

## North Yorkshire County Council

# Dales Reablement Service

### Inspection report

Unit 4 Swaledale House, Bailey Court  
Colburn Business Park  
Catterick Garrison  
North Yorkshire  
DL9 4QL

Tel: 01609536682

Website: [www.northyorks.gov.uk](http://www.northyorks.gov.uk)

Date of inspection visit:

21 January 2019

29 January 2019

Date of publication:

27 February 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place between 21 and 29 January 2019 and was announced.

Dales Reablement Service is a domiciliary care agency. It provides personal care to people living in their own houses and flats to predominantly older people through a short-term assessment and reablement program. This offers short-term support to help people regain their independence after an accident or ill health, or to help those with a disability remain independent.

At the time of inspection 14 people used the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Safe recruitment processes were followed. New staff received a thorough induction to the service and were supported with regular one to one supervisions and observations. A thorough training program was in place to ensure staff had the skills and knowledge to carry out their roles. Staff were encouraged to continuously develop.

Staff had a thorough understanding of the different types of abuse and action they should take to report any concerns to protect people from harm. Where risks to people were identified, appropriate plans to manage these were in place and regularly reviewed as people's independence developed.

People told us staff followed good infection control practices and the provider ensured personal protective equipment was readily available.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Consent to care and treatment was recorded and staff respected people's choices.

People were supported, where needed, to maintain good food and fluid intake. Staff were able to provide support in relation to meal preparation if this was required. Care records clearly detailed the level of supported people required whilst encouraging, promoting and developing people's independence.

People told us they were actively involved in the planning of their care and goals and outcomes they wished to achieve. Care records contained person-centred information. Regular care reviews had taken place to monitor the progress people were making.

People told us staff were kind and caring and treated them with dignity and respect. Staff were

knowledgeable about peoples likes, dislikes and preferences and positive relationships had been developed. Staff provided advice on where aids to maintain independence could be sourced and would be of benefit to people.

There was a registered manager in post. Staff told us they were supported and valued by the management team who were described as friendly, approachable and responsive. The registered manager was keen to share best practice and learn from mistakes. People were asked to provide feedback on the service provided and knew how to raise any concerns or complaints. Regular quality audits had been conducted to monitor and improve the service.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Dales Reablement Service

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection activity started on 21 January and ended on 29 January 2019. The inspection was announced. The provider was given 48 hours' notice because the registered manager and staff were often out of the office supporting people and we needed to be sure they would be available.

The inspection was carried out by one inspector. Following the inspection site visit on 21 January 2019, the inspector contacted four people who used the service and three members of staff to gain their views on the service provided and support they received.

As part of planning our inspection, we contacted the local Healthwatch and the local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

The registered manager was present throughout the inspection site visit. During the inspection we reviewed a range of documentation. This included three people's care planning documentation and daily records and three people's medicine administration records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

# Is the service safe?

## Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection we found the service remained good.

People told us they felt safe. One person told us, "Staff have helped me to gain my confidence. I have always felt safe with them."

Policies and procedures were in place to ensure people were protected from the risk of harm. Staff had received safeguarding training to ensure they understood how to report and respond to any concerns. Records showed that any concerns had been appropriately managed and reported to the local authority as required.

New staff had been recruited safely. Required pre-employment checks had been completed prior to employment commencing, which included references from the new staffs last employer and a Disclosure and Baring Service (DBS) check. This reduced the risk of unsuitable staff working at the service.

The service employed nine reablement staff. Rotas showed there was enough staff to provide people with the level of support they required. One member of staff said, "We have set shift patterns and we don't have any problems with staffing. We are a good team and all work well together." People told us there was enough staff. One person said, "It is the same faces I see, and I have never had any problems with staffing."

Due to the geographical area the service covered, adverse weather had the potential to cause disruption. We found appropriate contingency plans were in place should any problems arise. The registered manager said, "The snow caused a few problems last year, but we overcome them. We hired 4x4 vehicles and we were able to provide everyone with the service they required."

At the time of this inspection, the service was not providing any support with medicines. Records showed staff had received medicines training should support in this area be required in the future.

Risks to people and staff were well managed. Appropriate risk management plans were in place to guide staff on how to reduce risks to people. These had been regularly reviewed and updated as people abilities changed. Risks relating to the environment had also been considered.

The service was providing support to one person who had a long term package of care in place due to geographical issues with sourcing a care provider. We found risk assessments in relation to this person had not been regularly reviewed to ensure they remained relevant. We discussed this with the registered manager who took immediate action to address this shortfall.

Staff were provided with personal protective equipment to ensure they followed good infection control practice. People told us staff regularly washed their hands and wore gloves when providing support.

# Is the service effective?

## Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

People told us the service was effective. One person said, "All the staff seem to know what they are doing. I have received an effective service that is for sure."

The provider had a thorough induction in place. Staff new to care were required to complete the care certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected; it is completed over a 12-week period. Team leaders scheduled regular meetings so they could assess new staffs progress with this and additional support was provided if this was needed.

Staff told us they were supported by management. Regular one to one supervisions had been conducted which gave staff the opportunity to discuss their progress, areas for development as well as career progression. Observations of staff practice had also been completed to ensure staff were working in line with the providers expectations.

A thorough training program was in place which covered mandatory training as well as any specialist training staff could complete if they had an interest in it. Staff spoke positively of the training opportunities they were provided with. The registered manager said, "The provider made changes so that we could begin to offer staff a level 3 diploma in health and social care. The uptake has been really good, and I think it gives staff a sense of achievement and they feel valued that we are investing in them."

Some people required support with meal preparation. Care plans provided clear guidance of the level of support that was required and included people's preferences. One person said, "I can manage to do some things but need help with other things such as opening tin cans. The staff are all very good and do encourage me. I have come a long way to when I first started with the service."

