SCC Adult Social Care

Mid Surrey Area Reablement Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Mid Surrey Area Reablement Service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a rehabilitation service to people over the age of 18 for up to six weeks.

Not everyone using Mid Surrey Area Reablement Service Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:
People and relatives told us they felt they and their loved ones were safe, and staff were aware of their role in safeguarding people from abuse. Risks to people were appropriately recorded and managed. There were a sufficient number of staff to meet people's needs, and checks were in place to ensure that staff were recruited safely.

People's rights were protected in line with the principles of the Mental Capacity Act 2005. Integrated working with healthcare professionals meant that referrals were completed in a timely manner where required. Staff were up to date with training and received supervision on a regular basis. Staff felt that the communication within the service was effective.

People and relatives told us staff were extremely kind and caring, and were respectful of their homes. People were actively involved in reviews and decisions around their care. The core value of the service was to promote independence, with 60% of people reaching the baseline they had been at before becoming unwell. Staff respected people's privacy and dignity by delivering personal care behind closed door.

People received person centred care that supported them to reach their own personal goals. The service had not received any complaints, but people were aware how to raise a concern if they needed to. Although it was rare for the service to deliver end of life care, staff had received training in preparation and had links with the local hospice.

Staff felt the management team were approachable and felt valued. Robust quality checks allowed the service to identify and resolve any issues or improvements. People and staff were asked for feedback on the service regularly, with any suggestions from this being implemented. There was a proactive approach to signposting people and relatives to local organisations that could offer on going support once their reablement support was over. The provider had run a project which they hoped would improve the quality of the service.

Rating at last inspection:

At the last inspection the service was rated Good (27 September 2016).

Why we inspected:
This was a scheduled comprehensive inspection. We inspect all services rated as 'Good' within 30 months to ensure that we regularly monitor and review the quality and safety of the service people receive.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Mid Surrey Area 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:
The inspection team consisted of two inspectors.

Service and service type:
Mid Surrey Area Reablement Service is a domiciliary care agency. On the day of our inspection, 150 people were using the service and receiving a regulated activity. Some people were living with dementia and other medical conditions. 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 24 hours' notice of the inspection visit because the location provides a domiciliary care service so we needed to be sure that they would be in. Inspection site visit activity took place on 18 March 2019. We visited the office location to see the registered manager and office staff, and to review care records and policies and procedures.

What we did:
We reviewed the information we held about the service. This included the previous inspection report and notifications since the last inspection. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). 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.

During the inspection, we spoke with three staff members including the registered manager. We reviewed records including five people's care records, five staff recruitment files, records around medicine management, policies around the running of the service, and how the organisation audits the quality of the service. Following the inspection, we spoke with two people who were using the service, one relative and two staff members by telephone. We also received feedback from two healthcare professionals who work alongside the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us staff made them feel safe. One person said, "[Staff] always call out when they coming in when they use the key safe so I know its one of them." Another person said, "They always made us feel safe, even my dog liked them." A healthcare professional who worked alongside the service told us, "From my experience, the service is run safely. There are policies and procedures in place and all the [staff members] are aware of these."
- Staff were aware of safeguarding policies and procedures, and were aware of who to report concerns to. One staff member said, "I'd go to my team leader and the safeguarding team." The service had a safeguarding and whistleblowing policy in place. The registered manager told us, "We have a new safeguarding advisor who has just finished writing the new safeguarding policies. We talked through the new policy as a team so everyone is up to date."

Assessing risk, safety monitoring and management

- Risks to people were appropriately recorded and managed. One person was at risk of choking. There was a risk assessment around this informing staff how to prevent them from choking, along with guidance from the Speech and Language Therapy (SALT) team on what foods they would be able to eat safely. A staff member identified that another person was at risk of falling from their bed as it was too high. They contacted the occupational therapist who arranged for equipment to reduce the risk of this.
- Risk assessments of the environment were also completed. During one person's risk assessment of their home, the staff member identified that their smoke alarm required new batteries. This was resolved and reduced the risk of the person becoming harmed in a fire.
- The service had an emergency business continuity plan in place. This stated how to ensure people continued to receive safe care and treatment in the event of an emergency such as a failure of IT equipment or severe weather effecting transport. It contained a communication cascade chart which showed how all members of staff and people using the service would be informed in the case of an emergency,

