Manchester City Council - Adult Directorate

North Reablement Service

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 20 and 21 October 2016 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The service was last inspected by CQC on 31 January 2014, at which time it was compliant with the regulations at that time.

North Reablement Service is a domiciliary care provider operated by Manchester City Council - Adult Directorate and is registered to provide personal care to people who live in their own homes. The service focusses on helping people regain their independence, for example after a stay in hospital, by providing short-term support, usually for a maximum of six weeks.

There were 70 people using the service at the time of our inspection.

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.

People using the service felt safe and we saw the provider operated an out-of-hours phone line in case of unforeseen circumstances. Staff had received training in safeguarding and displayed a good understanding of what signs could indicate someone who used the service was at risk of harm.

Risks were assessed and managed well through pre-assessment and ongoing review.

We saw there were sufficient numbers of staff to meet the needs of people who used the service. Staff had been with the service a long time so underwent regular reviews of criminal records checks.

Staff prompted people to take their own medicines and we saw there were plans to increase staff competence and administer certain types of medicines, such as eye drops.

Training included safeguarding awareness, moving and handling, infection control, health and safety, first aid and dementia awareness. The team leaders and registered manager kept a record of who was due to refresh certain training courses, and when.

We found consistent and comprehensive liaison with external healthcare professionals and particularly close links with the on-site home pathway team, made up of physiotherapy, occupational therapy and nursing professionals.

People who used the service, relatives and healthcare professionals told us staff were caring,

compassionate and treated people with dignity and respect. People also confirmed staff were supportive and encouraging in helping them regain their independence.

People who used the service and staff confirmed they received good levels of continuity despite only using the service for short amounts of time.

We saw that staff supervisions had not happened as regularly as had been planned, but that staff were generally well supported through group meetings, some supervision and ad hoc support from the registered manager and team leaders.

We saw people were encouraged and supported to contribute to their own care planning and review, with family members also involved. We saw that personal sensitive information was stored securely.

People who used the service and healthcare professionals told us staff were accommodating to people's changing needs and preferences.

People's independence was encouraged and people were supported to return to the hobbies they found meaningful, which also meant they remained part of their community.

People who used the service knew how to complain should the need arise and we saw this information was provided to all people who began using the service.

The registered manager and team leaders were described in positive terms by people who used the service and other staff and we found the leadership of the service had successfully managed to continue to meet people's needs whilst the service underwent structural change.

We found auditing and quality assurance systems were in place, with accountability at all levels. The culture of the service was in line with the goals of the statement of purpose and the customer service guide, focussed on ensuring people could regain their independence within a short period of time, without detriment to the standards of care they could expect.

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.

Risk assessments of a range of personal and environmental factors were incorporated into care planning to manage risks.

People and their relatives told us they felt safe with the care and support provided by the service.

Safeguarding training had been refreshed and staff displayed a good understanding of how to identify and escalate any concerns.

Is the service effective?

Good

The service was effective.

People were supported to achieve good health outcomes by staff who had the necessary training and skills.

Staff liaised regularly and effectively with a range of external healthcare professionals to ensure people's needs were met.

People confirmed staff regularly arrived on time and stayed for the agreed amount of time.

Is the service caring?

Good

The service was caring.

People were treated with dignity, respect and compassion by staff who knew them well.

Staff got to know people who used the service through rota-planning that had regard to ensuring there was a continuity of care.

People were involved in the planning of their care.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred to a degree and further work was in place to ensure all care plans in future were more person-centred.

Care plans were reviewed regularly with the involvement of people who used the service and their relatives.

Staff promptly identified changing needs and shared this information with healthcare professionals.

Is the service well-led?

Good

The service was well-led.

The registered manager was consistently described as accountable and approachable by staff and people who used the service.

Service managers ensured the registered manager was accountable for the running of the service and that it was aligned to the principles of the Community Assessment and Support Service (CASS).

The team leaders and reablement staff demonstrated a good understanding of people's individual needs alongside the strategic direction of the service, and the culture was positively focussed on meeting people's needs.

North Reablement Service

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 was planned to check 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.

The inspection took place on 20 and 21 October 2016 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert-by-experience is a person who had personal experience of using or caring for someone who used this type of care service. The expert in this case had experience in caring for older people.

