Borough of Poole

Short Term Assessment, Reablement and Telecare (START)

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

We undertook an announced inspection of the Short Term Assessment, Reablement and Telecare (START) service on 13 and 17 January 2017. We told the registered manager two working days before our visit that we would be visiting because the location provided a community care service for people in their own homes and we needed to be sure the registered manager would be available.

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.

START provides reablement support to a wide range of people in their home following either a hospital admission, or a change to the individual's ability or independence. The service supported people to regain lost skills, learn new ones, and generally increase their ability and independence. The registered manager told us, "The ethos is around enabling people to do things for themselves. The adults are what is important to all of us".

People were extremely positive about the care they received. They told us staff were very caring, friendly and unhurried in their approach. People were very involved in determining what support they required. Regular reviews enabled people and staff to measure how they were improving and what else could support them to become more independent. Reablement assistants were enthusiastic and experienced. They demonstrated a very individualised approach and knew how to respond in an emergency or when to offer assistance for a person's well-being.

People and staff described a highly responsive service. Visits were not time limited and the service had received over 100 compliments in the past 12 months. People feedback to the service that the support they had received had made a huge difference to their recovery.

People felt safely supported and there were safeguarding and risk management systems in place. Robust recruitment ensured that the staff employed were suitable to work with vulnerable people.

People told us staff were skilled and the staff we spoke with were highly complementary about the training they received. Staff told us there were effective support systems in place and that they were able to gain advice or guidance whenever they needed to.

People and staff consistently fed-back that the service was well run and provided positive leadership. There was a strong emphasis on people pursuing full, active lives in their own communities.

There was a clear management structure in place and oversight from the provider. The registered manager was proactive and enthusiastic about the positive outcomes for people who used the service. Staff were

motivated, innovative and skilled in reabling people to achieve greater levels of independence.

There were systems in place to monitor the safety and drive the continuous improvement of the quality of the service provided.

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 told us they felt safe receiving support from the service.

Staff were able to clearly tell us what they would do if they suspected someone was being abused.

There was evidence of robust recruitment procedures in place.

People received their medicines as prescribed and were supported to manage their medicines independently.

Is the service effective?

Good

The service was effective.

People we spoke with confirmed that staff were competent and had the right skills.

Staff told us they received an induction and on-going training in order to ensure they had the necessary skills to meet people's individual needs.

Staff confirmed they received regular one to one and group support.

Staff had an understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had received appropriate training.

People, staff and involved professionals worked in partnership to ensure people maintained their physical and emotional well-being.

Is the service caring?

Outstanding ☆

The service was outstanding in their care for people.

People who used the service said they were treated with kindness and care and comments we reviewed about the service were extremely complimentary.

Equality and human rights was embedded and integral to people's care and support. This made sure people were valued and their rights respected.

People were fully involved in their care and support from the commencement of the service to their final review.

Is the service responsive?

Outstanding ☆

The service was very responsive to people's changing needs.

People we spoke with who used the service confirmed that they were involved in planning their care which looked at the support people required and what they could for themselves.

Visits to people's homes were not time-limited and staff did not have to fit visits within an allocated number of minutes. This meant that their approach was very person centred and not task orientated.

People's care plans and needs were regularly reviewed which was completed with the involvement of people and we saw numerous examples where positive outcomes had been achieved by people who used the service.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

Feedback on how the service was managed and the culture within the team was very positive.

The registered manager was very visible in the team and all of the staff we spoke with said there was clear communication both internally within the team and with outside agencies. The service also sought people's views about the service they had received and acted upon it.

Comprehensive systems were in place to monitor the service and identify where improvements could be made. The service worked effectively with other organisations to develop the service in order to achieve better outcomes for people.

Short Term Assessment, Reablement and Telecare (START)

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 13 and 17 January 2017 and was announced. One inspector visited the service on both days of the inspection.

We spoke with five people using the reablement service to learn about their experiences. We also spoke with 12 staff including the registered manager and received written feedback from six health and social care professionals.

We reviewed three people's care plans and other records in full, and sampled specific care records for a further seven people. We also looked at two staff files, training records and other records relating to how the service was managed.

