

North Tyneside Metropolitan Borough Council

North Tyneside Council

Domiciliary Care Agency

Inspection report

North Tyneside General Hospital (Resus)
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21 August 2017
22 August 2017
23 August 2017

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced comprehensive inspection took place on 17, 21, 22 and 23 August 2017. This was the first inspection since the provider registered moved location and renewed their registration in June 2016.

North Tyneside Council Domiciliary Care Agency provides personal care and support to people in their own homes via three teams; the reablement, community rehabilitation and the overnight teams. Referral into the teams follows a discharge from hospital, from intermediate care or from referrals from primary care services and generally lasts on average six weeks. Intermediate care is a care service which is a step down from hospital before a person is discharged back to their own homes. The aim of the service is to support people as they adjust back to independency in their own home. Where people are unable to carry on without ongoing support, the provider will ensure that suitable referrals are made to appropriate healthcare professionals.

The service supported 158 people who lived across the North Tyneside area, including older people living with dementia and people with physical disabilities. Due to the short term nature of this service, numbers of people being supported at any one time can fluctuate.

There was a registered manager in post. 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 service was well led with a dedicated registered manager in place, who was committed to providing a good service and had implemented various changes since coming into post.

Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise any concerns. Staff knew about safeguarding procedures and had received training; and we saw concerns had been reported promptly and appropriately to the local authority safeguarding teams.

People told us they had received their medicines in a timely manner, although we saw that a small number of records had not been completed fully. This was addressed immediately. The provider also was in the process of further updating their medicines policy. We have made a recommendation in this area.

Accidents and incidents were recorded and dealt with effectively by the provider. Where issues had occurred, actions had been taken and lessons learnt.

Staffing levels were maintained by timely and safe recruitment procedures when required, however, all of the current staff had worked with the provider for many years. The provider had a system in place to ensure rota allocations were monitored so people received their care 'call' on time and staff were kept safe. The registered manager told us they tried to ensure people were visited by the same care staff but

acknowledged that this was not always possible, due to holiday, sickness or other circumstances.

Staff had received suitable inductions and completed appropriate training and development opportunities. Staff said they felt well supported by their line manager and the provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager was fully aware of the Mental Capacity Act 2005, particularly in relation to the court of protection.

Some people received support with eating and drinking as part of their care package. People were provided with meals they had chosen and preferred and staff ensured drinks were left between visits for people if they required them.

Staff supported people to regain or maintain their independence and treated people with extreme warmth and kindness and in a very respectful and dignified manner. Care plans and associated documents were personalised in response to the needs of individuals with the involvement of them, their family and professionals.

There was a complaints procedure in place and people and their relatives knew how to access and use it. People had no concern about complaining if they felt they needed to.

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.

People received their medicines on time and the registered manager was quick to respond to areas which needed to be updated to continue to provide a good service.

Safeguarding policies and procedures were in place and staff were aware what actions they would take if abuse was suspected.

The recruitment process was robust and the registered manager ensured there were sufficient numbers of staff to ensure people's individual needs and wishes were fully met.

Is the service effective?

Good ●

The service was effective.

The provider had systems in place to make sure people received support from staff who were trained and supported by the provider and records confirmed this.

People received food and drink which met their nutritional needs when this was required as part of their care package.

The registered manager was aware of the Mental Capacity Act 2005, and staff acted in people's best interests.

Staff supported people with any additional healthcare needs, including appointments with GP's or going to hospital.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People benefitted from extremely caring and positive relationships with staff.

We saw staff always treated people with utmost dignity and respect and supported them to regain and maintain their independence.

Feedback confirmed that people and their families had been fully involved with planning and decisions made regarding their care.

Is the service responsive?

Good ●

The service was responsive.

The service was responsive at meeting the needs of people who used it. Health care professionals were complementary about the responsive way that staff performed to meet people's individual needs.

Staff could respond immediately and were flexible in their work to allow them to do this. People's personal outcomes and goals were recorded and monitored to see if they had been achieved.

Information on how people could complain was available and any issues raised had been dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

The provider involved people in all aspects of the service, and valued their input and views, and those of their families.

There was a positive culture and people benefited from care staff who worked well as a team and were happy at their work.

A range of audits, checks and quality monitoring procedures were in place to help maintain standards within the service.