During the inspection we reviewed six people's care files, looked at a range of staff records and policies and procedures. We contacted six people who used the service and five relatives. We also spoke with ten members of staff: two service managers, two team leaders, five reablement support workers and the registered manager of another Manchester City Council – Adult Directorate service. We also spoke with two external healthcare professionals. The registered manager was on leave at the time of our inspection so we spoke with them via telephone after the inspection visit.

Before our inspection we reviewed all the information we held about the service. Prior to the inspection we spoke with the local authority commissioning and safeguarding teams. We also examined notifications received by the Care Quality Commission and spoke with the local Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Good

Is the service safe?

Our findings

All people who used the service we spoke with told us they felt safe using the service, and that staff ensured they were protected from harm. One person said, "I feel safe and very comfortable with them," whilst another told us, "They make me feel safe and secure – there are no problems at all." Relatives were similarly content, with one relative stating, "They are very warm and friendly and we have had no problems in terms of safety."

People who used the service and their relatives confirmed they had never experienced a missed call and that staff were, the majority of the time, on time. One person said, "Yes, they're always on time," and another, "They are very good. There was one Sunday the care worker was a bit late but that was down to traffic." People who used the service also confirmed that, if two staff were required, two staff arrived. We saw that staff used work mobile phones to log in and out of each care visit, meaning there was a clear record of whether they had arrived and when they left. Where a staff member had not logged in to a call within thirty minutes, office staff rang them to establish their whereabouts. This helped ensure people were not at risk of neglect but also helped ensure the safety of reablement staff.

The risks people faced were assessed prior to reablement staff providing support to people. We saw these risk assessments covered a range of core areas, including mobility, communication, medicines and environmental factors. When we spoke with reablement staff they were able to describe in detail the particular risks people faced, for example the risk of falling due to a cluttered corridor and the person's eyesight, and how they supported people to reduce those risks. We saw care plans reflected the actions staff needed to take to reduce these risks and we saw referrals had been made to the falls team where staff felt people who used the service were at increased risk of falling. Staff had received risk assessment training and demonstrated an awareness of the individual risks faced by people who used the service. When we spoke with members of the on-site Home Pathway team, made up of healthcare professionals such as physiotherapists, occupational therapists and a nurse, they confirmed reablement staff raised any concerns they had about people's needs promptly.

Safeguarding training had been delivered to all staff we spoke with and staff knowledge in this regard was good when we asked them what they would do in a range of scenarios. Staff we spoke with were clear about how to raise concerns they might have about people's wellbeing and how to escalate concerns by whistleblowing (telling someone) if they had concerns about the organisation. We found the service had in place current and clear whistleblowing and safeguarding policies and that staff knowledge and awareness was in line with these.

At the previous inspection we found that staff had been recruited safely. We saw that no new external staff had been recruited since then. We saw however regular Disclosure and Barring Service (DBS) checks were completed on staff every three years, in line with the service's policy, to ensure the information the service held was more current. The DBS restrict people from working with vulnerable groups where they may present a risk and also provide employers with criminal history information. It also stores and shares criminal history information for when relevant employers request this. This meant staff were subject to

ongoing checks regarding their suitability to work with vulnerable individuals.

With regard to infection control, people who used the service confirmed staff used personal protective equipment (PPE), such as gloves and aprons, when delivering personal care. One person said, "They always have the equipment like gloves and aprons – they never cut corners."

The registered manager had regard to the safety of staff and we saw supervisions included discussions about whether staff had adequate support to remain safe, for example the provision of snow grips for their shoes, a supply of PPE, a torch, and the support of another reablement worker on a care visit that required two members of staff. When we spoke with staff they confirmed they attended such care visits in pairs and that staff safety was not compromised. One staff member said, "We sometimes struggle to find double cover on late shifts but we get there."

In line with the service's focus on independence we saw people who used the service were prompted to take medicine. Staff had received training in medicines management and displayed a good understanding of the medicines people were prompted to take. When we spoke with people who used the service and their relatives, they confirmed staff did not administer medicines to people, but reminded them to take them. The service manager of the Community Assessment and Support Service (CASS) explained they were exploring the possibility of staff receiving additional training to be able to administer medication, such as eye drops, but that this was still being trialled at a different location.

