DHSC – CQC external quality regulation programme

Reablement Service

Inspection report

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Our findings

Overall summary

We carried out this announced inspection on 8 and 9 August 2022. The inspection was completed by a Care Quality Commission (CQC) inspector.

This inspection is one of a programme of inspections that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IoMDHSC) in order to develop an ongoing approach to providing an independent regime of inspection of health and social care providers delivered or commissioned by IoMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The inspection is unrated and areas for improvement can be found in the Recommendations or 'Actions we have told the Provider to take' sections of this report.

We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively**.**

About the service

The Reablement Service provides support for people in their own homes for up to six weeks to support people to regain their independence. This is after they have been discharged from hospital or to prevent a possible hospital admission. If required, this may initially include elements of personal care. At the time of our inspection there were 60 people receiving, or being assessed for, support by the Reablement Service.

The Reablement Service's main office is based in Douglas, with satellite offices in Jurby and Port Erin.

People's experience of using this service and what we found
To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings
We have identified areas of improvement and made recommendations in relation to quality control procedures, the referral process for the service, access to level three training in a health and social care qualification and demonstrating the safe recruitment of staff.

People and relatives were extremely positive about the support provided by the Reablement Service, saying it had enabled them to be more independent and confident in doing things for themselves. Staff liked working at the service and felt well supported by the manager and referral and assessment officers (RAOs).

Risks to people's health were assessed and support was agreed to enable people to work towards managing these risks independently. Incidents were recorded and reviewed to reduce the risk of a reoccurrence. Support staff did not routinely administer medicines, prompting and supporting people to self-administer their own medicines.

An environmental health risk assessment was completed for each home. Equipment, for example mobility aids and grab rails, were sourced and installed where required.

Staff had received the training they needed for their roles. There were enough staff to complete all agreed calls. Staff had the flexibility of when to reduce the length or frequency of their calls as people became more confident and independent. We were not able to fully check staff recruitment at this inspection as the recruitment files were not available. The manager was involved in the recruitment process.

Staff knew people and their needs well. They clearly explained how they supported people to maintain their privacy and dignity. Staff agreed with people the goals they wanted to achieve and the support they needed.

People were supported to maintain and increase their health and wellbeing. People were supported to prepare their own meals where assessed as part of the reablement support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

There was a quality assurance system in place, although checks were not completed on a planned basis. The provider did not have full oversight of the service and did not carry out their own audits.

We found areas where the service could make improvements. CQC recommends that the service:

- Implement a more formal quality assurance process, with checks being made on a regular, planned basis.

- Take action to review the provider's oversight of the service through checks made at service manager level of the organisation.
- The provider to support reablement staff to be enrolled on level three qualifications in Health and Social care.
- The provider to work with referring agencies to ensure the correct information is provided to people as they leave hospital about what the reablement service can offer.

We have also identified areas we have escalated to the IOMDHSC.

- Recruitment records need to be accessible and audited to ensure robust, safe recruitment procedures are being followed.

The inspection

Service and service type

The Reablement Service is a domiciliary care agency. It provides support for people in their own homes for up to six weeks to regain their independence with daily living skills and may include personal care.

The service had a manager in place. The service and manager had not been required to register with the Registration and Inspection Unit of the IoMDHSC.

Notice of inspection

This inspection was announced as part of a comprehensive inspection programme which is taking place between April and September 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information we asked providers to send to us for our inspections with key information about their service, what they do well, and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

During the inspection

We visited two people in their homes, speaking with them and one relative. We spoke with three people who used the service and one relative by telephone about their experience of the care provided by the Reablement Service. We spoke with 12 members of staff including the manager, referral and assessment officers (RAOs), occupational therapist and support workers.

We reviewed a range of records, including six people's care records. We looked at a variety of records relating to the management of the service, including quality assurance, compliments, complaints and incident reports.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Is the service safe?

We found that this service was safe in accordance with CQC's inspection framework.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

People's needs and potential risks were assessed. Environmental risks were assessed as part of the person's initial assessment. Support was agreed to enable people to work towards managing these risks independently.

Where required, equipment was identified to minimise potential risks, for example walking frames, grab rails or a shower seat. Trained support workers were able to provide some equipment directly from the Reablement Service store. An in-house occupational therapist was also available to undertake assessments and source equipment. A service was available for the quick installation of grab rails, both internally and externally, where needed. People said, “They’ve supplied a wheelchair and a shower chair; they’ve been very helpful indeed” and, “[Name] came and fixed some rails for me.”

Staff knew how to report and record any accidents or incidents. Reports were reviewed by the manager and discussed with the staff team where needed, to ensure actions were taken to reduce the risk of a reoccurrence.

Staffing and recruitment

There were enough staff on duty to meet people’s needs. Assessments for new people needing support were only completed when the support workers had capacity to make the calls people would need.