North Tyneside Council Domiciliary Care Agency

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.

This inspection took place over the period 17, 21, 22 and 23 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at their offices to support the inspection team and also to inform people we may contact them in their own homes.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience carried out telephone calls to people and their relatives to gather their views.

We reviewed information we held about the service, including notifications we had received from the provider about deaths and safeguarding concerns. Notifications are reports of incidents sent to the Commission and are a legal requirement of registration.

Prior to the visit, we contacted the local authority safeguarding team and the local Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support our planning of the inspection.

We spoke with 17 people who used the service and eight family members. We also spoke with the registered manager, three locality leads, one team leader and two schedulers. We contacted or met at people's homes nine members of care staff. We observed how staff interacted with people when we visited people in their homes. We also reviewed a range of records which included the care and medicine records of 11 people who

used the service, six staff personnel files, and a range of documents in relation to the safe operation and management of the service.

During the inspection we also spoke with three health care professionals, including two social workers, and a hospital discharge nurse.

Is the service safe?

Our findings

People felt safe in the company of care staff and while receiving support. When asked if people felt safe, comments included, "I feel very comfortable with the regular carers"; "I feel extremely safe, they are wonderful girls and I have had nothing but praise for them. I trust them all"; "They are always checking to see if the bed sides are up (for the person's safety)"; "Yes (feel safe), they are all positive and supportive" and "Oh yes (felt safe), lovely bunch. They are like one of the family...trust them."

Relatives also confirmed that their family member felt safe and that they had confidence in the staff. One relative said, "I think [person] is safe, yes. The staff that come have given me no reason to think otherwise. If there has been anything that has cropped up, they [care staff] have always rung and let us know." One relative said that their family member felt safe because staff took the time to show they cared and were concerned about their general health. They said that care staff had expressed concern about a particular sore area of skin and suggested a course of action. The relative said, "Just looking after him."

The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended regular safeguarding training. Staff told us the training assisted them in identifying different types of abuse, and they would not hesitate to inform the manager if they had any concerns about anyone. They were confident the registered manager would act appropriately to protect people from harm, and protect staff members if they raised any concerns. Records showed concerns about abuse had been appropriately reported and action taken by the registered manager to keep people safe.

Some people told us that staff supported them well with the administration of their medicines and we observed staff following safe working practice during our visits to people in their homes. We noted from one visit that there was a gap in the recording of medicine from the previous day, although it appeared that medicines had been administered from talking to relatives and looking at remaining medicines.

As the service was required to sometimes respond very quickly to people being discharged from hospital or in other emergency situations, some information was not always completed on medicine administration records (MARs), for example, allergies or the route for the medicines to be taken. We found, however that although the information was not recorded on the MAR, it was on the medicines container received from the pharmacy.

The registered manager had updated procedures since they had come into post, including the implementation of various recording forms, including topical application records. They told us they were in the process of updating their documentation further for instances when relatives administer medicines to people on particular days in conjunction with care staff on others.

We found staff had supported people with the application of topical medicines as required, but had sometimes recorded in daily records rather than on the correct paperwork. Topical medicines refer to, for example, applications to the body surfaces of a selection of creams, foams, gels, lotions, and ointments. The registered manager told us they would look into these issues and ensure that all MARs and associated

paperwork were detailed and completed fully.

We viewed the provider's medicines policy and found that there were some updates to be made in line with the National Institute for Health and Care Excellence (NICE) guidelines for medicines management in domiciliary care services. However, we found that the provider was in the process of updating the policy to ensure they followed best practice.

We recommend the provider follows the NICE guidelines for medicines management in domiciliary care services.

We looked at care records for eight people and saw risks were assessed regarding a range of identified hazards. These included moving and handling and risks associated with the environment in which the staff would be working. There were also assessments regarding any risks associated with medicines. There was information to show the action staff needed to take to minimise these risks, such as instructions on safe moving and handling. This meant the provider mitigated risk and aimed to ensure that people and staff were as safe as possible.

People who used the service and their relatives thought there were enough staff. People told us there had been no missed calls, although one person said that staff had come late to a tea time call once. They also said that staff were almost always on time and stayed for the agreed times. Other comments included, "They are always on time"; "no issues really"; "They come within reasonable times, not always bang on the dot, but I understood that when I started" and "The times suit me fine." There were 10 missed calls logged on the system from February to the current date. These were a mixture of, for example, clerical errors in cancelling the wrong care call or a staff member being on holiday and this not recognised. The registered manager told us that any missed calls were taken seriously and looked into to try and ensure it did not happen again.