People who used the service confirmed they knew who to contact in an emergency and we saw this information was made available to people.

We saw that accidents and incidents were recorded and formed part of the monthly manager's meeting, to discuss if there were any trends locally or across the other locations the registered provider had responsibility for. We saw accidents were infrequent and there were no evident patterns but that systems were in place to appropriately record and analyse such incidents.

Good

Is the service effective?

Our findings

People who used the service and their relatives were happy with the levels of support they received from staff and expressed confidence in their ability. We gathered a range of consistent, complimentary feedback in this regard. One relative told us, "They certainly know what they're doing and they're good at what they do." One person who used the service told us, "They always know what they're doing," and another said, "They seem to get a lot of training and they always write everything down in the book." One healthcare professional told us, "They have a good grounding in cognitive need, as well as the basics."

When we spoke with healthcare professionals who worked closely with reablement staff they were complimentary about the level of detail staff made in their daily notes. We saw examples of these daily notes and found them to be comprehensive and clear, detailing factors like tasks undertaken by the person, any personal goals achieved and any areas of concern, such that other professionals could use the information to help meet people's needs. We saw that, where enablement staff had any immediate concerns, they escalated these immediately. This meant people could be assured their personal care support was documented in such a way that supported the ultimate aim of their speedy recovery and return to independence.

Staff communicated effectively and efficiently with health and social care professionals to provide care that met the needs of people who used the service and to ensure good health outcomes were met. For example, one person who used the service used a wheelchair to move but, through ongoing liaison with the physio and occupational therapy services, their mobility improved and they were able to walk with a frame, as per their reablement plan. We saw reablement staff had encouraged the person to complete regular exercises.

We saw one person who had previously used the service had written a note of thanks regarding their outcomes. They stated, "I had a fall and could not move my arm, finding everything painful. From day one I was visited morning and evening by your wonderful staff who encouraged me, dressed and showered me, and helped me to my recovery. I don't know what I would have done without the reablement team!" This further demonstrated that staff helped people regain their independence.

Reablement staff were consistently positive about the close links they had with the Home Pathway team, who were located in the same building. This team consisted of physiotherapists, occupational therapists and a nurse. The Home Pathway team leader said, "We have a really good relationship with reablement staff and we're a lot closer than we might have been at one time. They're always quick to raise things with us and are keen to support people back to independence."

In addition to risk assessments, we saw there was a consistent approach to assessing people's needs prior to care being delivered. As per the Community Assessment and Support (CASS) framework we reviewed, all care plans we saw contained standard assessments regarding people's manual handling needs. We also saw assessing staff had the option of other assessments to help give reablement staff sufficient background knowledge regarding people's needs. For example, we saw on occasion the Barthel assessment was used. This is a tool used by physiotherapists and others to assess people's self-care and mobility needs.

To ensure up to date information was shared between reablement and healthcare services, as per the CASS standard operating procedures, there was a 'huddle' every morning, whereby representatives from the reablement team and the Home Pathway team would discuss any changes to people's needs.

We saw that the majority of staff had been employed for a number of years but that the provider's induction process consisted of a range of initial training such as safeguarding, moving and handling, infection control, dementia awareness, first aid and medicines administration. The service manager confirmed there were plans to recruit more staff, meaning the service had the appropriate procedures in place to ensure new staff were equipped to perform their role. We saw existing staff received a range of refresher training, for example safeguarding, tissue viability awareness, infection control and health and safety. The registered manager used a training matrix to monitor who required what training, whilst individual team leaders were also tasked with identifying training needs in their staff.

We saw that recent supervision meetings had been planned but not all had taken place by the intended dates. Supervisions are a meeting to give staff an opportunity to meet with their manager to discuss any ongoing concerns or training needs they may have. The registered manager explained that this delay was due to focussing on supporting staff cope with the change to a more integrated system of care, alongside new IT-led personnel systems. They committed to ensuring supervisions happened as planned and also stated they hoped to continue more group supervisions. We did see that some supervisions had taken place and staff confirmed to us, "My manager is accommodating," "I have a really great manager," "We probably don't have as many one-to-ones as we used to but we get together more as a group and I feel supported," and, "I've had a lot of support and generally I feel there's a lot more communication than there used to be." Staff also confirmed regular team meetings took place and we saw evidence of this. This demonstrated staff were supported on a formal basis to ensure they had the skills necessary to perform their role.