Staffing and recruitment

- There were enough staff to meet people's needs. People and staff told us there had not been any missed calls. One person said, "I have never missed a call from them." A staff member told us, "We have enough staff. We don't have any missed calls at all. If we had more staff we could take more people home but we have enough staff for the quantity of people we look after." The registered manager said, "We've had no missed calls. I'm really proud of this." Staff recorded the times of their visits on the internal system which were checked regularly by the team leaders. We were told that people could contact the office if staff had not arrived. However, this had not happened to date.
- Team leaders had identified and implemented a new rota system which had been successful. Rotas were produced daily by team leaders and emailed to staff by 2pm to ensure that staff were aware which people

they were supporting the following day. The registered manager said, "We trialled it here and we were amazed at the staff feedback. We try to keep staff in the areas they live in as its better for them, and [people] see a familiar face. It only takes under two hours which allows the team leaders to do other things that are needed."

● Recruitment files evidence staff had been recruited safely. This included a Disclosure and Barring Service (DBS) check, written references and a full employment history.

Using medicines safely

● Medicine administration and recording practices were safe. People received their medicines on time as medicine administration records (MARs) were correctly filled out with no gaps. Where medicines had been refused or not taken, the reasoning for this had been recorded on a separate form. Handwritten prescriptions on MARs had been signed by two staff members to confirm that the details were correct.

● The registered manager told us, "Competencies are checked yearly unless there are any issues which we would look in to sooner and work with that member of staff." MARs were audited regularly to ensure that people were receiving their medicines.

Preventing and controlling infection

● People were cared for by staff who followed safe infection control practices. One person told us, "They always wear gloves." A staff member said, "We absolutely wear gloves and aprons. We can just go into the office and pick them up whenever we need them."

●The registered manager and team leaders conducted regular spot checks at people's homes to check that staff were adhering to infection control policies. A team leader told us, "I always ensure staff are wearing gloves and aprons and washing their hands thoroughly on observational supervisions."

Learning lessons when things go wrong

● Accidents and incidents were recorded on a central online system, including details such as what had occurred and what actions were taken as a result of this. The registered manager was sent a quarterly report which would identify if there were any trends of issues that needed to be addressed.

Good

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

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

● People's needs and choices were assessed before the service started delivering care to ensure their needs could be met. The registered manager said, "We get a referral from the social worker. Then a staff member will go out and create a support plan with the person." This meant that the service would be able to identify if they were not able to meet a person's needs, therefore not leaving them at risk of harm. Referrals from social workers were used as a foundation of a care plan, which was added to during an initial meeting with the person using the service. This included details such as their medical history and what they were able to do before their recent ill health that they would like to be able to do again.

Staff support: induction, training, skills and experience

● Staff were up to date with their mandatory training. A staff member told us, "I've had all the training I need plus more. Its updated so much and I do a lot of e-learning." Another staff member said, "The training is really good here. I have also had extra training like dementia and how to take blood pressure." The service's training matrix would alert the registered manager when a staff member's refresher training was due for renewal so they could monitor staff training levels. The registered manager said, "Team training is up to date. We keep a real close eye on it. We like to look for new things too, like asking the physiotherapist to provide hip and knee exercises training."

● All new staff were required to complete the Care Certificate if they hadn't done so already. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff were allocated 20% of their time to dedicate to working towards completing the care certificate. All new staff had also undertaken induction training that included shadowing and familiarising themselves with policies and procedures.

● Staff received regular supervisions, appraisals and observational supervisions to review their practice and ensure they were providing good care. Observation supervisions were a form of spot check. One person said, "We have regular supervisions and I had observational supervision today. We have yearly appraisals too." Observational supervisions checked the appearance of a staff member, their communication with the person they were caring for, their paperwork standards, and the level of care given.