Care calls were monitored via a scanning (tag) device for reablement staff. In each person's care file a small tag was scanned by staff using their smart phone supplied by the provider. The provider required staff to 'check in' and to 'check out' when they provided care to someone in their home. Staff said the system worked well with the exception when there was an interruption in the updating of the records due to connection issues. Staff said they had sufficient time to complete their tasks and to travel to the next person. In addition, staff said they were supported by the management to spend more time with people if this was needed. When we visited people in their homes and staff were present, it felt unhurried with staff having sufficient time to complete any care tasks they had and also importantly, time to talk and listen to people. Staff working on the rehabilitation team used a manual rota system which was monitored by the team leader.

Accidents and incidents were recorded and monitored. Learning event reports were used to analyse particular incidents with details of what went well and what could have been done better. This ensured that any areas recognised for improvement or further actions to be taken to keep people safe were addressed.

Staff were able to tell us what they would do in the event the person they visited did not answer the door and they were unable to gain access. One staff member said, "I would ask neighbours or go around the back of the house to check. I would phone the office and stay until I was told what to do. If we can't find them the office would phone their family." This demonstrated the staff member knew what was expected of them in the event of a person not being located when they arrived for a scheduled call.

Business continuity plans were in place to assist the registered manager and staff in what actions they should take if an emergency situation arose. For example, poor weather conditions which stopped staff from

reaching the people they were caring and supporting. This meant the provider had put in place systems to minimise disruption to the people they supported and to help keep them safe.

We checked and saw staff had been recruited in a safe way. Recruitment files contained application forms with employment history, written references and details of Disclosure and Barring Service (DBS) checks. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. These help employers make safe recruitment decisions and prevents unsuitable staff from working with vulnerable people. All staff employed had worked with the employer for many years and there had been no new staff employed, although some staff had taken redundancy due to the recent restructure of local authority services.

Is the service effective?

Our findings

People who used the service and their relatives felt the service was effective in providing good quality care and support. One person told us, "It's wonderful having these people coming. I don't feel so alone in the world. Nice to have decent people coming. Kind, nice and cheerful. It makes me feel happier"; "They tell me how they can help [person's name] and they tell me how I can help [person's name]" and "They know what to do and how to do it. They seem very well trained. Very good."

One relative told us about the influence the effective care had for them and their family member. "When [person] was discharged from hospital staff supported them by not only making sure they received the extra care but understood [person's] need to be able to regain their independence.

Staff have made a huge difference to them and I am sure they would not be still at home if it was not for them."

We reviewed staff personnel records. We saw evidence they had received a formal induction based on the common induction standards at the time. We noted that all the staff employed at the service had worked with the provider for many years, some up to 30. The registered manager told us all new inductions would be based around the Care Certificate standards. Providing staff with in-depth, role appropriate induction helps to ensure staff have the skills and confidence to complete their tasks to the required standards.

Each staff member had a comprehensive record of training which they had completed. Training which the provider deemed as mandatory had been completed, including for example, first aid and basic life support, positive behavioural support and moving and handling. Other training had been completed, including, Parkinson's awareness, dementia awareness and autism awareness. Staff told us that training provided was very good. Many staff had National Vocational Qualifications (NVQ) level two and three awards in health and social care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff also told us they were able to discuss their training needs at their supervision and we saw evidence of this. This showed the provider supported staff to achieve their potential and helped staff to maintain good standards in the care they provided.

People commented on how well staff supported them and felt it was because of the training they had received. One person said, "He's [care staff] very good. He's given [person's name] confidence to move about but also been very good in making sure he does not do too much all at once like he has been prone to in the past." Other people said, "They know exactly what they are doing"; "They are trained and retrained. I've never had a problem. Even though they are really experienced they are always checking themselves"; "They're all mature people who know their job"; "They keep their gloves on (when dealing with personal care). They look after things so well"; "They're [care staff] perfect – I'm in the room with them"; Staff are very well trained. I know all of them I have, have worked a long time with them (the local authority)" and "Cannot give enough praise for how they have supported me, they are trained to a good standard."

