

Devon County Council

# Social Care Reablement - Follaton House

## Inspection report

Follaton House  
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Totnes  
Devon  
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13 May 2019

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Social Care Reablement Follaton House is a reablement service provided by Devon County Council. The service provides support to people in their own homes for up to four weeks following an illness, injury or set back. The purpose of the service is to support people to learn or re-learn skills to undertake daily living activities such as washing, dressing and meal preparation. At the time of our inspection 18 people were using the service.

People's experience of using this service:

People felt safe and comfortable when staff visited them in their home. People were kept safe as potential risks had been assessed and managed. There were enough staff to complete the planned visits.

People were treated with kindness and compassion by staff. People said, "I couldn't have been looked after any better" and, "The staff are all very nice, very chatty and we have a laugh."

People's needs were met by staff who had received regular training and support. People were treated with respect and staff understood how to protect people's rights.

People were involved in making decisions about the goals they wanted to achieve. People felt staff had helped them to progress and become more independent. Reablement goal plans contained up-to-date information about each person's needs.

People were asked for their views about the service. The most recent feedback results showed people were happy with the service they were receiving.

There were effective systems in place to monitor the quality of the service.

The registered manager was committed to improving care where possible and had developed effective working relationships with other professionals and agencies.

The service met the characteristics for a rating of "Good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "Good".

More information is in the full report.

Rating at last inspection: The rating at the last inspection was Good (The report was published on 25 November 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about this service until we return to visit as part of our re-inspection programme. If we have any concerns, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Social Care Reablement - Follaton House

## **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:

One adult social care inspector carried out this inspection.

#### Service and service type:

This service is a domiciliary care agency. It provides support with personal care to people living in their own homes. At the time of our inspection 18 people were using the service.

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 48 hours' notice of the inspection visit because it is small, and we needed to make sure the registered manager would be in.

Inspection site visit activity started on 13 May 2019 and ended on 15 May 2019. We visited the office location on 13 May 2019 to see the registered manager; meet with staff, and reviewed care records and policies and procedures. We carried out phone calls to people on 14 and 15 May 2019.

#### What we did:

When planning our inspection, we looked at information we held about the service. This included notifications about significant incidents which the provider is required to inform us about by law. The provider had submitted a Provider Information Return (PIR). This is a form that asks to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people and one relative by telephone. We spoke with the registered manager, and three staff. We received feedback from one healthcare professional.

We looked at three people's care records, three staff recruitment files and other records relating to the management of the service including quality assurance.

# Is the service safe?

## Our findings

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

Good: 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 they felt safe and comfortable when staff visited them in their home.
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.

Assessing risk, safety monitoring and management

- Detailed risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided. Records gave staff guidance on how to reduce risks and were up to date.
- The provider monitored staff visits to ensure people received their visits as planned.
- There was an on-call system for people and staff to ring in the event of an emergency outside of office hours.
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

- There were enough staff to complete the planned visits. There had been no missed visits and people told us staff usually visited around the time they expected.
- Visits were not time specific or time limited as staff responded to each person's individual needs.
- Staff told us they usually had enough time at visits and sufficient travel time between visits.
- The service was responsive to people changing their visits, where possible. Calls could be cancelled on request.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- Most people managed their own medicines. Staff gave some medicines under people's direction.
- The service planned for staff to administer people's medicines in the future. The management team had attended training in how to administer medicines and assess staff's competence.
- Staff had already completed medicines training and told us they were booked to attend additional training.
- The medicines policy had been reviewed and updated to reflect the change in practice and national guidance.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training and were provided with personal protective equipment such as gloves and aprons.

#### Learning lessons when things go wrong

- Where an incident had occurred, the registered manager had reviewed what had happened. They introduced new procedures to ensure staff knew what to do it should happen again.
- Issues identified within the organisation were shared across each service for learning purposes.

# 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

Good: 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 were referred to the reablement service, for four weeks support to learn or re-learn skills to undertake daily living activities such as washing, dressing and meal preparation.
- Before people started to use the service, staff received referrals which included personal information and what support was needed. The registered manager told us they would obtain further information, where necessary, to ensure they could meet the person's needs.
- Staff received information on how best to support each person in line with best practice guidance and people's preferences.
- Staff completed notes at each visit describing the support they provided and what the person had done for themselves. This helped team leaders monitor and review each person's progress.

Staff support: induction, training, skills and experience

- Staff completed training in areas relating to personal care and health and safety. Learning was provided through face to face training, online training and workbooks. New staff completed the Care Certificate and a diploma in health and social care.
- People told us staff knew how to meet their needs and understood their medical conditions.
- Staff told us they had the skills and knowledge to meet people's needs effectively. One staff member said, "We're continually updated." When new staff started work, they shadowed more experienced staff to learn about people's needs.
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role. They said the management team were always there to give help and support if needed.

