

Nottinghamshire County Council

Start Service - Broxtowe, Gedling and Rushcliffe Locality

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

What life is like for people using this service:

People were protected from harm, neglect and avoidable harm. Risks to people's safety were discussed with them and acted on by staff. There were sufficient numbers of qualified and experienced staff to support people. Where people needed support with their medicines, staff did so safely. Staff understood how to reduce the risk of the spread of infection. The provider ensured processes were in place to act on and learn from any accidents or incidents.

People were supported in accordance with current best practice guidelines and legislation. Staff were well trained and had the skills needed to support people. Where people needed support with their meals, staff did so effectively to help maintain or improve people's nutritional health. The service worked in partnership with other health professionals to ensure people received the support they needed. 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 support this practice.

People found the staff to be kind, caring and they were treated with dignity and respect. People were involved with decisions about their support needs. Staff spoke respectfully about the people they supported and helped to maintain people's privacy. People had access to advocates if they needed them.

People were provided with support in accordance with their personal preferences. Staff took swift action to ensure people's changing needs could be met. No formal complaints had been received since our last inspection, but processes were in place that enabled these to be responded to appropriately. End of life care was not provided.

The service was managed well by the registered manager with support from provider. There was a clear focus on continued improvement and development and people and staff were involved with this process. Staff felt valued and enjoyed their role. Robust quality assurance processes were in place to help identify good practice and areas for improvement.

Rating at last inspection: Good (report published 11 May 2016)

About the service: Start Service – Broxtowe, Gedling & Rushcliffe Locality provides a short term reablement service. Reablement services support people in their own homes. This service is usually delivered following people's discharge from hospital. People normally do not use this service for longer than a six-week period. On the day of our inspection there were 54 people using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well led.

Details are in our Well-Led findings below.

Good ●

Start Service - Broxtowe, Gedling and Rushcliffe Locality

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 team: The inspection was carried out by one inspector.

Service and service type: Start Service - Broxtowe, Gedling and Rushcliffe Locality provides a short term reablement service. Reablement services support people in their own homes. This service is usually delivered following people's discharge from hospital. People normally do not use this service for longer than a six-week period.

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. The registered manager was present during the inspection.

Notice of inspection: The provider was given 48 hours' notice as we needed to be sure the registered manager and staff would be available to speak with us.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and

professionals who work with the service. We assessed the information we require providers to send us at least once annually which gives us key information about the service, what the service does well and improvements they plan to make. We also sent out questionnaires to 50 people who used the service as well as their relatives and asked them about the quality of the service provided. We sent 37 questionnaires to staff and asked them for their views. In total we received 29 responses, 19 from people who used the service, three from relatives and seven from staff. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service. We spoke with; a support coordinator, three reablement support workers, a reablement manager, a senior practitioner, occupational therapist and the registered manager.

We reviewed a range of records. This included five people's support records and three staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

Is the service safe?

Our findings

People were kept safe and protected from avoidable harm. Legal requirements were met. Assessing risk, safety monitoring, management and processes;

- People told us they felt safe when staff supported them in their home. Processes were in place to protect people from neglect, abuse and discrimination. People were supported by staff who understood how to reduce the risk of them experiencing avoidable harm. A safeguarding policy was in place. The registered manager ensured the relevant authorities such as the CQC were notified of any incidents that could affect people's safety. People were informed who to contact in an emergency.
- People were provided with safe care and treatment because the risks to their safety had been assessed and action taken to reduce those risks. This included, assessing people's ability to undertake daily living tasks independently of staff. People's freedom was not unnecessarily restricted. Procedures were in place to ensure people's home environment was safe when support was provided. Staff had a good understanding of the risks to people's safety. All risk assessments were regularly reviewed to ensure people continued to receive care that met their needs.

Staffing levels;

- Sufficient numbers of staff were in place to ensure people's care and support needs continued to be met. During the reablement process, people saw a variety of staff to aid their recovery and to support them with returning to independent living. This included physiotherapists as well as support staff. Each person had access to regular staff which helped people receive consistent care and support. Most people told us staff arrived on time for each call and they always completed the agreed tasks.
- Robust recruitment processes were in place that ensured the risk of people receiving support from unsuitable staff was reduced. Checks of staff employment background and identity were completed, as well as obtaining reference checks. Before staff had started working at the service, a check had been carried out through the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This ensured people were protected from unsuitable staff.

Using medicines safely;

- Many of the people who received support from this service could manage their own medicines. Where staff did support them, people told us they did so safely. The risks associated with people's medicines had been assessed and support plans were in place when staff input was needed. These plans included detailed guidance for staff about people's preferred way of taking their medicines as well as the support needed from staff. This included either; prompting, supervising or administering medicines. Staff competency to administer people's medicines safely was also regularly assessed. People's medicine records were comprehensively completed. This meant people continued to receive their medicines safely.

Preventing and controlling infection;

- People felt staff did all they could to reduce the risk of the spread of infection when they were in their homes. Prior to starting to use the service, an assessment of each person's home environment was carried out to help identify any hazards as well as infection control concerns. Staff told us they had access to personal protective equipment (PPE), including gloves and aprons.

Learning lessons when things go wrong;

- The registered manager had the processes in place that ensured lessons were learned when any accidents or incidents had occurred. They ensured they were investigated and reported to the relevant authorities where needed. Records showed these processes were followed appropriately reducing the risk to people's safety.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

- People continued to receive support from staff that enabled them to return to independent living. Staff ensured the protected characteristics of the Equality Act were considered to ensure that people were not discriminated against because of a disability or specific support need. Recognised best practice assessment tools to assess people's mobility and nutritional needs were used. Records viewed showed people received the care they needed.