Before the inspection, we reviewed the information we held about the organisation including the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I felt very safe with staff" another said they were, "Perfectly safe with staff", and a third individual commented, "I feel safe with them in my home". The registered manager told us, "We want to be able to provide a safe service".

Information and guidance about safeguarding people was clearly displayed in the office, and all the staff we spoke with understood the signs of abuse and what action they needed to take. One member of the team was the safeguarding lead. They explained this meant they kept staff updated at team meetings and was a point of contact for guidance and support. Records evidenced that staff also discussed any safeguarding concerns during their regular supervision sessions, although all the staff we spoke with said they would draw any concerns to the management team immediately. Safeguarding concerns were notified to CQC in accordance with the regulation and the manager worked in partnership with the local authority safeguarding team to investigate concerns and ensure people were safeguarded from abuse.

Risks to people and staff were safely assessed and mitigated. For example, pictorial images on the front of people's support plans drew staff attention immediately to risks such as a medical condition or allergies. Environmental risks such as lone working, electrical equipment and fire safety were assessed at the start of the reablement service, as were other risks posed to people. For example, where risks were assessed with medicines people had a medicine risk assessment in place that provided staff with guidance. One person had risks resulting from a medical condition. When staff noticed the individual was losing weight they sought medical assistance promptly in accordance with the person's risk assessment and guidance. A staff member said, "If anything changes the risk assessment is updated".

There was a safe system in place that ensured accidents and incidents were investigated and actions put in place to mitigate the risk of a future re-occurrence. Accident and incident audits also made sure that trends or patterns were recognised and addressed to maintain people's safety.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role, including criminal records checks with the Disclosure and Barring Service. Staff files included application forms, employment history, records of interview, a Disclosure and Barring Service (DBS) check and appropriate references.

People and staff told us they had good continuity with the staff team with enough staff employed to meet people's needs. A member of staff told us about one person's comments that, "it was nice to see the same faces and not have to say the same things over again". Staff had the equipment required such as first aid kits, mobile phones and personal protective equipment, including gloves and aprons. There was an out of hour's service so that staff or people could seek advice, guidance or support outside of office hours

Medicines were managed safely. There was an up to date medicines policy in place that had been regularly revised to take account of learning as a result of medicine issues such as administration errors. Where

administration errors occurred staff had guidance in place and records showed immediate action was taken to investigate and safeguard the person.

People's medicine support needs were assessed and planned for at the start of their reablement service and highlighted to staff through information at the front of people's support plans and through medicine risk assessments. Independence with medicines was an outcome some people had identified they wanted to work towards. Staff were knowledgeable about how they could help people to achieve this. For example, one individual who had diabetes was struggling to manage their medicine without support. Staff liaised with the district nurse to provide the person with different medicine options. Following a change, the person became independent. Another person became confused about the timings of their medicines which prevented them from being independent. By working in partnership with the individual, their GP and the pharmacist, staff supported them to change when they took their medicine to a time when they were more alert and in a longstanding routine of taking their medicines. This led to them achieving their stated desire of independently managing their medicines.

Staff who administered medicines had all completed the required training and their competency to administer medicines was checked on a regular basis. There were regular audits of people's MAR (Medication Administration Records) charts, and the MAR charts we reviewed had been fully completed. Quality assurance visits to people at home further ensured people had received their medicines as prescribed.

Good

Is the service effective?

Our findings

People told us they were supported by skilled and competent staff. One said, "No complaints at all. I've been very happy with all they have done for me as I was in a bad way when I came out of hospital". Written comments that had been collected through final visits included one from a family member who thanked the team for, 'Their excellent service, 10/10'.

Staff all told us they received an induction and effective on-going training in order to ensure they had the necessary skills to meet people's individual needs. One said, "The training is really good, there is so much to go through to make sure you are competent" and another told us, "I did a very interesting half day learning about strokes. Sometimes it not about formal training but about learning from someone else" and, "The training is absolutely fabulous, you are always learning". Written comments we received from the local authority training included, 'We recognise the excellent skills and abilities that staff in START have and we have supported them to upskill further'.

Training records showed staff had received a through induction including formal learning and shadowing opportunities. Staff who were new to health and social care were further supported to achieve the care certificate (a national award) and all staff were expected to undertake the relevant diploma in health and social care.