Staff confirmed they received regular training updates. They stated a range of training had recently moved to an e-learning system and some staff noted difficulties in getting used to this way of learning, as well as difficulties in accessing personnel information. The registered manager acknowledged this was a, "Learning curve" and staff and team leaders acknowledged it was taking time to get used to the system.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA and displayed a good understanding of capacity.

With regard to nutrition, we saw each care file had a specific 'Making meals and drinks' section and people who used the service confirmed that staff supported them to maintain a healthy appetite. One person told us, "She always helps me with my breakfast and it's spot on."

Good

Is the service caring?

Our findings

People who used the service told us, "I get on great with the care workers and I can have a laugh with them, which makes a difference," and, "They're very patient. They always get on with the job but are always caring too." One relative said, "I am so happy with the service – I could adopt them all." Another said, "We felt so lucky having such a caring, nice, genuine person looking after them."

One person commented in a letter to the service that staff gave, "Firm and friendly guidance," whilst one relative wrote in a compliment letter, "I wanted to thank the team for encouraging my [person] in areas I have been struggling to assist him. The visits have made a difference to our lives." We found staff had successfully managed to balance the need to effectively support people with specific time-bound goals, such as a number of physiotherapy exercises at every visit, alongside ensuring people who used the service felt cared for compassionately, at home and not rushed.

We saw the exit surveys people who used the service were asked to complete indicated unanimously positive responses with regard to questions about whether staff were polite, introduced themselves, and treated people with dignity and respect.

We gathered further responses indicating that people who used the service were treated with dignity and respect, with relatives telling us, "The carers are fantastic and they treat [person] with such respect," and, "They always treat [person] with respect." They confirmed that reablement staff supported people with their identified care and rehabilitation needs but that they also encouraged people to be as independent as they were able, for example with washing their hair or preparing food. One person told us, "When I got my flat they came and helped me to choose the wallpaper and carpets – they always check that I'm happy with my decisions."

One thank-you letter read, "The reablement team are very friendly, caring and supportive. They have helped build my confidence back up." Another letter read, "I am writing to tell you how very good and thoughtful all your carers have been. [Person] has been looking forward to seeing them when they call." This helped to demonstrate that staff were suitably patient with people who required particularly patient support if they were to retain their independence after, for example, a bad fall.

We saw the automated rota planning system factored in whether staff had visited the person before when assigning the rota, meaning a level of continuity of care was built into the process. We also saw staff could manually alter the rotas the system generated to ensure people's preferences were met. When we spoke with people who used the service they were pleased with the levels of continuity and confirmed they felt they got to know the reablement staff well. Staff agreed with this, with one stating, "They're generally very good at giving you similar calls."

We saw consent was included in care plans and delivery and when we spoke with people who used the service they confirmed that staff sought their consent prior to undertaking care. Whilst no one using the service at the time had an advocate in place staff understanding of advocacy services was good. We saw

advocacy information was made available to people who used the service from the outset. We saw that staff also liaised well with people's relatives to ensure they were supported as fully as needed to make decisions.

We saw sensitive personal information was stored securely and the entrance to the service's office was via a door requiring an electronic fob to access it. This meant people's sensitive information was treated confidentially.

We found the culture to be a genuinely caring one, with all staff we spoke with passionate about the outcomes they helped people achieve through liaison with healthcare professionals and with people's involvement in their care. The customer guide each person who used the service received stated, "All staff will be respectful and take your individual preferences into consideration while providing your support" and we found staff had consistently delivered in this regard.

Good

Is the service responsive?