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's rights were protected. Staff understood adults should consent to their own care and treatment, unless it had been established they lacked the capacity to make their own decisions safely. Staff explained their understanding of the MCA and told us they assumed everyone had capacity unless proved otherwise. One member of care staff said, "If we have any doubts about the person's capacity or something happens to make us worried; we could contact the office or speak to our manager." From talking with relatives and health care professionals, we found that some best interest decisions had been made for people but this was not always recorded. However, we noted that healthcare professionals and relatives had been fully involved, including social workers, GP's and district nurse teams. We spoke to the registered manager about this and they said that they would review this and ensure that any best interest decision was recorded and showed us the updated paperwork which would be used.

The registered manager told us that no person was subject to their liberty being deprived under the court of protection at the time of the inspection. The court of protection makes decisions and appoints deputies to act on behalf of people who are unable to make decisions about their personal health, finance or welfare.

People were asked for their consent before staff embarked on any form of personal care or support and we saw examples of this when we visited people in their homes when staff were providing support at the same time. One staff member asked a person if they wanted any breakfast. The person responded with, "Yes please". The staff member then asked if they wanted the usual, which the person again responded with a, "Yes". When the staff member found that the usual breakfast of eggs was not available they encouraged the person to have an alternative which they agreed to. We watched the same staff member include the person with everything they were there to provide support with. For example, administration of medicines and personal care. People we spoke with also told us, "They [care staff] don't force themselves...they always ask me"; "Always ask first"; "They do say 'what would you like me to do'"; "They don't do anything without saying 'can I do?'" and "They [care staff] keep checking that it's ok (to carry on doing what they are doing)."

Not every person we spoke with required support with meal preparation or help to ensure they received sufficient to eat and drink. Those that did, told us staff supported them well. One person described having breakfast prepared for them and made comment that staff prepared meals as they would like it and said, "When she boils an egg – she gets it perfect." Another person we visited had a poor appetite which we confirmed from records. We saw the staff member offer encouragement to ensure the person had eaten before they left and also reminded the person's relative (who shopped for their family member) which foods were required to restock cupboards. Staff told us they left drinks for people, where required, in-between calls to keep them hydrated.

The service supported people to see health care professionals such as the GP, dentist, and nutritional specialists when a need was identified. Records showed staff referred people to see health professionals when their health changed. This showed the provider worked in partnership with other professionals for the benefit of the people they supported. One social worker we spoke with told us, "The staff would immediately respond to any concerns they had about a particular person and make the appropriate referral if necessary. Very effective in that way, definitely."

Staff gave us examples of when they had contacted medical personnel. For example, a staff member told us that they contacted a person's GP (with their permission) when the person had reported they were unwell.

Is the service caring?

Our findings

People who used the service told us that they felt at the heart of everything the care staff supported them with. People and their relatives felt that staff went the 'extra mile' for them and were extremely kind and caring. One person told us, "They [care staff] bend over backwards for me. Those girls will do anything I ask, they are wonderful and I would not be without them." Another person told us, "I will be lost when the day comes that the service will end, they [care staff] are like my friends and family." A third person told us, "You get people who are pretending to be nice but these [care staff] are genuinely particularly caring and really do want to see you get back on your feet...cannot thank them enough for what they have done for me and my family come to that."

Other comments from people included, "They are always polite. They're cheerful and chatty"; "They treat you as another human being. We are on first name terms"; "They are very caring and very thoughtful"; "Very nice – they treat you as normal. Discuss normal things"; "Very supportive. I get people to care and wash me. The people ([care staff] I've had are excellent. All pleasant people" and "They were lovely, very nice, very friendly."

The provider had received a large number of thank you cards from people or their relatives, who had accessed the service. Comments were highly complementary, thanking the staff team for the support they had given during their time spent with the service. One letter received stated, "I will remember you forever" and "You made me laugh every morning with your delightful and humorous stories."

Staff used people's preferred names, or terms of endearment and we saw people responded with smiles and laughter. There was genuine affection between people and staff, and we saw people hugging staff giving staff opportunity to provide affection and reassurance.