On an on-going basis staff were able to refresh their knowledge of moving and assisting people, safeguarding, dementia, food safety and information governance. There were also specialist courses to enable staff to competently support people with specific health conditions.

Staff we spoke with confirmed they received regular one to one supervision meetings and told us that any problems were quickly sorted out. There was an annual appraisal system in place and a staff member commented on theirs saying, "It was really brilliant". Staff spent time at the office most days and team meetings were also held to discuss concerns and to hear any updates from the registered manager. Outside of these meetings staff told us they could get advice, guidance or support at any time. We received a range of comments from staff including, "We try to have regular handover and team meetings where we can talk through any concerns" and, "They happen very regularly which is good. At any point you can get guidance" and, "They are always there on the end of a phone, there is a safety net" and, "I have never had such good working relationships, they are amazing".

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. Most of the people who received a service had capacity to make their own decisions. Staff told us about how they sought people's consent before they helped or supported them and records showed people had consented to their assessment and support plans. One staff member told us, "You have to assume capacity all the time and accept their right to make unwise decisions" and another said they asked, "What is

it that you want help with today, what would you like me to do first". Where people lacked mental capacity to consent to a specific decision the service had developed systems to ensure they acted in accordance with the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We talked with the registered manager and they fully understood their responsibilities to alert health or social care teams when they felt there was a risk that someone could be deprived of their liberty.

People were supported to regain their independence with meals and drinks. Where people were assessed as nutritionally at risk, food and fluid charts were in place. People's plans described to staff what support they required and a number of people were being supported with their nutrition and hydration at the time of the inspection.

Staff worked in close partnership with health colleagues to make sure people remained as well as possible. For example, one person required support with the care of their stoma, and had previously been independent. Training was arranged with a specialist stoma healthcare practitioner. With the person's consent the nurse was videoed changing the stoma bag recording clear instructions for staff on what they and the person needed to do. The registered manager told us, "It was a real joint initiative. We successfully reabled [the person] and they had an improved quality of life". The healthcare professional also provided feedback to us and wrote, 'All the staff that attended the sessions were really keen to learn and found the sessions helpful. Stoma care is not something that they deal with on a daily basis so to have a refresher was found to be beneficial'.

Staff told us about how they supported people with their healthcare needs as part of their daily visits. For example, pressing telephone buttons to enable someone to speak with their GP or supporting people to make sure they had the transport they needed for hospital appointments.

Outstanding ☆

Is the service caring?

Our findings

People who used the service said they were treated with dignity, respect and a high level of kindness and comments we received about the service were complimentary. We received a range of comments including, "Staff are very kind and caring, no complaints about that at all" and, "Staff are kind and respectful, no complaints whatsoever, they are very very nice" and, "Staff are kind and respectful". One wall of the office displayed thank you cards from people and their family members. Comments we noted included, 'I would like to thank you for all your help, kindness and understanding. I feel so much better' and, 'Thank you so much for your care and kindness, you have been amazing', and 'We would like to thank all you lovely people…you have at all times been professional, efficient, sensitive, patient and caring'.

During the inspection we listened to telephone calls between staff and the people they supported. At all times we observed that staff listened to the person, provided information or reassurance and were warm, unhurried and friendly. Information people shared with staff was treated respectfully. For example, one person shared some distressing information about their history and staff checked with them that it was ok to share this with the wider team.

The service promoted equality, recognised diversity, and protected people's human rights. Staff had received training in equality, diversity, inclusion and dignity. The training included explanations of what this might look like in practice. Staff also had useful resources including links to equality and human rights legislation, and other organisations promoting good practice. When we talked with staff there was an enhanced awareness and commitment to respecting and valuing people. Comments included, "Showing respect and giving choices. It is to do with emotion and loneliness, there is no time limit on that support, and it's never rushed" and, "Finding out their routine, how they have always done things, they call the shots" and, "I get to know the clients so well, I love my job".

We spoke with the lead member of staff for equalities, diversity and inclusion and they said, "It's about the understanding, it's about their emotional wellbeing". They also told us equality and diversity discussions were part of team meetings. Equality and diversity discussions formed part of staff supervision and staff were asked to think about, 'What have you done to make a difference'. Their responses were collated to further analyse how inclusion was promoted and how people's diversity and dignity shaped the service.

