Middlesbrough Borough Council

# Middlesbrough Intermediate Care Reablement Team

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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? | Requires Improvement |

# Summary of findings

## Overall summary

We inspected Middlesbrough Intermediate Care Reablement Team on 9 December 2015 and 7 January 2016. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of the second day of our inspection on 7 January 2016.

Middlesbrough Intermediate Care Reablement Team provides assessment and rehabilitation services for people in their own homes to promote their daily living skills and independence. People are referred to the service following a stay in Middlesbrough Intermediate Care Centre. Middlesbrough Intermediate Care Centre provided residential intensive led therapy led rehabilitation. On discharge from Middlesbrough Intermediate Care Centre the reablement team provide ongoing support to people in their own homes for up to two weeks. During this time their ongoing needs (if any) are reassessed.

The service had a registered manager in place. 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.

The registered manager completed audits; however, records were not always kept. Senior management visited the service on a regular basis as part of quality monitoring, but records of this visit or actions needed were not kept.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Staff were aware of how to keep people safe; however, some risk assessments contained limited information. This meant that staff did not always have the written guidance they needed to keep people safe.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

We saw that staff had received supervision on a regular basis and an annual appraisal.

People told us they were cared and supported to regain their independence by experienced and knowledgeable staff. People told us staff were reliable. Staff had been trained and had the skills and knowledge to provide support to the people. The registered manager had identified any gaps in training and was arranging for training to take place. There were enough staff employed to meet the needs of people who used the service at the time of the inspection and if there was to be an increase in demand.

The registered manager told us all people who used the service would need to have capacity. The service did not cater for people living with advanced dementia as they would not benefit from the service provided. Staff we spoke with understood how to gain consent and ensure people had choice. People and their relatives told us they were involved in discussions about their care.

The service did not have a high turnover of staff. Most staff had worked at the service for many years, with the last person recruited in 2012. The registered manager was able to talk us through the safe recruitment and selection procedures they would follow if they were to recruit any new staff.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Weekly checks of the medication administration records were completed but there wasn't a formal auditing tool which detailed checks that had been undertaken and the findings.

People told us staff treated them with dignity and respect and their independence was encouraged. People told us that they were happy and felt very well cared for.

People told us they were supported to prepare food and drinks of their choice. This helped to ensure that nutritional needs were met. People told us they were encouraged and supported to be independent with meal preparation

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People were supported to maintain good health and had access to healthcare professionals and services. People received the support they needed from physiotherapists and occupational therapists within the service. Where needed, referrals were made to dietician or speech and language therapy

People's care plans described the care, support and rehabilitation they needed; however; some of these were brief and could be more person centred. Meetings took place regularly to review people's progress and new goals were set. People told us they were involved in all aspects of their care and rehabilitation.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

## 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.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

The service did not have a high turnover of staff. No new staff had been recruited since 2012; but procedures were in place to ensure suitable staff were recruited.

The majority of people were independent with their medicines, however if needed there were systems in place to support people. When people needed help with their medicines weekly checks of the medication administration record were completed but there wasn't a formal auditing tool which detailed checks that had been undertaken and the findings.

### Is the service effective?

Good

The service was effective

Staff were trained to care and support people who used the service both safely and to a good standard. Staff received supervisions and an annual appraisal.

People were supported by staff with their rehabilitation. People had access to healthcare professionals and services.

Staff encouraged and supported people at meal times.

### Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care, support and rehabilitation

was individualised to meet people's needs

## Is the service responsive?

Good

The service was responsive.

People who used the service and relatives were involved in decisions about their care, support and rehabilitation. Goals were set and these were regularly reviewed. However, care records contained limited information

People told us staff were approachable and they felt comfortable in speaking to staff if they felt the need to complain.

## Is the service well-led?

Requires Improvement

The service was not always well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

Senior management visited the service on a regular basis but did not keep a record of this. Audits of the service were completed but this was not always recorded.