Relatives also confirmed the views of the people we had spoken with and told us, "It's been lovely – [person] responds to them [care staff] in a way [person] never would with me"; "If you are going to do this sort of work you have to have a special way about you and care about those you look after. I can honestly say that the staff I have met all exceed the standards of being special...they really will go out of their way to do whatever is needed. I certainly could not do what they do"; "Really pleased, they are so caring. They are ever so polite. They talk to [person's name] all the time"; "So kind and pleasant"; "They take their time – they don't rush her"; "They come in with a positive attitude and he [person] responds to it"; "We've had excellent care with North Tyneside Council" and "They're excellent. They are so good. They know what to say and do. My [family member] is delicate – they've adapted to [person]."

One member of care staff we spoke with told us, "[Person's name] is lovely, they are a proper character and I love them to bits." Another member of care staff told us, "I do love talking to [Person's name]. He responds to it – he's quite happy." A further staff member told us, "I have called at the shops many a time for people when they have ran out of certain items. Its never a problem and I could not see anyone without (meaning without food or drink)." We confirmed that this was at times outside of their normal care times. A healthcare professional told us, "The staff I have been involved with are mature with a deep sense of caring which I am

sure is genuine."

We observed that staff spoke with people in a respectful and dignified way, which took account of their personalities as well as their fears and anxieties. People's dignity was not only maintained by care staff, but also promoted. People commented, "They will go out of the room and say 'do whatever is personal' They treat me like a human being not just a case"; "They are good with that (personal care). I wash the necessary parts and they do cover you up"; "They make you feel comfortable and check if I want them to stay (in bathroom). They make it easy"; "They have a respect for me" and "She [carer staff] makes me feel very comfortable. Always asks 'are you alright with me doing (x).'"

One person described how staff made them feel relaxed in their presence and said, "They made sure that you didn't feel uncomfortable. They stood outside of the bathroom door. The same person also described how they had recently returned from a hospital stay and that staff were discreet and said, "Very aware and thoughtful (staff were)" Another person described the humour used by staff which helped them to remain relaxed in their company and said, "It's their attitude. They make a joke of everything."

The aim of the service was to support people to regain their independence. During our visits to people in their own homes, we found that staff certainly understood this and worked with people to ensure that this was at the forefront of everything they did. People were treated as individuals and care was tailored to each person in a very person centred way. One person we visited explained that staff visited every day to provide them with support around their mobility after falling and being discharged from hospital. They said, "[Name of care staff] has been extremely good. They help me to get dressed and understand how keen I am to get back to normal. However, they have worked with me and helped me to understand it's not a quick fix and I need to gradually build up my confidence, which [carer name] has more than helped me to do" and "They really do give you the encouragement you need." The person went on to tell us that the impact this had had on both themselves and their partner was "huge". They explained that when they had first had the accident they felt no one was listening or cared. They said that now they felt people [healthcare professionals] were listening to what they had to say because of support from the provider. They told us that staff had acted at times as an advocate for both them and their partner by providing support to obtain various pieces of equipment and additional advice. They expressed they did not feel as disheartened or depressed as they once had been.

At the time of our inspection we saw no evidence that anyone accessed the services of an advocate, but we saw more informal means of advocacy through regular contact with families. This meant that people were invited to be supported by those who knew them best. Advocates help to represent the views and wishes of people who are not able to express their wishes. Care staff were aware of whom to contact should the need arise to use this type of service and as previously stated, on occasions acted as advocate themselves to further support people.

Another person we visited had just been supplied with a special piece of equipment to support an injury and help with their mobility. The person explained to the member of care staff that they were not sure they were using it correctly. The staff member took the details of the equipment and said they would call in on their way back to the office to see colleagues in the NHS and check its workings.

We read the care plan's from a variety of people who used the service, including those involved with reablement and those with supported by the community rehabilitation team. Every detail of the improvements made to people's independence or ability was recorded. We matched these with people's recorded aims and goals and were able to confirm that people had either achieved these or were well on their way to. One relative we spoke with confirmed how staff had supported their family member to regain

some of the skills they had lost during their confinement in hospital. They said, "Staff have worked magic around what they [person] want and not rushed them. They are now able to make their own meals again which is a massive thing." We spoke to the healthcare professional involved in this person's care and they told us they were impressed with the outcomes achieved and said, "Its good how quickly [person] has improved and I am sure it is absolutely down to the care staff."

