displayed confidence and knowledge about their skills. We observed reablement staff had a good understanding of the issues faced by people who used the service. A member of reablement staff told us, "It's all about choices and about what the customer needs and wants."

Reablement staff confirmed they were well supported and were keen to tell us about their training and development skills. One told us, "I feel so much supported and there's always someone available at the end of the phone. We get reminder letters and emails about supervision and any training that is due, I have just requested additional training on brain injury and swallowing and we can do eLearning as well." Another said, "You can't knock the training, if there's anything specific it can be arranged. I was able to ask for a course and was put on it within a few weeks" whilst another commented, "We do training off site and learning into practice and reflective learning. We get together as a team and help each other. If we have a problem we can contact seniors or supervisors."

We found reablement staff training was monitored by the registered manager and that updates were arranged to ensure their skills were refreshed when this was required. We found reablement staff were encouraged to undertake nationally recognised external qualifications to help them develop their careers. Reablement staff told us they received regular supervision and appraisals of their performance. We saw this involved individual meetings with senior staff, regular team meetings and unannounced direct observations known as WASPs (witness, assimilate, supervise and proficient) in order to assess essential competencies of their practice. A member of reablement staff told us, "They are always checking our visits, which is a good thing and helps keep us on the ball."

The care records belonging to people who used the service contained evidence of preventative action taken to ensure their health needs were appropriately supported. People told us reablement staff involved community healthcare professionals, such as physiotherapists, occupational therapists; GP's and district nurses, when this was required.

We found people's nutritional needs were supported by reablement staff. Reablement staff told us they provided emotional encouragement and practical assistance to ensure people maintained a healthy diet. One person told us, "They encourage me to eat and arranged for a dietician to see me yesterday."

## Is the service caring?

### Our findings

People who used the service commented positively about the approach that was adopted by their reablement staff. They told us reablement workers were flexible and familiar with their individual preferences and upheld their personal dignity. People told us reablement staff were compassionate and kind and respected their wishes whilst promoting their independence. Commenting on this, one person said, "One thing I like is that they are always smiling. They certainly help me to be independent and provide companionship and we can have a joke and a laugh." Another person said, "My carers are really lovely. They are polite and respectful. They give me choices and help me to shower, wash and prepare my meals, but they let me do as much for myself as I can."

People who used the service confirmed they were provided with information to help them understand the role of the service and who to contact if they needed support in emergencies. People's care records contained assessments about known risks and personalised outcome plans, together with individual progress sheets that were evaluated to enable their support to be reviewed on a weekly basis. This enabled alternative sources of support to be identified, such as provision of equipment or need for further longer term support, helped people's abilities for self-control to be developed and enabled their independence to be maximised.

People advised they were provided with aids and adaptations to help develop their skills and promote their personal wellbeing. People told us reablement staff communicated and involved them in setting goals, which helped them feel a sense of personal achievement. Speaking about their role, a member of reablement staff told us, "It used to be about doing for people, rather than supporting people." They went on to tell us, "It can sometimes be hard to take a step back, but we mustn't take away people's independence."

The registered manager commented, "Staff undertake training which covers caring, dignity, choice, control and people's preferences, which supports them to work in a person centred way. Supervisors carry out observations to assess staff behaviours, attitudes, relationships, the maintenance of dignity, customer involvement and how support is carried out. We ensure staff are trained to respect individual cultural and religious beliefs. Staff are provided with information in their staff handbook and code of practice which outlines expected behaviour and practice."

Reablement staff told us communication with the office was good. We found personal smart phones had been recently issued to enable reablement staff maintain office contact and pass on and receive information when this was required. There was evidence information about people was securely maintained in the office and that details about people's support was electronically stored on password protected computers.

Reablement staff were very positive about their role and told us they enjoyed working for the service. A member of reablement staff told us, "I have been really keen on the idea of reablement and promoting

independence. I have been out today to visit a gentleman who was absolutely happy for the service to finish, as they had achieved their goals." People who used the service said reablement staff interacted with them in a friendly and encouraging way. They also told us that whilst their support had been provided for them, it had also helped their relatives have peace of mind and enabled a break from their caring role.

## Is the service responsive?

### Our findings

People who used the service confirmed they received a service which was personalised to meet their individual needs. Everyone we spoke with said they had details and knew how to raise a complaint if this was required. People told us they had confidence any concerns would be appropriately addressed when required. Comments from people included "I have no complaints, I am more than happy, the service is absolutely brilliant" and "They are excellent to a word, we have no concerns whatsoever."

Some people told us communication with office concerning changes to times and reablement staff who visited them could sometimes be improved. One person said, "They once sent a new carer, who was an hour late and I was not informed, but this was later resolved." Another told us, "I was not happy because they sent a male carer on two occasions." This person went on to tell us however, this issue was satisfactorily addressed and they commented, "I couldn't wish for a better service."