Our findings

We saw the service had recently made a concerted effort to improve person-centred care planning by developing and sharing an 'exemplar' care plan. This set out how the provider expected a fully individualised care plan to look. Not all existing care plans we reviewed were to this standard but staff were aware of this expectation and we saw care plans were person-centred to a degree. Person-centred means ensuring all aspects of care have regard to the individual's preferences. Similarly, the healthcare professionals who completed initial assessments had had this exemplar shared with them to inform and improve the assessments they made in future. We reviewed care plans and saw each had a clear 'My expectations' section which set out people's goals. These included regaining their independence with regard to mobility, or being able to complete a particular task they were currently unable to do, for example to go out and get their shopping. This demonstrated the service had regard to person centred care and had put in place measures to ensure continued improvements were made.

When we spoke with people who used the service, they told us staff did have regard to their individual likes, dislikes and needs. One person said, "They take an interest." When we spoke with staff they were able to speak in detail about the life histories, experiences, family relationships and preferences that made each person they supported different. For example, one staff member told us about how someone they supported had been a fan of a particular musician and the reablement worker had helped them to join the fan club. This member of staff told us, "It's about getting them back to what they want to be doing." Similarly, another member of staff had helped one person plan a goal of walking to the local charity shop to look at their array of jigsaws, as they were a particular fan of jigsaws. One relative told us, "They get my relative involved in things and events in the local area – there was a tea morning and a jumble sale recently," whilst another said, "My relative loves magazines but has bad eyesight so they bring the magazines [person] might still be able to look at and sit and go through them with [person]."

Whilst staff supported people who used the service for relatively short periods of time, we saw that, within that context, they encouraged people to pursue the interests meaningful to them and helped people retain their individuality. This also meant people were protected against the risk of social isolation and supported to remain a part of their community.

We saw there was a complaints policy in place, which was made available to people when they began using the service. We found there had been no complaints recently and that, where people raised queries, such as a change in care visit time, these were listened to and responded to. One person told us, "There are no major issues – if you have something to raise, you raise it and they sort it out." Another person told us, "I know how to complain but I have no reason to." This was the consensus of all the people who used the service and relatives we spoke with, showing the provider encouraged people to raise concerns and queries, and reacted to them effectively.

We saw that care files were reviewed on a weekly basis. There was a range of personalised care plans and risk assessments. There was a sufficient amount of detail in each care file we reviewed, enabling reablement staff and others to have a clear understanding of people's needs.

People who used the service and their relatives we spoke with described a thorough analysis of people's requirements prior to care visits. They also confirmed reablement staff involved them in the care planning and delivery process, which they felt part of. One person who used the service told us, "I'm really happy about how they get me involved – I'm always introduced to the carer and I'm always listened to." One staff member told us, "We do get to build a relationship, yes – there is an attachment and we get to know people. We're clear about what practical support they need and we give emotional support too."

Relatives confirmed that they were involved in decisions about the care of people who used the service and that office staff regularly updated them if there were changes. One relative told us, "They always let me know what's going on with [person's] care so I'm aware of any issues or changes."

We saw reablement staff liaised well with the home pathway team when there were changes to people's needs. The home pathway team leader told us, "They are quick to let us know if there are any changes." For example, where one person's mobility and balance did not improve as well as expected we saw reablement staff feedback was used by healthcare professionals to consider a range of options and provide additional balance classes at a local day centre. Likewise, where one person's progressive illness was presenting them and staff with more difficulties with regard to moving from the bed to a seat, we saw this feedback was used to inform a decision by healthcare professionals to provide a different type of mobility aid.

In addition to daily 'huddles' there were more formal multi-disciplinary meetings every Friday morning, where reablement staff met with healthcare professionals from the home pathway team and others (social workers also worked on-site, whilst there were plans for the crisis team to be located in the same building). We saw the terms of reference for these meetings were underpinned by an acknowledgement of the importance of person-centred care and a shared goal to make this part of every decision.

People who used the service were routinely asked for their views on how the service performed and whether any improvements could be made. These exit questionnaires were currently undertaken at the point of discharge but the staff we spoke with agreed it could be beneficial for people using the service if there was also an interim point where people were asked for their views. After the inspection the registered manager confirmed these additional phone calls had started.

Good

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place, although they were on leave at the time of the inspection visit. The Community Assessment and Support Service (CASS) service manager and the registered manager of another Manchester City Council – Adult Directorate service assisted with the inspection. We also spoke with the registered manager on the telephone following their return from leave. The team leaders we spoke with were also able to explain processes such as supervisions, rota planning and auditing.