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

- Staff supported some people to regain their independence with preparing and cooking meals.
- Staff advised people about healthy options and maintaining a balanced diet.
- Staff knew to contact the office if they had any concerns in relation to eating and drinking.

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

- People were supported to maintain good health and had access to external healthcare support as necessary.
- Staff worked with other healthcare professionals such as occupational therapists, district nurses and GPs to ensure people received appropriate care. One healthcare professional said, "They're quick to contact us if they have any queries."



- Staff completed detailed records at care visits to ensure care remained consistent.

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

- Staff were aware of the MCA and knew to always ask for people's consent.
- Each person who used the service had capacity to make decisions about their care and treatment. If staff identified that a person may lack capacity to make decisions, they arranged a referral for an assessment.

# 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

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

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

- People were treated with kindness, respect and compassion by staff. People said, "I couldn't have been looked after any better" and, "The staff are all very nice, very chatty and we have a laugh."
- Staff spoke about people with compassion and told us they enjoyed their work. One staff member told us, "I encourage people, tell them they will get there. It's good to see them independent and feeling really good about themselves."
- People's cultural and spiritual needs were respected. Devon County Council had a comprehensive equality policy. Staff had completed training in equality and diversity. People were able to express their gender preference for staff and told us this was respected.

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

- People were encouraged to express their views. They identified the goals they wanted to achieve and reviewed their progress with the staff and team leaders.
- Every person we spoke to was able to describe how they had met with staff at the start of their reablement to arrange their care plan and routine.
- Each person received an information pack. This pack contained information about local advocacy services, fire safety checks, what to expect from the service and how to feedback compliments, concerns and complaints.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect.
- Staff were aware of each person's ability to carry out daily living activities and encouraged people to do as much as they could for themselves.

# Is the service responsive?

## Our findings

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

Good: 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. People discussed with staff the goals they wanted to achieve during their use of the reablement service.
- Each person's goals were used to develop their reablement goal plan.
- At each visit, staff recorded how much people had been able to do themselves and how staff had supported them. People's records were photographed and sent securely to the office so team leaders could easily monitor their progress.
- As people regained their independence, their needs were continually assessed and changes to the level of support provided were made. One person said, "I have achieved my goals, I'm happy with my progress and I can do things myself now."
- Reablement plans and progress records were kept at people's homes. Staff and other healthcare professionals were able to access up-to-date information about the person's needs.
- The registered manager was aware of the Accessible Information Standard (AIS). If communication needs were identified, documents could be made available in a range of formats. This included large print, symbols, document readers, and audio recordings. The service also had access to the Devon County Council sensory team and learning disability team if they needed any further assistance. Where one person did not speak English as their first language, the service was able to arrange for a person to translate. This meant the person and staff could understand and communicate.
- Where people were unable to regain their independence, the service referred people to Devon County Council to look at a package of care for ongoing support.

Improving care quality in response to complaints or concerns

- At the start of the service, each person was given a feedback form to raise complaints or concerns.
- People knew how to make a complaint and felt able to raise concerns if they were unhappy. One person said, "No complaints whatsoever".
- People felt confident the registered manager would act to address any concerns. One person told us they had raised a concern with the registered manager. They confirmed this had resulted in an improvement in the support provided.

End of life care and support

- The service did not provide end of life care.
- The registered manager told us they would provide end of life care if the person deteriorated whilst using the service. They would work with other professionals to ensure the person's needs and wishes were met.

# 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

Good: 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- People, staff and a healthcare professional told us the service was well managed. One person said, "The overall standard is very good". A healthcare professional said, "I can't fault them" and "We have a good rapport."
- Staff told us they felt listened to by the registered manager and enjoyed working at the service. Comments from staff included, "The manager is really approachable and easy to talk to"; "It's a nice organisation to work for" and "I thoroughly enjoy my job."
- The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be open and honest about any accident or incident that placed a person at risk of harm.
- The registered manager had provided the CQC with important information and had done so in a timely way.

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

- The registered manager was supported by team leaders, reablement staff and administration staff. There was a stable staff team. Each staff member knew their responsibilities and there were clear lines of accountability.
- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. The registered manager carried out a monthly review of the service which linked to CQC's five key questions – safe, effective, caring, responsive, and well-led. Any issues identified were recorded in the service improvement plan. Actions were taken to make improvements. For example, some training updates were due. The registered manager emailed the organisation's learning and development department. Staff had been booked onto the training and informed.

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

- People and their relatives were asked for their views about the service via feedback forms, phone calls and home visits. Senior staff regularly spoke with people to obtain feedback about the service. The most recent feedback results showed that people were happy with the service they were receiving. Comments included, "My recovery would not have progressed as well without their help" and, "I have had four weeks of excellent service."
- Staff meetings were held to enable staff to contribute their thoughts and experiences. Meetings were also used to discuss updates in best practice.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to improving care where possible. They kept up-to-date with national developments in the care sector.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care and support.