Staff skills, knowledge and experience;

- People told us they felt staff were well trained and had the skills needed to support them with their return to independent living. Records showed staff received training in a wide variety of areas needed to support people effectively. The training completed included; safeguarding of adults, equality and diversity and medicines.
- Staff told us they felt supported by the registered manager to carry out their role and records showed they received supervision of their practice. Staff were encouraged to develop their roles and records many had completed formal vocational training. This meant people continued to receive effective care and support from well trained and competent staff

Supporting people to eat and drink enough with choice in a balanced diet;

- When people received support with their meals this was provided by staff. The aim of the service was to support people with regaining their independence, therefore people were encouraged to do as much for themselves as possible.
- People's nutritional needs were assessed prior to starting to use the service. When people had specific dietary requirements or conditions that could be affected by food and drink choices, this was recorded in people's records. For example, if a person had diabetes and required a low sugar diet.

Staff providing consistent, effective, timely care;

- People received a detailed programme of support from a wide variety of staff to aid their return to independent living. Physiotherapists and Occupational Therapists played a key role in supporting people to regain their confidence to undertake independent living tasks. People's needs were continually assessed by staff working alongside health professionals. If people were deemed to need further support once the reablement process had concluded, then people were supported to access support from a home care agency or were advised that a move to residential care home may be beneficial for them

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. . Most people could consent to care and support. Assessments had been conducted where needed and it was clear who had been involved with decisions to ensure they were made in people's best interest.

Is the service caring?

Our findings

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

Ensuring people are well treated and supported;

- People told us staff were kind and caring. One person said, "They are like my friends, they have really helped me." People welcomed the supportive approach of the staff and enjoyed their company.
- Staff spoke respectfully about the people they supported. They also took pride in supporting people to regain their confidence and independence following their stay in hospital. A staff member said, "I like helping people and seeing how they have developed. It's nice to know you have been a part of them achieving their goals."

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

- People felt involved with decisions about their care and support needs at all stages of the reablement process. Whether people received support for a few days or weeks, they were always consulted and their views respected about how would they like to be supported.

Respecting and promoting people's privacy, dignity and independence;

- The aim of this service was to support people with returning to independent living following their stay in hospital. People received all the support they needed to give them the best chance of remaining in their own home.
- Promoting people's dignity was fundamental to all the staff when supporting people. People told us staff always treated them with dignity, only receiving support with personal care when they needed it. People found the staff helpful, unobtrusive and focused on supporting their independence.
- People's confidentiality and privacy was protected. Records were stored securely. The registered manager told us they had the processes in place that ensured all records were managed in line the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.
- People had access to advocacy services to support them to put forward their views and wishes about care where needed. This meant people were encouraged to be actively involved in their care, and their independence was promoted.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery

Personalised care;

- Before people started to use the service, their needs were assessed to determine whether a reablement service was the appropriate type of service for them. People were advised that support from staff was expected to last for no longer than six weeks. At the end of that period they would either return to living independently, receive longer term support from another agency or move to residential care. If people agreed to use the service, support plans were written with their involvement. These plans explained how people would be supported by a variety of staff to regain their independence.
- People's personal preferences such as their food and drink likes and dislikes were taken into consideration when care and support was planned. Whilst the reablement period was designed to be intensive, people were still able to give their views about how they would like their support to be provided. Staff we spoke with told us they always respected people's views and preferences. Where staff could not incorporate people's choices due to the type of support the service provided, this was always discussed with people.
- People's diverse needs were also discussed with them. If people required any support with their religious choices or cultural background, these were incorporated into the support plans.
- The registered manager was aware of the Accessible Information Standard. This Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. Efforts had been made to provide people with access to policies, procedures and other relevant documentation in a format they could understand.

Improving care quality in response to complaints or concerns;

- A complaints policy was in place that gave people the information they needed if they wanted to make a formal complaint. The registered manager had processes in place to respond to and act on formal complaints. No formal complaints had been received since our last inspection.

End of life care and support

- Due to the type of service provided, people were not supported with end of life care.

Is the service well-led?

Our findings

Service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong. Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- Robust quality assurance processes were in place. These supported the registered manager with maintaining an effective oversight of staff performance with the focus on positive outcomes for people.
- There was an open and transparent culture at the service. Staff enjoyed working at the service. They felt valued and respected and felt able to discuss any issues with the registered manager. Staff were given responsibilities, but also held accountable for their role. Staff told us they received constructive feedback on their performance.
- The registered manager had a good understanding of their role and ensured the CQC were notified of all reportable incidents.

Engaging and involving people using the service, the public and staff;

- People's views played an important part in the continued development and improvement of the service. After people had finished using the service, all were offered the opportunity to provide formal feedback. We saw this feedback was then reviewed and analysed to inform improvement. People felt able to express their views and they and/or their relatives told us they would recommend this service.
- Staff were also able to give their views either during supervisions, team meetings, or in more formal surveys. Staff felt their views were welcomed and they worked together as part of a team.

Continuous learning and improving care;

- Staff felt valued and could build careers at the service. They told us they were offered the opportunity to express their views about how the service could improve. Staff training and professional development was taken seriously by the provider, with the aim to having highly skilled staff providing excellent outcomes for all.
- Staff were offered the opportunities for career development with some staff offered promotion. This enabled experienced and committed staff to remain with the service, providing people with high quality and consistent support.
- The registered manager received support from the provider that enabled them to carry out their role

effectively. They regularly met with other managers from within the provider's group of services. Together, learning points from each service were discussed with the focus on continued improvement and development.

- A whistleblowing policy was in place, which gave staff the guidance needed to report poor practice.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed in the provider's website and in their office.

Working in partnership with others;

- People were supported to access health and social care services as required. We saw that people had access to specialist health teams and were supported with GP visits where required.