At the time of the inspection there were a number of examples of how staff had sought to promote people's community inclusion, act on diversity and promote dignity. One person had been supported to regain their confidence outside of the home. This had resulted in them independently accessing the community for shopping and social events. Another person had asked to be visited by a smaller team of reablement assistants and records showed that staff had raised concerns about how they were engaging with the reablement package. Staff suggested a different approach with a very small number of reablement assistants to build their relationship with the person. The person's final visit record showed this had been a successful approach. Staff had learned more about the person including some of the losses they had faced and how private and proud they were. The final report stated that, 'We have facilitated the gentle approach and guidance needed for [The person] to continue with their chosen lifestyle'. A staff member told us, "It's

the little things that mean so much".

We saw examples of where staff had gone 'above and beyond' because they cared about the people they supported. One person was awaiting a delivery of continence aids. However, they explained how they were feeling anxious about what time this would arrive. A staff member immediately collected some from the office to reduce the person's anxiety. They told us, "It's the extra things that make a difference". Another member of staff was concerned at Christmas that one person was planning to be home alone and was not very confident using the microwave as they usually had a hot meal delivered. The reablement assistant arranged a Christmas day visit to check the person was ok and that they were managing with the meal. A reablement assistant told us about how they had relieved one person's anxiety. This person had been diagnosed with heart failure. They explained to us how they had sat with the individual and read the guidance provided by the hospital together. The person was able to share this with their family who then had a better understanding of why their parent was not as independent as quickly as they had hoped.

People's preferences were treated with importance. For example, some people had a preferred gender of reablement assistant. This information was clearly displayed on the rota to support staff when allocating the reablement visits. For example, one person had requested a specific gender due to their cultural needs and records showed this had happened. This meant there were reduced barriers to the individual and that they felt comfortable with the person supporting them. Importantly, staff also asked what people what they wanted to happen if they could not manage to provide the gender of staff the individual preferred.

People were encouraged to express their views and to be involved in making decisions about their care and treatment. Their assessment enabled staff to learn about what was important to the person, their history and what they wanted to happen. The assessment also identified any cultural needs. Records showed that where one person required an earlier visit on Sundays to enable them to attend church this had happened. This meant staff had respected and acted upon the person's wishes. People also identified what outcomes they wanted to achieve and the support plans and assessments were written from the person's perspective. A reablement assistant told us about the support plans and said, "They were changed to make them more person centred. It's their words". Staff also told us how important it was to get to know someone. One said, "It's so interesting, finding out about people's history" another staff told us, "We are fortunate to do the first visit so we can find out all about the person" and a third said, Its their words about what they want support with".

People who used the service told us that staff promoted their independence. The organisation's vision statement included, 'The START reablement team supports adults on their journey to regain their confidence and independence, by empowering them to live their life, the way they wish to in the comfort of their own home'. Records showed this happened. One individual had identified three goals, 'I want to improve my mobility and my transfers'. 'I want to gain strength and confidence with washing and getting dressed'. 'I want to gain confidence with preparing my meals and drinks'. Working alongside the physiotherapist and reablement assistants this person gradually regained their strength and mobility. This meant they became more independent with washing and dressing and was able to make their breakfast without assistance. Another person had sight loss. Staff developed a laminated large print poster where staff could write down when they were next visiting in large print. This reduced the person's anxiety and made sure they were actively involved in their support.

The management team respected and valued their staff and this further enhanced the caring nature of the organisation. The registered manager told us, "I have a lovely team, I am so proud of them". The management team regularly monitored their team's on-going competence in a variety of areas by observations of their support to people in their home. Part of the observation explored their communication

skills and approach with people. Comments by the assessor included, '[The reablement assistant] is kind and patient' another reported, '[The reablement assistant] came across as a very caring person who was able to adapt to each situation in the right way' and a third stated, [The reablement assistant] greeted everyone appropriately and was very pleasant and caring in their approach'.

Outstanding ☆

Is the service responsive?

Our findings

People described a highly responsive service. One said, "I have improved quite a lot under their guidance, I can now walk again. I am very appreciative for how they have helped me". We also reviewed the comments made by people during their reviews or via thank you cards. These showed people felt they had received a very responsive service. Comments included, 'You were brilliant' and, 'Thank you to all the staff team for encouragement and support. Reablement is a very good idea – it works for me' and, 'The team have all been great. I am confident I will manage but I know I can phone for help if I need it'.