There was flexibility with the timing and duration of support calls, depending on people’s needs. These would change over the six weeks of reablement support, reducing in frequency and length. Support workers and people, we spoke with confirmed they agreed the times for all of their calls and the support workers made their calls on time. A support worker said, “We’ll discuss at the start what the plan is to reduce the calls over time. I aim to do it after week four as we finish our support after six weeks.” One person said, “I started with two visits a day and then went to one and now it’s three days a week.”

The manager was involved in interviewing job candidates and agreed the references were satisfactory. The manager also checked the staff driving licences and the disclosure and barring service each year. When the central HR department confirmed all pre-employment checks had been completed, the new member of staff could arrange a start date. We were told this process could take a long time to complete. Full recruitment files were held centrally by HR and were not available to view at the time of our inspection.

Using medicines safely

The Reablement Service staff did not routinely administer medicines. People’s medicine’s support needs were assessed, and people were prompted to administer their own medicines. If required staff would support people to source alternative medicines systems, for example the Medi-dose blister pack system, which would enable them to self-administer their medicines.

There was a medicines policy in place and all staff had completed training in medicines administration. Staff said medicines administration records were available for them to sign if someone was unable to administer their own medicines. This would be a temporary arrangement, whilst other support for medicines was arranged, as the reablement support was limited to six weeks duration. A support worker said, “It may mean getting them (the person supported) a Medi-dose and then observe that they have taken their medicines correctly. If I feel they’re not going to manage their medicines I can flag this so they can get some ongoing support.”

Systems and processes to safeguard people from the risk of abuse;

Systems were in place to protect people from the risk of abuse. Staff had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Staff were confident the manager would respond to any concerns they raised. The provider had safeguarding and whistleblowing policies which gave guidance for staff in raising any concerns they had.

Preventing and controlling infection

People were protected from the risk of infection. Staff were observed using the appropriate personal protective equipment (PPE). Staff had completed training in infection control. We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

We found this service was effective in accordance with CQC's inspection framework.

Staff support: induction, training, skills and experience

Staff received the training and induction to carry out their roles. Staff were up to date with their training. Most of the support workers had achieved a recognised qualification in health and social care. Support workers were also encouraged if they wanted to undertake specific training relevant to their role; for example, moving and handling, dementia and trusted assessor for equipment people may need.

Some staff wanted to enrol on a level three qualification after completing their level two. We were told there was a waiting list on the Isle of Man for this and support workers at other, registered, services seemed to take priority for places.

Staff said they felt supported by the manager and RAOs. They said there was good communication within the staff team. Staff supervisions and team meetings were also held. Team meetings were used as a learning forum, with speakers being invited to discuss a relevant topic, for example the Parkinson's nurse. A support worker said, "Feel supported; oh gosh yes. We have team meetings monthly and can discuss any situations we're struggling with, with colleagues to get ideas about how other people have dealt with similar things."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

Most referrals to the Reablement Service were from the hospital team when people were due to be discharged. A RAO arranged for an assessment of people's goals and support needs as soon as possible after they returned home. Assessments had to be carried out in the person's home so the support they needed to become independent again was relevant to the layout and equipment they had at home. The assessments clearly identified what people wanted to achieve, the areas they needed some support and where they did not; either because they could do this for themselves or had support from others, for example their family.

Support workers said they were able to discuss people's support needs with the RAO and read the assessment prior to arranging their first visit. They also said they would spend time on their first visit discussing the person's support, goals and how they were going to support them to achieve these.

We were told there were ongoing issues with referrals from the hospital as there were some misapprehensions about what the Reablement Service was able to provide. Some people were told the reablement team would be able to support them as soon as they arrived home. Some discharges were also delayed, which meant the reablement assessments had to be re-arranged at short notice.

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

People's nutritional needs were assessed, and people were supported to regain their confidence in preparing meals where this was identified as part of their support goals.

People were referred to specialist professionals such as speech and language team (SALT) to support them with their nutritional needs when needed.

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

Staff worked with other agencies where required. Support workers supported people to practice and follow guidance provided by other professionals, for example completing physio exercises.

One support worker said, “I did a TEAMS call with [Name] and the SALT team last week. They’ve emailed some memory exercises and tongue twisters, so I’ll print them off and support [Name] to practice them.” A person said, “I didn’t get much physio in hospital; I’m glad of [support worker’s Name’s] help with it when I got home.”

If support staff identified people would need longer term support, referrals were made to the social work department. If people had to fund their own support, information was provided about the agencies available in the area who could provide the support. A support worker said, “If after three to four weeks I think people need longer term support I’ll get in touch with care agencies so the support can be in place by the time I leave.”

Ensuring consent to care and treatment in line with law and guidance

As far as possible, people should be enabled to make their own decisions and are helped to do so when needed. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under Manx legislation. Best practice in care homes, and some hospitals, is for example through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of good practice on mental capacity.

Due to the nature of the Reablement Service, all people using the service had the capacity to consent to their support and goals.

Is the service caring?

We found this service was caring in accordance with CQC's inspection framework.

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

Staff knew people, their assessed support goals and needs well. We observed positive interactions between people and support workers during our home visits. People and their relatives told us the staff were kind and caring. A person said, “[Support worker Name] is very good; she said we’ll take it at my pace and do what I’m capable of doing and build it up from there.”