# Middlesbrough Intermediate Care Reablement Team

**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.

We inspected Middlesbrough Intermediate Care Reablement Team on 9 December 2015 and 7 January 2016. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of the second day of our inspection on 7 January 2016.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We asked the registered provider to complete a provider information return (PIR) which they returned to us before the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection four people used the service. The numbers of people who received support varied from one week to another. Over the last 12 months the service has provided support and reablement to 76 people.

After the inspection we spoke with five people on the telephone who were or have used the reablement service. We also spoke with one relative.

During the inspection visits we spoke with the registered manager, the administrator, the senior team lead, one enabler (care staff) and an occupational therapist.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medication records. We also looked at three staff files, including training records and records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Good

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I felt pretty confident when I left the hospital [Middlesbrough Intermediate Care Centre] but having them [staff] support you at home was wonderful." Another person said, "It just gave me the extra confidence I needed."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the registered manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this. One staff member said, "We [staff] have had our safeguarding training. If I had any concerns I would report to my senior team lead or other management and they would let the safeguarding team know."

The registered manager told us safeguarding training was provided to staff every three years. We were shown a chart which showed all of staff had completed this training in the last three years. The registered manager told us this training would be provided to staff again in early 2016.

The aim of the service was to provide assessment and rehabilitation services for people in their own homes to promote their daily living skills and independence. People were referred to the service following a stay in Middlesbrough Intermediate Care Centre. Whilst in the residential service physiotherapists, occupational therapists and enablers [care staff] assessed people's needs to determine the package of care needed when they returned home. Before discharge home an occupational therapist completed a visit to the person's home to identify any risks to the environment and support needed. The person who was to discharged also accompanied them on this home visit. We were told that the risk assessment looked at access to the property, for example were there any stairs that might pose a risk. If this was the case the occupational therapist said a grab rail could be fixed to the wall before discharge from the residential service. Indoors, a risk assessment would be completed on the stairs to make sure the person could get up and down safely. They would also look at the furniture to make sure it was of suitable height and the kitchen area to identify any hazards. We saw records of environmental risk assessments to confirm this. The occupational therapist also said they would look for clutter and generally at the condition of the property including any fire risks. If any risks were identified during this assessment, measures were put in place to help reduce or prevent the risk. The occupational therapist provided us with examples such as providing a raised toilet seat, walking equipment, grab rails and raising the height of furniture which has been identified as too low. This meant the registered provider identified risks to people's safety and where needed took action to help to ensure the safety of the person.

Other risks to people were also identified. We looked at the care records of one person which identified the person was at risk of falls. The risk assessment stated that falls safety advice had been provided to the

person in an attempt to reduce or prevent falls. However, the risk assessment did not detail what this advice was. We spoke with the registered manager about the need for risk assessments to include more detail.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that accidents and incidents were not common occurrences, however they had appropriate documentation in which to record an accident and incident should they occur.

The service did not have a high turnover of staff. The registered manager and staff had worked at the service for some time. The newest staff member was last recruited in 2012. The registered manager told us about the council's recruitment process. Initially any vacancies were advertised internally. If that was unsuccessful the post was advertised externally. The staff recruitment process included completion of an application form, a formal interview in which a set selection of questions would be asked, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also reduces the risk of unsuitable people working with children and vulnerable adults. The registered manager told us any new staff would need to have a minimum qualification of NVQ level 2 in Care and if they were to be a team leader they would need to have an NVQ level 3 in Care.

The registered provider employed a registered manager, a senior team lead and four enablers. Physiotherapists and occupational therapists were also employed to provide advice and support to people when they returned home. The registered manager told us at the time of the inspection there were four people who used the service. The numbers of people who received support could vary from one week to another. Over the last 12 months the service has provided support and reablement to 76 people. We were told there were enough staff employed to meet the needs of current people and if there was to be an increase in demand.

The registered manager told us they provided a flexible service in which to ensure they met the needs of people. At the time of the inspection visit the service was provided between the hours of 07:45am to 09:30pm.