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

● People told us that staff helped them regain their ability to prepare their own food and drink. One person said, "They've been helping me get back to being able to do this myself." Review documents detailed the progress people had made in this area through support from staff members over a short period of time. Where staff had identified that people were unable to regain this skill, appropriate plans were put in place to ensure their nutritional and hydrational needs met. This included referring people to social care teams for a

long term package of care to be put in place.
● Referrals were made to the appropriate healthcare professionals where people required additional monitoring of their nutrition and hydration. A staff member told us, "I've had to complete food and fluid charts before, the district nurses leave them for us. We refer to SALT too if people have issues with swallowing." The registered manager said, "We don't have anyone on fluid charts at the moment, its rare that we do because of the nature of what we do. If we did we would speak to Epsom Health and Care."
● There was an emergency heatwave plan in place. This detailed the extra steps that should be taken in hot weather to ensure that people did not become dehydrated, such as ensuring that every person was left with a glass of water to drink.

Supporting people to live healthier lives, access healthcare services and support
● Integrated working allowed referrals to health professionals to be completed in a timely manner." A staff member said, "Having the @home team (part of the integrated team the service work alongside) is a massive plus. It used to take people 16 weeks to see a physio, it now just takes a couple of days." The registered manager said, "That's the beauty of working in an integrated manner, we can access other professionals when we need. It's a lot quicker to send referrals to other healthcare professionals. It's great being part of it rather than just on the side."

Staff working with other agencies to provide consistent, effective, timely care
● There was an effective communication system within the service. A staff member told us, "The communication is good. All the teams call each other if they need help or need to refer anything." Another staff member told us, "It's better now. We now do daily updates to the team leaders and then they send us a group email."
● A handover sheet was used to document the information passed on to care agencies when they were taking on a long term package of care. It ensured that all relevant information was passed on, and the staff from the agency were well prepared and were acting professionally. If there were any concerns, information was passed on to the social care team.

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's legal rights were protected because staff were knowledgeable and followed the principles of the MCA. One staff member said, "At the end of the day its their decision but we need to take into account their best interest." Another staff member said, "We need to be aware if a person has a capacity, as it makes a big difference in the questions you ask or if they have the capacity to make an unwise choice such as declining care."
● Consent to care forms had been signed by people where they had capacity to do so. If not, their next of kin or representative had signed on their behalf. The local authority had completed the necessary mental capacity assessments prior to the service starting to deliver care, but any subsequent best interest decisions were recorded in people's care files, such as around a change in the storage of medicines.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

●People and relatives told us staff were kind and caring. One person said, "They were very kind, caring, considerate, I couldn't fault anyone." Another person said, "They've always been respectful." A healthcare professional told us, "All members of the team were caring towards patients and also towards each other from my experience."

● Staff also told us that they felt they had a caring team. A staff member told us, "We absolutely have a kind and caring team. You're not going to please everyone, but you just smile sweetly and just talk them round. Conversation is a great thing." The registered manager said, "I do feel that all of our staff are kind and caring show a lot of empathy. I think our staff go over and above for the people they support."

● People had a regular set of staff members that cared for them, who would also offer companionship on occasions. A team leader at the service told us, "[The staff] are really good. They're able to spend a little bit more time with people to have a chat. They get to see someone through from start to finish."

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

● People were involved in making decisions around their care where possible. One person told us, "They are constantly reviewing me and what I'm now able to do for myself." A staff member said, "I sit down with them and we go through things. If they need long term care we think about the best next option. We try and reach goals together to get them back to where they were before. A lot of time the families are involved to." The registered manager told us, "We've done lots of training around it on how to involve people. I've heard before 'we'll help you with the bits you cant do', when it should be 'lets see what we can do together'."

● Documentation around ongoing reviews showed that people were involved in this process, and were asked if they felt ready to have their care reduced if they were improving. For example, one person's mobility improved and they were involved in the decision to reduce their care form two staff members to one.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity was respected. One person told us, "They always have been respectful of my privacy." A staff member said, "I close the door, and (people) can wash without me if they don't want to me to see and its safe for them to do so. I ask them to tell me what they want. We always close the curtains and if someone is in the room I ask them leave unless the person wants them there." The registered manager said, "We do training around dignity, and of course we make sure personal care is done behind closed doors."