A relative we spoke with during a visit to one person's home told us that care staff had personalised the times of their calls after the initial times did not fit in with the person's usual daily activities. They explained their family member had regular weekly visits to the hospital for treatment. They explained staff had tailored their hours around these visits to provide care when it was required. We saw evidence to confirm this in the person's records. The person in question was able to tell us that staff provided them with support that they wanted at the time they wanted it. They told us that staff had previously, "Called and came back at a different time", (which had better suited their needs).

People told us, "It would be easy to say to the staff 'can you do such and such', because they would, but that's not the point. I want to be able to do things myself again and the carers who come out have helped me so much. It won't be long before I am there, but they have explained that they will make sure I am fine before the service comes to an end, which is reassuring"; "They [care staff] were there if I needed them. They encouraged me to do as much as I could myself. I've improved a tremendous amount"; "They encourage me to do things myself but if I need help I just ask" and "I had lost all my confidence. They give encouragement saying '(name) you are doing really well. I've had a walk along the corridor."

Relatives told us that staff had not only helped their family member with their independence but gave them reassurance and confidence and commented, "Knowing that [person's name] has staff who are trying to get them back on an even keel is comforting. I was not sleeping at night worrying, but have now seen the big difference they have made. I have utter confidence in what they do"; "They let him walk without assistance. I think he enjoys it" and "Since they've come [person] has not slept in their clothes. It's stimulated [person] and they are better. (This relative explained that previously their relative was sleeping in their day clothes and that they now get changed and washed as a result of the carer staff supporting them.

The feedback we received demonstrated people and family members felt involved and very much part of planning the care they received. This ensured that people had regular opportunity to make their views or any concerns they had known. Staff worked with people and their families to ensure they discussed particular tasks and who would be responsible for them. For example, some people had family who were regularly involved and able to carry out tasks such as making healthcare appointments. Other people preferred care staff to complete any care related tasks or other support required.

People's comment's included, "We (person and family member) met with staff and talked about what the service was about and how they could help. We agreed what they were going to do. Yes fully involved with what staff were going to help me with. They listened and did not dictate"; "[Staff name] came around before it started and sat down and talked about things"; "The boss explained what they did" and "I did not want someone to walk in here and take over my life...that never happened mind, they have been very good supporting and listening to me and changing what they did to suit what I needed help with. Very good they are." One relative told us, "We are a team (meaning the whole family and care staff)."

People's views were gathered regarding the service they had received. We saw that as part of the 'pack' people received when they started to use the service, they had been given a questionnaire and an envelope in which to return it. This allowed them to give their views on the quality of the service and the staff. From the questionnaires returned very positive comments were received about the care and support which had

been provided. People who used the service and their relatives had been highly complementary about how the service had supported them to regain their independence and resume what they called a 'normal' life.

Is the service responsive?

Our findings

People's care needs were assessed and reviewed at intervals. People confirmed they were visited at home by one of the provider's management team to discuss their care needs and any changes that were needed or suggested. Care records included details of these reviews. People told us the provider was flexible in adjusting care to suit their changing needs or preferences.

Care plans were comprehensive and reflected people's preferences, including likes and dislikes. People's daily routines were recorded as well as how care should be provided. Care plans covered, for example, mobility, eating and drinking, mental health, physical health, communication and skin care.

Staff were responsive to the changing needs of people and were able to identify when additional support was required. One person was able to give us an example of when a staff member had responded to them with additional support and had recognised how they felt. They explained they were worried about having to do a particular house chore as they felt unable to do it. They felt the care staff had recognised their need and concerns and suggested they do it for them. The person said, "It was like having a ton weight lifted off my shoulder." One relative told us, "Staff have been marvellous, they will change what they do to suit. They knew something was wrong and [person's name] was not responding as well as they should have been. They ended up, coming in extra which was a God send." Another relative explained that staff had visited their family member and when they realised they had an issue with their medicines and that the correct medicine had not arrived, they had (with permission) went to the pharmacy on the person's behalf to rectify the issue and collect the correct medicines. The relative said, "So helpful and can respond just like that. They ring the office and explain what has happened. Simple as that."

Staff were responsive to the mobility needs of people and in many cases supported them to obtain aids and adaptations which would further assist them in their own home or while out in the community, For example, walking frames. Staff in the community rehabilitation team also provided support with the use of equipment and additional help with its use. One person told us that staff had supported them after they had fallen and said, "They [care staff] come every day and get me up and moving. I am getting steadily better with their help."