People's needs were assessed on an individual basis and records confirmed this. The senior team lead was responsible for the daily rotas and allocation of staff to people who used the service. Over the last 12 months there have not been any missed calls to people who used the service.

People we spoke with during the inspection said that the staff turned up on time and stayed for as long as they were expecting them to. People told us staff were reliable One person said, "They were very reliable. They were always there within minutes of when they said they would be." Another person told us they had felt vulnerable on their return home and that staff had often stayed longer than was originally allocated. The person said, "They [staff] were brilliant with me. They always gave me time. What smashing staff they were."

We saw that appropriate arrangements were in place for the safe management, administration and recording of medicines.

People were always discharged home from Middlesbrough Intermediate Care Centre with a minimum amount of seven days' supply of medicines and the majority of people were independent and able to self-administer these. The registered manager told us they were not responsible for administering medicines to

people very often.

At the time of the inspection no one was assessed as needing support from staff with their medicines. We looked at some care records of people who had been discharged from the service. We saw that people's care records contained information about the help they had needed with their medicines and the medicines they were prescribed.

We checked medication administration record (MAR) of two people who had been discharged from the service. A MAR is a document showing the medicines a person has been prescribed and a recording of when they have been administered. We found these were fully completed, contained required entries and were signed. There was information available to staff on what each prescribed medication was for and potential side effects. The registered manager told us each week the person's MAR was returned to the service and senior staff would check to make sure there were not any gaps and any reasons as to why medicines had not been given, however there wasn't a formal audit tool in which to record this. The registered manager said that they would take action to rectify this.

The registered manager told us and we saw records to confirm that annual checks on staff responsible for supporting people with their medicines were completed. This showed us there were systems in place to ensure medicines were managed safely.

Good

# Is the service effective?

## Our findings

People told us they were confident staff had the skills and knowledge to support people with their specific needs. One person told us, "The girls were so good. I don't know how I would have managed without them. They gave me encouragement but never took over. They were there to get me back on my feet and that's what they did."

We looked at a chart which detailed training that staff had undertaken. The registered manager told us the senior team lead had completed a three day course in first aid. Other staff completed emergency aid and 75% of staff had received this training. Infection control training was every two years and 80% of staff had completed this training. Fire safety was every two years and 100% of staff had completed this. Moving and handling training was also every two years and only 100% of staff had completed this training. Safeguarding was every three years and 100% of staff had completed this. Food hygiene was every three years and 60% of staff had completed this training. We saw that 100% of staff had received updated medicine training in the last year. The registered manager told us that where gaps in training had been identified this had been pointed out to the registered provider and that updates were to be provided.

The registered manager told us any new staff would complete the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. They told us how new staff would read policies and procedures and would shadow experienced staff until they felt confident and competent.

Staff we spoke with during the inspection told us they felt well supported and had received supervision and an annual appraisal Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervisions and appraisals had taken place. A staff member we spoke with said, "I had my supervision a week or two ago. Everything is up to date including my mandatory training." They also said, "I feel supported." Another staff member we spoke with said, "I get my clinical supervision monthly and [the clinical lead] does my annual appraisal."

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. The registered manager told us that all people who used the service would need to have capacity. The service did not cater for people living with advanced dementia as they would not benefit from the service provided. Staff we spoke with understood how to gain consent and ensure people had choice. People told us they were involved in discussions about their support and rehabilitation.

The registered manager told us senior staff were to receive training on the Mental Capacity Act 2005 in the

near future and then they would cascade this training to other staff.

Before the service starts people were assessed to determine the level of support they needed at meal time. Those people who were able were encouraged to be independent in meal preparation and cooking. Staff encouraged and supported people to have meals of their choice. One person said, "I am able to cook myself they just watch me to make sure I'm alright and safe." Another person said, "At first they helped a bit but as I became more confident I was able to cook my food on my own."