● Staff respected people's homes. One person told us, "They were always respectful of my house too and never left a mess. They always threw their gloves away when they were finished." The registered manager said, "We always ensure that they we respect their homes."

● Promoting people's independence was a key value of the service. Documents evidenced the work staff

had done to help people become independent again following ill health. This included helping them regain their confidence with their mobility, and supporting one person to be confident at managing their own medicines. People were informed when they had reached the level of independence they had been and that the service would be stopping their care. The registered manager, "We reable over 60% of people that use of service."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People received personalised care that was responsive to their needs. For example, staff had arrived to deliver care to someone in the morning but were told by the person that they had not slept well that night. The staff member came back a couple of hours later to support the person with their personal care. Another staff member had identified that one person would benefit from a piece of equipment to help them sit up in bed. This was arranged and fitted for them within a day. The registered manager said, "We have to be responsive. We're taking referrals seven days a week and can be there within an hour. Our occupational therapist has done extensive training with our staff so they can complete low level assessments and then go to the store so that people can stay at home safely."

● Care plans included a section around current concerns and what the person would like to achieve to maintain or improve their wellbeing. This was personal to each person. For example, one person was anxious about mobilising following a fall, and wanted to be able to build up their stamina so they could use their shower again. Staff worked towards helping the person achieve this personal goal. The registered manager said, "They're all individual and we treat them as individuals. It's their support that we're delivering and we have to respect what they want."

● People's cultural needs were considered and respected. For example, one person's religion meant that they had to receive personal care in a particular manner. The registered manager said, "We had to make sure that they were only showered under running water, a separate flannel for top and lower body which couldn't touch the side of the bath or shower. All supporting staff were made aware of this and delivered the care as requested."

● People's communication needs were identified and met. People were supported by people who spoke their first language where possible, or were provided with a translator if relatives were unable to facilitate this. The registered manager said, "If we do have people who's first language isn't English, we can do their information pack in the language that they need. It can also be done in large print or braille."

Improving care quality in response to complaints or concerns

● People and relatives knew how to raise concerns and felt comfortable to do so where needed. One person said, "I've had no need to complain but I would know how to." A relative told us, "I can't fault them at all." The registered manager said, "I like to visit the person if there was a complaint. I think its better for the person and my team as you learn from example. We also put it in writing too of course."

●There were no complaints recorded, but a complaints policy was in place. The service had received compliments which had been recorded. A compliment from a person that used the service read, ""I am grateful for the kindness and for getting me through a difficult time." Another read, "I must send many thanks to all of the friendly carers who came to me during my troubles, I am feeling so much better."

End of life care and support

● Due the nature of the service being one of reabling people back to independence, it was rare for people to require end of life care. The service was not providing end of life care at the time of our inspection, but staff had had training in this area. One staff member told us, "We've had training. We have a few people that required it. We've involved the hospices. Just having the training allows you to know you've done the best you can."

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider

- People and staff felt the management team were approachable. A person said, "The management team were approachable." One staff member told us, "[The registered manager] is very supportive, she's always helped me progress." Another staff member said, "[The management team] are very good, they're all approachable. You can talk to them in private rather than in the in the middle of the office. We only need to email our line manager she will make time to talk to us. I do actually feel valued, we have a good little team." A healthcare professional told us, "I think the team is well led by both the manager and team leaders – they are organised, responsive and clearly have a rapport with all the [staff members] in the team."
- The registered manager was aware of her responsibilities about reporting significant events to the Care Quality Commission and other outside agencies. Reporting of these events had been completed in a timely manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Robust audits identified where improvements could be made. Issues that had been identified had been resolved by the registered manager. For example, the service's internal auditor said that Equality, Diversity, and Human Rights training needed to be added to the training matrix and that support plans needed to reflect people's communication needs, which we observed had been done during our inspection. The internal auditor said, "They are so proactive here that the only feedback I needed to give the was how to go above and beyond, and they have actioned this already. We come in on a six monthly basis to do a full audit, but of course, we have other departments so they keep an eye on things, such as the safeguarding team will notify us if there a lot coming through."
- The service was regularly audited by other reablement services within Surrey County Council. This allowed other services under the same provider to give recommendations around improvement and praise in areas that were going well. The registered manager was currently working with the Social Care Institute of Excellence (SCIE) to complete a current analysis of the service, provide peer challenge on the current model and work with the service on developing and implementing an improvement plan.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were engaged in the running of the service. People who used the service received a customer feedback form to complete at the end of their support. All of the feedback received was positive, although the registered manager did say, "If we got anything negative or a suggestion we would call them to discuss it and would action their suggestion." The people and relatives we spoke to at the time of