Staff described how the service excelled in being responsive. We received a range of comments from including, "I think we are really good at being responsive. We have a really good philosophy and we find ways of helping people to be independent" and, "It's very fluid, we adapt".

We checked to see how people were referred into the service and found that there were three referral routes. People could be referred by their hospital if they were already admitted or by a local authority community team if they were struggling to manage at home. Recently, the service had started a self-referral system which enabled people not known by health or social care services to request support from the team.

Following a referral staff checked the person met reablement criteria and then visited them to complete their first assessment and plan their care and support. During this visit staff and people jointly completed the assessment including an assessment of any risks. Staff gained consent to care and support and identified any equipment or assistive technology required. Most people's support service commenced immediately following this visit. This meant that any potential delays in receiving a service were minimised through the efficient and effective use of a multidisciplinary approach and appropriate supporting technology. Visits to people's homes were not time-limited and staff did not have to fit visits within an allocated number of minutes. This meant that their approach was very person centred and not simply task orientated.

Records showed assessments and support plans were person centred, provided staff with accurate guidance to follow and easy to read. They covered a range of areas. For example, one person was discharged from hospital requiring support with washing and dressing, medicines and meal preparation. Their plans explained their mobility needs and the equipment they required. The plans also identified their level of independence and support needs with, personal care, food preparation, continence and their emotional wellbeing. Reviews took place regularly to help staff understand how the person was progressing and any further work required to promote their independence. At one review a piece of equipment was identified, and quickly put in place to promote independence with meal preparation. Records showed that at the final review, approximately one month later, the person had achieved what they wanted to and was managing their personal care and meals independently.

Another person's records showed they wanted to 'build up my strength and confidence, especially with my mobility'. Their progress reports identified that over time they regained their independence preparing meals and was supported to gain confidence mobilising outdoors. They had wanted to return to church and

socialise with friends and this was achieved. Although they did not regain full independence, their need for on-going care and support was significantly reduced.

Towards the end of a reablement service a third person's records showed they were struggling to make their bed each day. A reablement assistant discussed potential options and the person decided to purchase a duvet. After the person had chosen which duvet and covers they wanted, a reablement assistant helped them purchase it. They were then able to make their bed each day.

Some people required support other than reablement for example, to prevent an admission to hospital, to facilitate a discharge from hospital or to support people whilst they were awaiting a long term care package. In one case an individual wanted to be discharged from hospital and staff agreed to support them whilst awaiting a care package. This meant the person did not have to be admitted to a residential home temporarily and that they were in their own home which was what they wanted. Another person was discharged quickly from hospital and staff checked their transport and equipment arrangements and organised an assessment and commencement of the service on the same day. Some people required support at night-time for example for continence support or for pressure care and there was an experienced team of night reablement assistants. They worked as a team of two throughout the night to make sure people's needs were met. This meant that people who required support during the night had the opportunity to remain in their own homes. One person had accessed this service because they wanted to go to bed later, and this was a good example of how staff acted upon what people wanted and fitted in with their usual routines. A member of staff told us, "It's about the person at the heart of the whole process".

We saw many examples where positive outcomes had been achieved by people who used the service through creative thinking and practice and a member of staff confirmed this saying, "I think we are really good at finding creative solutions". One person had been referred to the service because they were struggling to remember to take their medicines. We saw that a new medication dispenser was introduced, with staff monitoring to identify if this method was successful. Another person was struggling to remember when to take their medicines. In this case staff developed a reusable laminated poster. This enabled the person to tick of when they had taken their medicines and successfully stopped them from taking too many of their tablets.

Staff liaised with other in a variety of ways, by email, telephone and in person. The reablement assistant communication with the office helped the service adapt people's packages immediately. During the inspection we saw lots of reablement assistants at the office, updating the team and requesting changes. These were responded to promptly. A member of the management team told us, "It's about listening to what they are saying". Reablement assistants had electronic tablets which meant they could record daily information about the support people had received and report any concerns they might have. There was a system in place to make sure office staff reviewed daily reports and all the staff we spoke with told us this was effective. For example, one person was discharged from hospital following a fall. Their hospital assessed need was for three calls daily. After staff visited and completed their assessment they provided the person with some equipment to support their mobility. The support ended after two days because the equipment in place enabled the person to regain their independence.