The registered manager and other managers we spoke with had significant experience in adult social care and were supported by an experienced staff who knew the people who used the service. We found morale to be good despite the fact the service was undergoing a period of change to a more integrated approach to care, alongside new software systems for documenting personnel needs. Contributing to the high levels of morale was the fact that staff had known each other for years in some cases, and consistently told us they felt part of a strong team. One member of staff told us, "We have team meetings and we work as a team. We feel like a bigger team now with the home pathway people on site."

The CASS service manager was able to give a clear overview of how the reablement service was positioned amid the wider goals of Manchester City Council and a greater emphasis on integrated care. By helping people regain independence promptly but also identifying other pathways of longer-term care if needed, the reablement service supported this, particularly the 'Live Longer Liver Better Programme', which intends to bring about healthier outcomes for people by involving them more in their own integrated health and social care provision.

The service manager displayed a sound understanding of CQC regulations and had factored this in to future planning of auditing. They also displayed a good awareness of the planned publication of guidance next year from the National Institute for Care and Health Excellence (NICE) on 'Intermediate care including reablement'.

They showed us the governance systems in place that monitored the registered manager's performance and ensured they were accountable and subject to scrutiny. One the day of our inspection the CASS service manager was also holding an open day for all staff to drop in and contribute their thoughts, hopes and fears regarding the future of the service. Staff we spoke with welcomed this opportunity and confirmed their ideas were listened to. All staff we spoke with displayed a positive attitude and outlook regarding how they could help the service maintain levels of care delivered to people.

Corporate oversight of the service was therefore sound, whilst feedback from staff, people who used the service and relatives was that the registered manager had made positive changes since their arrival. One member of staff told us, "They have really been getting stuck in," whilst another said, "The manager is a lot more approachable than before - it's been a big change but they've managed it well." One person who used the service told us, "I have seen the manager, yes, and I know I can contact them if anything is not right." One relative told us, "The manager introduced themselves to us and they make sure they stay in contact."

Speaking more generally about the support team leaders provided, one relative said, "They have a very good service and the managers keep in touch with you regularly – they are very good at what they do."

We saw team leaders undertook auditing of care files, with each person who used the service having their records audited at least once during their use of the service. This also included visiting the person at their home and observing how staff interacted with them. The registered manager then conducted a range of weekly audits, four of personal care records and four of information held on the IT system. These looked at whether care plans were accurate but also whether any information on the IT system was out of date. We also saw there was a prompt in place to review the care records of people who had been with the service for five weeks, to see whether any additional actions were needed to help them regain independence, or whether additional time was required.

With regard to the levels of communication and consistency from office staff, one person who used the service said, "Brilliant. I always phone to check who's coming – I got mugged once and am a bit scared to let new people in my home – they never complain and are helpful and I ring up all the time." One relative stated there had been an error whereby they had cancelled a care visit but the carer had still arrived. The weight of evidence gathered however and the consensus of opinion was that the planning of care visits and levels of communication between office staff, reablement staff and people who used the service, was good.

All staff we spoke with clearly described their understanding of person-centred care and how their role empowered people to regain their independence, in line with the ethos of the organisation and as described by the service manager. This demonstrated the registered manager and others had sustained a culture of delivering high quality care, focussed on individual needs, during a time of organisational change.

We noted the surveys used by the service allowed for free text information to be written in them, meaning people's comments could be captured. People were also asked to rate the service as 'Excellent', 'Good', or 'Satisfactory'. There was no option for 'Poor' or the equivalent and, whilst we found feedback was generally positive, this meant any reports based on these questionnaires ran the risk of being unfairly skewed towards always being positive. The questionnaire formats did demonstrate strengths elsewhere, for example, there were certain questions, if answered as a negative, meant the matter was escalated to a team leader immediately. For instance, if anyone answered 'No' to being asked if they had been treated with dignity, this would be immediately escalated.

Staff we spoke with raised minor concerns about the accessibility of the new personnel software. The registered manager acknowledged this and committed to ensuring staff were adequately supported to familiarise themselves with these systems.