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 with appropriate legal authority. The service worked within the principles of the MCA. Staff received training in this area and understood the requirements of the MCA. They knew what action they would take if they had any concerns, such as report it to management or other relevant professionals. People told us staff asked for consent before assisting with any support. Signed consent had been gained where appropriate.

The registered manager and staff worked closely with other professionals to ensure people received the

support they needed. The office was located within a building where occupational therapist and social care assessors were based. The registered manager explained this meant they could ensure people received support from other services in a timely manner. Care plans detailed other professionals, such as GP's, district nurses and pharmacies involved in peoples care and support.



# Is the service caring?

## Our findings

At the last inspection we found the service was caring and awarded a rating of good. At this inspection we found the service remained good.

People told us staff were kind and caring. One person said, "I cannot fault the staff at all. They are all wonderful and very caring towards me."

Dales Reablement Service offers care and support for up to six week's to help people regain independence. The overall aim of the service is to support people so at the end of the six week period, or sooner, they are able to live independently without any additional care and support. Information showed this was successful for over 80% of people who had been supported in the last 12 months.

People spoke highly of the service provided and whilst comments included "Nothing is too much trouble for staff" people understood staff were not there to 'do things for them' but to build people's confidence and abilities so they could, in time, do things for themselves. One person said, "I am so much better than I was. I can do most things for myself now. I only really need help with my socks and staff had organised an aid to help me with this."

People were supported to make decisions regarding the care and support they received. They were fully involved in care and support reviews and discussion had taken place with people when they had progressed, and their care package was to be reduced. One person said, "My calls have been reduced recently but that is because I am managing. Staff talked everything through with me and we made the decision together."

People told us staff treated them with dignity and respect at all times. One person said, "You get to know staff and they get to know you. They have only been coming for a short time but we have good relationships and they respect my wishes. They respect this is my home." Staff explained how they ensured people were able to cover their modesty when receiving with personal care, and how they listened and respected choices people made.

People formed trusting relationships with staff based on mutual respect. The consistency with staff help these relationships to develop. One person said, "Staff have begun to understand the person I am and how I like things. I do trust them."

People using the service did not currently use advocates. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known. The registered manager was clear of the action they would take if an advocate was needed.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion,

nationality and sexual orientation was recorded in the care files.

## Is the service responsive?

### Our findings

At the last inspection we found the service was responsive and awarded a rating of good. At this inspection we found the service remained good.

People told us they service was responsive to their needs. One person said, "I am a lot better so now I have less calls. I am hopeful that I will not need any support in the near future. My care is under constant review."

Care plans were put in place when people joined the service. These contained person centred information and focused on people's goals and outcomes they hoped to achieve. Staff completed weekly reviews with people, and where relevant relatives, to monitor and record progress people were making. Weekly meetings with the management team took place to discuss progress and review the packages of support in place.

Although staff did not directly support people to attend activities, they were aware of people's interests and hobbies and understood the benefit of maintaining a social circle. People were kept informed of events happening in the local community that may be of interest. Some staff had also arranged a 'dignity day' at a local care home where people had been invited and encouraged to attend.

Some staff had also completed additional training in dementia to become dementia champions. They had then delivered talks in the community and completed charity challenges to raise awareness of dementia in the local community.

A complaints policy and procedure were in place. The registered manager was clear of their responsibilities in relation to complaints. Record showed that historical complaints had been managed and responded to appropriately.

People we spoke with told us they knew how to raise a complaint or concern. One person said, "All staff are approachable and I would have no problem telling them if I was not happy." Information on how to make a complaint was provided to people via a service user handbook that was given to people when they started using the service.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they understand, plus any communication support they need when receiving healthcare services. The registered manager was aware of the Accessible Information Standard. Care plans contained information about people's preferred method of communication, whether they could communicate their needs and the support they required with their communication. The provider was able to provide information to people in large print, easy read, braille and a number of different languages if this was required.

# Is the service well-led?

## Our findings

At the last inspection we found the service was well-led and awarded a rating of good. At this inspection we found the service remained good.

People told us the service was well-led. One person said, "The service runs smoothly and that is down to good management. Staff seem to speak highly of the management team too which is always reassuring."

The manager had registered with CQC in June 2017. They had been employed by the provider for a number of years and had extensive experience of working in and managing this type of service. They were supported by team leaders. 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.

Staff told us the management team were open, honest and approachable. One member of staff said, "[Team Leader's name] is always available if I need anything at all. It really is a good management team. We all work really well together, and I cannot fault the communication."

The registered manager conducted a range of quality assurance checks to monitor and improve the service. Areas such as medicines administration records and daily visits records were monitored on a regular basis and action had been taken when shortfalls were found. The registered manager told us, "If we identify any areas that need improvement we discuss it at team meetings or in staff supervisions. We usually see improvement made when we complete audits the following month."

The registered manager was supported by a senior manager who was present during the inspection process. It was clear there was a good relationship between management and the senior manager was familiar with people who received support. The senior manager completed an annual audit of the service. This audit looked at all areas of the service and an action plan had been put in place when shortfalls had been found. At the time of the inspection some actions were still outstanding, but work was in progress to ensure they were completed in a timely manner.

The registered manager attended regular management meetings to share best practice and discuss new initiatives and how they were working. Any new ideas were then discussed with staff at team meetings. This ensured staff were kept up to date with any changes happening within the service.

People had been asked to provide feedback on the service provided. This was usually requested when people were due to cease using the service. The registered manager told us the provider was in the process of adapting these feedback questionnaires to ensure they were specific to the service.

Registered providers of health and social care services are required by law to notify us of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their

liberty. The provider ensured all notifications of significant events had been provided to us in a timely way.