The registered manager and staff we spoke with during the inspection told us they worked very closely within the service and with other healthcare professionals to support the person in their rehabilitation. Enablers, senior staff, occupational therapists met regularly to discuss the individual support people needed and how they were improving or if there had been any deteriorations. They also worked closely with GP's, the district nursing service, home care agencies and social workers. If needed, appropriate referrals were made to dieticians or speech and language therapists. Staff spoke with knowledge and understanding about rehabilitation and people's individual needs. We found changes to rehabilitation and needs were well managed. People were provided with the equipment they needed such as walking frames, grab rails and raised toilet seats. This meant that people were supported to maintain good health and had access to healthcare services to aid their rehabilitation.

Good

# Is the service caring?

## Our findings

People and one relative we spoke with during the inspection were very complimentary of the support and rehabilitation they had or were receiving. They described staff as kind and caring. One person said, "The care I had was first class, in fact I got a big hug and kiss off them [staff] when it finished." Another person said, "They are all cheerful, and very caring just like they were when I was in hospital."

The registered manager told us there was a holistic and person centred approach to support and rehabilitation people received. Prior to using the reablement service people had spent time in the residential service. The registered manager told us the staff who worked for the reablement service also worked in Middlesbrough Intermediate Care Centre which meant that prior to discharge home people who used the service knew the staff team very well. People who used the service also talked about this and how the continuity of treatment and with the same staff provided them with comfort and reassurance. One person said, "Of course I knew all the staff. They had looked after me whilst I was in the centre. That made such a difference because they aren't strangers coming to your door. They also said, "They [staff] knew everything about me and the help I needed. This definitely helped me to do well."

Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. Staff told us how they supported people and relatives with choices during their visits. One staff member told us how they had visited someone at home for the morning call. The person who used the service had been unwell during the night and was still asleep. The relative had asked if it was possible for them to go back at a later time to support them. The staff member told us they had the flexibility to do this and had gone back mid-morning.

Staff told us people were also encouraged to make choices about when they wanted their medicines, the food they wanted at mealtimes and were very much involved in choosing the times for the package of care. People who used the service confirmed this was the case. This meant people were supported to make the own choices and decisions.

Staff told us how important it was to support people to be independent. One staff member told us how they supported one person at meal time to be independent. They told us how the person had reduced mobility and were at risk of falls. They told us how they encouraged the person to take their food and hot drink from the kitchen to the room in which they were going to eat in a safe manner. As the person was also unsteady on their feet they made sure the person put the food and hot drink they had prepared on the trolley they had been provided with. This meant the person did not have to carry their hot food and drink from one place to another they could use the trolley to manage this task independently.

People's diversity, values and human rights were respected. Staff demonstrated to us that they knew how to protect people's privacy and dignity whilst assisting with their rehabilitation. One staff member said, "Most of the time people are independent with bathing but it is important to remember to keep them [people who

used the service] covered up." They told us about always knocking on a door before going into the home and introducing themselves. The same staff member also said, "We do get to know them [people who used the service] prior to discharge so we get the opportunity to gain their trust which is very important."

We found staff to be caring and considerate. When one staff member returned from a visit to a person's home another staff member was heard to ask how the discharge had gone and how the person had settled in at home.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed and leaflets on advocacy were available for people to read.

Good

# Is the service responsive?

## Our findings

While people were in Middlesbrough Intermediate Care residential service they were continually assessed. If it was thought that people would benefit from a short programme of reablement [up to two weeks] on their return home they were referred to Middlesbrough Intermediate Care Reablement Team. During this time their ongoing needs [if any] were reassessed.

Often as part of their rehabilitation [when ready for discharge] people would return home during their stay at Middlesbrough Intermediate Care. This would be initially for short periods, building up to longer amounts of time. The rehabilitation team would provide support and guidance during these visits. Staff told us this was a good opportunity to see how people managed and at the same time identify any needs.