A complaints policy was in place to ensure the concerns of people who used the service were listened to and resolved wherever possible. We found this included acknowledgement and response times, as well as what action to take if the complainant was not satisfied with the outcome of a complaint investigation. We found information about how to make a complaint was supplied to people at the start of their use of the service. We saw the registered manager took action to follow up people's concerns and used complaints or feedback as an opportunity for learning and improving the service. Systems were in place to enable people to provide details on their experiences or raise issues when this was required, including use of formal surveys at the completion of their use of the service.

Reablement staff demonstrated an empathic consideration for what mattered and was important to people who used the service, to ensure they were supported in a way that met their individual needs and took account of their wishes and preferences. People told us reablement staff were flexible and that visits were adjusted where possible, to ensure their differing and individual needs were appropriately supported. The registered manager told us, "We can make changes to visits to meet customer needs without seeking prior permission from care managers. This enables the service to adapt the number and duration of visits as necessary." There was evidence the service liaised with a range of community health and social care professionals for advice and support when required.

People confirmed reablement staff had a good understanding of their individual needs and helped them develop their sense of confidence and self-esteem, in order to maximise their independence. Reablement staff advised people were encouraged to pursue their personal interests and hobbies and participate in the local community, to reduce of potential risks of social isolation and enable their wellbeing to be positively promoted.

We found people received a service that was individualised to their needs which focussed on their abilities and personal strengths, together with areas for potential development. People told us reablement staff involved them in decisions about their support to ensure their wishes for independence and self-control

were promoted. The care files of people contained assessments of their identified needs and personalised outcome based plans of support, together with evidence of their agreement for how this was delivered. We found people's needs were reviewed weekly, to enable their progress to be monitored and evaluated. We saw people's assessments covered areas of known risks such as skin integrity, mobility and falls to help staff promote their personal safety.

At the time of our inspection visits the service was in the process of an internal reorganisation, which planned to enable improvements to be delivered for the benefit of both people who used the service and reablement staff. A member of reablement staff told us, "The restructure is definitely a positive development, because senior staff will have more time and contact with customers and we will have more input." Another reablement staff member commented, "I've just completed a 'learning into practice' with the senior staff about the reorganisation of the service. I feel the changes being introduced are all for the good, as it will enable senior staff and case workers to have more contact with the customer and make the service more responsive to their individual needs."

The registered manager told us a member of their staff was currently working on a pilot scheme to jointly integrate health and social care services based at the local hospital. They advised they hoped this would improve partnership working and help people's transition between services to be met in a more integrated way.



## Is the service well-led?

### Our findings

People who used the service, their relatives and staff told us they felt the service was well led. People confirmed they were consulted and had confidence in the service. One person told us, "You can't fault the service or staff" whilst another said they were, "Over the moon with the service."

Governance systems were in place, together with administrative structures to enable the aims of the service to be delivered, whilst enabling learning and development. We found these systems enabled the quality of the service to be monitored and ensure it was well led. There was evidence a comprehensive range of audits were carried out of different aspects of the service, together with management reports that covered a range of key performance indicators; such as incidents and accidents, missed calls, people's medicines support, staff training and development, compliments and complaints, people's care records and health and safety issues. This enabled trends and patterns to be analysed and help improvements in the service to be implemented.

The registered manager had appropriate knowledge and experience and was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents and accidents, together with other notifiable events that occurred during the delivery of the service.

We found both the register manager and staff were passionate about their roles and understood the need to involve people who used the service. We saw that feedback from people was obtained following their use of the service to enable it to learn and develop. The registered manager told us, "The service produces a report which collates all the answers from both the quality assurance checks and the service performance checks completed in the year. The results of the surveys are reviewed and discussed by the managers to look at ways in which the service can continue to improve the service delivery."

Reablement staff reported confidence in the management and said that management style was open and approachable. A member of reablement staff told us, "The management support is good. If we have any problems we can go to them about anything." Another commented, "My local team manager is very supportive, they ensure I don't feel a lone wolf and have a support network in place."

Reablement staff advised they had good communication within the service, which enabled them to keep up to date with developments. They told us about meetings that took place which enabled leadership and direction to be provided and ensured they were clear about their roles and responsibilities, whilst upholding the values of the service. A member of reablement staff told us how the recent reorganisation had enabled them have more contact and input for advice from multi-disciplinary colleagues in the local community to which they were based.

There was evidence the service placed a high importance on the development of an open and inclusive staff culture, which encouraged them to question and reflect from 'Learning into Practice' sessions that were arranged. Reablement staff told us the management listened to them, was fair and constructive. We saw

evidence of regular meetings with individual staff to enable their behaviours and attitudes to be monitored and their skills to be appraised.