the inspection had not received a customer feedback form, but this was because their reablement support had not ended at this time. A staff member told us, "We get surveys to complete yearly."
● Staff members were also encouraged to provide feedback. A staff member told us, "We get surveys to complete yearly." The registered manager said, "Staff surveys are done yearly. They can be anonymous if they want to, and we can add any themes in to team meetings." The feedback received in surveys was on the whole was positive, with one staff member saying, "Training always seems to be kept up to date, and you can go to your line manager for support at any time." One suggestion made was for supervisions to include more praise where staff members had done a good job. The registered manager told us this had been taken on board and was being actioned by team leaders and herself.
● Staff meetings took place every six weeks. Topics included training, service users and guest speakers. For example, one meeting included a talk by an occupational therapist. They showed staff equipment that could help with mobility such as perching stools and toilet seat raisers. The registered manager said, "We invite loads of different people into our team meetings such as district nurses, fire services, and trading standards. That way staff know what to look out for or who to refer too." There were also regular leadership team meetings, to discuss the quality of the service as well as ongoing plans.
● Staff were involved in suggesting and making positive changes to the service. Staff had created a new observational supervision form for team leaders which was much easier to complete and record findings. We saw that this had been implemented successfully.

Continuous learning and improving care;
● There were plans in place to improve the service. The service had run a project where a physiotherapist was temporarily employed to work in the team. The registered manager told us, "It was so successful. It meant people got the physio they needed on the same day. It's not become permanent yet but we're working on it." During their employment, the physiotherapist offered training on post hip and knee operation exercises and walking aids, as well as offering direct support to people using the service. A summary of the project had found the majority of people only needed to see the physiotherapist five times or less to be back at their baseline of mobility. Feedback from staff on the project was positive. One staff member said, "Personally I feel working with the physio's input has benefited all the people that were involved with them, I've seen great improvement within people's mobility." Another staff member said, "The training sessions were very informative and a much needed requirement to our service." The service was exploring whether this could become a permanent post within the team.
● The service had recently created a new role called an Integrated Reablement Worker (IRW). These staff members were based in the local hospital to facilitate a quick discharge home with additional support for people. The new Integrated Reablement Worker Team Leader said, "Because my role is new I have a catch up with [the registered manager] every other week so we can adapt the role as needed. The IRWs have time to sit and chat with people which makes a huge difference to their wellbeing".
● The registered manager was open to receiving feedback on how to improve the service. They told us, "We're learning other ways of doing things and best practice all the time. We tell staff if there's anything we could do better then tell us. They're the ones on the front line 365 days a week in all weathers. If I can do something to make theirs or people's lives easier then of course I will." The registered manager was working with a telecom provider to explore the possibility of them offering an electronic rota service.

Working in partnership with others
● The service signposted and worked collaboratively with a number of local organisations. For example, the service worked with one organisation who offered a befriending and laundry service, as well as supporting people to access their local community. One relative said, "They asked me if I wanted to go to a carers group but I declined, but it was nice they offered though just in case." People and their relatives were given an information pack about local organisations they could contact that could offer ongoing support for various

needs. This meant that people's personal ongoing needs were considered

● The registered manager was a committee member for the National Institute for Health and Care Excellence (NICE), where she was involved in working on intermediate care and reablement national guidelines. This allowed the service to work alongside the Institute to learn and share best practice.