People’s cultural needs were identified and recorded. Staff had completed training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people’s privacy, dignity and independence

People, and their relatives, where appropriate, were involved in discussing and agreeing their goals and support needs during the initial assessment and throughout the reablement support. People and relatives said communication with the service was good.

People were prompted and supported to increase their independence over the six weeks of the reablement service support. The aim was for people to be able to complete their daily living tasks as they were able to do before they went into hospital. People said, “They brought me a trolley and we went out for a walk. They gave me tips and hints and I’ve been fine” and, “They’ve given me the confidence that I didn’t have. They help me in whatever I ask them to provide.”

Staff were able to explain how they maintained people’s privacy and dignity when providing support.

Is the service responsive?

We found this service was responsive in accordance with CQC's inspection framework.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Staff knew people’s goals and support aims. Clear notes were made for each support visit detailing the support provided and progress made towards reaching the identified goals. Where required, additional goals and support could be agreed during the six-week support between the person and their support worker. When calls were being reduced this was also clearly documented and agreed. A relative said, “All the staff know how to support mum and she’s achieving her goals.”

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

Where assessed as being part of a person’s support goals, they were supported to access their local community. People were also encouraged and supported to restart any hobbies and attend any social clubs they belonged to prior to going into hospital. One person said, “I started with a walk around the garden and have built it up. Now I can walk to my local shops.”

People were referred to the ‘Live at Home’ scheme if they wanted. This provides social groups and a befriending service for people living in their own home who are at risk of social isolation.

Meeting people’s communication needs

Best practice in communication (for example the Accessible Information Standard) describes how to tailor communication to people with a disability or sensory loss, and in some circumstances, their carers, so that they get information in a way they can understand it. It also says that people should get the support they need in relation to help them communicate.

People’s communication needs were identified in their care plans, for example if people wore hearing aids.

Improving care quality in response to complaints or concerns

A formal complaints policy was in place. The manager said that any issues were dealt with informally and no formal complaints had been received in the last 12 months.

End of life care and support

The Reablement Service did not support people at the end of their lives.

Is the service well-led?

We found this service was not always well led in accordance with CQC's inspection framework

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

Everyone who had used the Reablement Service was given a questionnaire at the end of their support to give their feedback. We viewed over forty feedback forms and each one was positive about the support they had received, the support workers and what they had been able to achieve with the staff's support. Comments written included, "The team are providing an essential and excellent service. My experience has been exceptional and positive and has helped me greatly back to independence", "No complaints, only gratitude and appreciation to the reablement team. Always friendly and encouraging which has helped to restore my confidence" and "[Support worker Name] showed me how to hire a mobility scooter so I can now go down to the prom in the sun."

The manager said if any concerns were raised in the feedback forms, they would contact the person to discuss them and follow any up issues with the staff team.

People and relatives said there was good communication with the service, and they were fully involved in the agreeing their care and support. One person said, "At my assessment they explained what the reablement service is and asked what I wanted to achieve."

Staff said they enjoyed working at The Reablement Service and felt very well supported by the manager and RAOs. They said the manager was approachable and they were able to speak with them if they had any ideas or concerns. Support workers said, "We're a very close team and I'm very supported. We all come together to make a plan and any of the team can make suggestions," "The support for me is perfect; if I'm ever struggling they will be there for me, I can ask about anything" and "I love it. There's lots of variety, we're not time restricted and we work around what each person needs."

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The quality assurance system in place was not completed on a formal basis. The manager and RAOs checked people's care files contained the correct details and updates, but not on a planned basis of a percentage of files per month. This meant they were completed when the manager and RAOs had time to do them. The files we saw were all fully completed, and the support workers all said they had enough information in the support files to provide the support people needed.

Prior to COVID-19 the RAOs completed spot checks by attending a call with a support worker to observe the support provided and speak with the person. These had stopped to limit the risk of infection. It was planned to re-start these spot checks as COVID-19 restrictions on the Isle of Man were eased.

The manager had started a matrix to monitor staff supervisions and attendance at team meetings.

The manager completed an annual report for the service. However, the provider did not carry out their own checks to ensure the Reablement Service was being well run and was meeting people's needs. The manager was very experienced in their role and said they felt well supported; with regular supervisions and monthly managers meetings where managers could support each other and share learning.

Incidents and accidents were recorded and reviewed to ensure actions had been taken to reduce the risk of a reoccurrence. All members of staff were clear about their roles within the home, who they needed to report any issues to and who was responsible for any assigned tasks.

We discussed this with the manager who said they would plan to look at a sample of care files on a more structured basis going forward.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

Records showed the staff worked with a range of professionals as needed, for example physiotherapists and the speech and language team.

The manager was aware of their responsibilities and what needed to be reported to the safeguarding team. The Reablement Service was not required to be registered with the Isle of Man Registration and Inspection Unit and so the manager did not make notifications of events to them. Relatives said they knew how to raise any concerns and were confident these would be addressed.