Three staff members whom we spoke with told us that if an issue arose which meant they needed to stay to provide additional support to an individual, there was never a problem. One told us, "I would just ring the office and explain what was happening and they would send someone else to the next call if that was needed. We can respond to emergencies really quickly and I know that people have told me that they never feel rushed."

The provider monitored the outcomes of people who used the service from the start of the support provided until six months later. They were able to show improvements made in the person's own independence and also how people had avoided readmission to hospital. People completed a health questionnaire at the start of using the service, at three months and again at six months. As the service was usually up to six weeks, this meant the provider returned to the person to gather the views on their health at the three and six month

intervals. One of the locality leads explained, "By doing this we can see if people have continued to be able to look after themselves or on occasions we can find people have deteriorated and need to be referred back into services." They were able to give us an example of when they had needed to do this. This meant that the provider was responsive to the needs of individuals even after the person had finished using the service.

Everyone we spoke with stated that they would feel comfortable if they ever needed to complain. We saw evidence that the small number of complaint had been investigated and relevant action had been taken to satisfy the complainant. Complaints procedures were available to each person who received the service. It provided people with information on how they could complain about the service should they need to. One person told us of a minor complaint they had made and told us how it was dealt with immediately.

Is the service well-led?

Our findings

The service has a registered manager in place. The current registered manager had worked with the local authority for many years, including previously having worked at 'The Cedars' rehabilitation services. When the local authority services were restructured at the end of last year and 'The Cedars' was closed, the registered manager relocated to this service. The service was now made up of rehabilitation staff from 'The Cedars' and current reablement staff to form the restructured service.

The provider had complied with their registration requirements and sent the Commission notifications of various incidents which they are legally obliged to.

People and their relative's views about the service delivered and the way it was managed were all positive. Comments included, "I think it's marvellous"; "It's really good"; "Yes because the carers stay (with the organisation) a long time"; "I couldn't have asked for better"; "Well managed as far as I'm concerned. They [care staff] come and do what they have to do and leave"; "Very well organised" and "I have heard and been involved with other care agencies and I can tell you that this is one of the best organised I have come across...must be well led or that would not happen."

We found there was a clear focus on achieving high standards and a desire to continually improve. The provider had implemented a number of changes to the service over the past year, including a new logging in/out system for staff. This system was introduced for a number of reasons. The provider had recognised that they needed to provide a better system for monitoring staff attendance at people's homes, which did not include time consuming phone calls. The provider had purchased a new mobile application (APP), which is a software program linked from the staff member's telephone to the providers computer system. Staff used their work telephones to scan in and out at each care call they made. This meant that the provider could closely monitor any missed calls and also ensure that the staff member was safe.

The service had a variety of policies and procedures which ensured all staff were able to be kept informed of the agency's expectations and legal requirements. Policies were in the process of being updated. Staff were able to attend meetings at the service to be updated on policies and procedures.

Very regular staff meetings were held to share important information about the service and staff were all positive about the team they worked in. We saw evidence that staff had been thanked for their hard work and they had been given the opportunity to raise any queries or concerns they had. This indicated management were proactive in trying to ensure a quality service was provided to people and that staff felt valued.

Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people. The staff we spoke with told us that they were always fully supported by the registered manager and office staff. Staff understood their role and had confidence in the way the service was managed. Staff told us that the changes in the registered management of the service had not affected them at all and they felt comfortable with the new registered

manager and said they were approachable.

There were systems in place to monitor the quality of the service provided. This included care file audits, checks on MAR charts when they were returned to the office and surveys to gather feedback from people who used the service. The registered manager said they were going to review these in light of the issues we had raised regarding medicines records.

The latest survey results reflected that people were happy with the service and it met their needs. Out of 166 responses to the survey, we noted that people considered the quality of care to be either 'excellent or good'.

The service offered was short term but staff worked with other healthcare professionals and agencies well to ensure that care continued where required. To aid this, the provider offered a bridging service which covered additional support once the initial six week service came to an end. This remained in place until more suitable longer term support was found. During our visits to people in their homes, we spoke with a healthcare professional who was in the process of assessing the longer term needs of one person. They said, "Communication is good. Sometimes it can take longer to source ongoing services but that is no fault of the staff. We work together well and we all try our best for the clients we work with."