The reablement team provided flexible support to people. Enablers reviewed people's progress at home on a day to day basis. The enablers had frequent discussions with the occupational therapists and physiotherapists about any deterioration or improvements made. The length and frequency of calls was changed according to people's needs. At the end of the two weeks [or before] people had either been rehabilitated to independent living or were reassessed. The occupational therapist was very passionate about the care and support people received. They said, "We get good results. It's all about getting them [people who used the service] back to independent living." A person who used the service said, "They used to come three times a day but as I got better they cut right down and now I'm back to normal."

The occupational therapist told us they held a weekly meeting with enablers to discuss how people were progressing, if there were any issues and individual goals for people who used the service. Staff told us that if people were identified as needing additional help and support at the end of the two week period they worked with social workers, doctors and other care agencies to share information about the person who used the service. This helped to ensure the ongoing needs of the person were met.

One person we spoke with during the inspection said, "With their help I improved."

During our visit we reviewed the care records of three people who were or have used the reablement service. One of the records was a person who had just returned home that day. There was information available to staff which informed them of the person's medical history. There was information about the person's mobility and the aids they needed to help them walk. Care records detailed the reablement intervention the person required which was support with meal preparation and bathing. Staff we spoke with during the inspection provided us with detailed information on how to support this person. They told us the support they needed with bathing was just about gaining confidence, however care records were brief and contained limited information. We spoke to the registered manager about care records. They were aware of the need to include more person centred information whilst balancing the fact that there was a high turnover of people who used the service. The registered manager told us they were to work on care records to include more information.

People and their care records were reviewed and evaluated regularly. We saw records to confirm that that

enablers, occupational therapists and physiotherapists regularly discussed people's progress and set new goals. This helped to ensure people received the rehabilitation needed to live independently.

The registered manager told us the service had a complaints procedure, which was provided to people and their relatives. People we spoke with confirmed this to be the case. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them. There have not been any complaints in the last 12 months. People we spoke with during the inspection did not raise any concerns but said they would have no hesitation in speaking with any of the staff or registered manager if they felt the need. One person said, "I can't fault them [staff] at all."

Requires Improvement

# Is the service well-led?

## Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager told us they did regular checks to make sure staff files contained all of the necessary information and supervision was up to date, however there was no formal auditing tool in respect of this. Weekly checks of medication administration records were completed but there wasn't a formal auditing tool which detailed checks that had been undertaken and the findings. We saw the registered manager had audited staff training records to identify refresher training needed and raised this with the registered provider. There had not been any missed calls as such auditing was not required. Accidents were infrequent so did not need any monitoring. The registered manager told us they would develop auditing tools where needed.

The registered manager said that due to the fast turnover of people who used the service care record audits did not take place

.

Senior management visited the service on a regular basis to monitor the quality of the service provided; however, they did not keep a record of this. This had recently been pointed out to the registered provider when we recently visited another of their services. The registered manager told us action was to be taken to ensure that quality monitoring visits were recorded in the future.

The registered manager and staff told us there were clear lines of management and accountability and all staff who work for the service were very clear on their role and responsibilities. Staff told us that the registered manager had an open door policy so that staff had access to support at all times. From discussion with staff we found that the registered manager was an effective role model for staff and this resulted in high levels of morale and strong teamwork, with a clear focus on working together.

People who used the service told us it was well led. They confirmed that the care, support and rehabilitation they had received had enabled them to remain in their own home and live independently.

The registered manager and staff during discussion demonstrated commitment and were very focussed on what they had to do to rehabilitate people so they could live independently.

Staff told us the registered manager was approachable and they felt able to discuss any issues if necessary. Staff told us the registered manager was supportive and approachable. One staff member said, "I did go to [the registered manager] with issues and they were quickly resolved. She is very approachable and easy to talk to."

We found there was a culture of openness and support for all individuals involved throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they have any concerns about the quality of the provision. We saw staff

encompassed the values of the service when speaking about their work and these were clearly embedded in practice.

Staff meetings were held on a regular basis. Staff we spoke with told us they were encouraged to share their views and ideas at meetings and they felt listened to.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us every person who used the service was asked to complete a survey when they were discharged from the service. We looked at surveys which informed that people and relatives had been very pleased with the service they had received.