One reablement assistant was the lead for community resources and worked with other staff in the local authority to investigate how people could access the things they had previously enjoyed or needed to do. They told us, "It's brilliant, I feel so passionate about people having someone to talk to and something to do". We saw examples of how people had been supported to access things like the hairdresser or a nail cutting service. Some people with memory problems had been supported to participate in dementia friendly activities in the local community. A lot of staff brought up issues of inclusion and loneliness during

their discussions with us. One staff member said, "A lot of issues are about loneliness" and another worker told us, "We offer people emotional support to come to terms with what has happened to them"

There was an effective system in place to support people to raise any concerns or make a complaint. People had information provided about making a complaint at the start of the service, through staff discussing what they could do at the first visit and also by written complaints information. Staff were aware of the complaints policy and procedure and one told us, "The manager takes it very seriously, It's about learning and about being a better service". All the people we spoke to knew how to make a complaint. The registered manager told us they had not received any formal complaints in the 12 months preceding the inspection. However, they kept a spread sheet if informal concerns raised by people either by telephone or when staff were supporting people. The registered manager commented on this saying, "There is always room for improvement". This showed that people's concerns had been taken seriously, investigated and resolved.

Outstanding ☆

Is the service well-led?

Our findings

The service sought feedback from people in a variety of ways. Monthly home visits by senior staff enabled people to talk through the service they received including any concerns they had. People's viewpoint was also gained at the end of their reablement service. We reviewed recent feedback and found it was universally positive with comments such as, 'Brilliant service' and, 'Staff outstanding' and, I think the service is brilliant. The girls are friendly and very helpful. Nothing seems to faze them. I would recommend to anyone' and, 'They have all been fantastic. It's sad that we are ending support. START will be missed'.

Records showed people's views and opinions were evaluated and information was used to drive further improvements. This had led to changes such as providing referrers with more information about the service to make sure people understood the purpose of reablement prior to starting with the service. The registered manager told us, "If there are any trends I can identify them and make changes. We can make mistakes, it's how we move on and learn from them".

Feedback on how the service was managed and the culture within the team was very positive. All of the staff we spoke with said there was good teamwork and clear communication. For example, there was a system in place whereby staff contacted each other at the end of their visits to people. This meant that staff who had finished their calls could offer support where other staff may have been held up or require assistance. We received a range of comments about the support systems in place from staff all of which were highly complementary. These included, "We are a very open team; we talk with each other" and, "We are very good at helping each other, it's all about communication" and, "It's a great team and a nice atmosphere. I am very happy". The registered manager was a visible member of the team and told us, "We are very good at supporting each other".

Feedback about the registered manager and senior team was that they promoted an open culture, were person centred, inclusive, open and transparent. The comments we received included, "Extremely fair" and, "I find them very approachable and they have been brilliant" and, "They will take your opinion and will listen to what you have put forward" and, "If there is something we are not sure about we can phone and get support". During the inspection a member of the team called in to gain advice about someone they were worried about. The registered manager listened to what they were saying, checked what action they had taken and provided them with further advice and reassurance. Later the member of staff arrived at the office and a team discussion took place on anything else that was needed to make sure the individual was safe.

The registered manager confirmed they kept up to date with current good practice through various ways, such as receiving support and information from the local authority, attending meetings with other registered managers and receiving updates for example from CQC. Other staff were 'champions' of particular subjects such as addiction, assistive technology, dementia or community services. We spoke with three champions about their subject area and found they were passionate about learning more, and sharing their knowledge with other members of the team. The registered manager had shared their learning about CQC and the regulations with staff who also had a reminder key fob about whether the service they provided to people had been safe, effective, caring, responsive and well led.

Regular team meetings ensured staff were kept up to date about the service and were able to contribute to its improvement. Development days for senior staff resulted in clear action plans to improve the service. We reviewed samples of these and found that actions identified were followed up as staff continuously strove to drive forward improvements and new ideas. All the staff we spoke with said communication between the team was excellent and we saw further innovative and caring ways the registered manager sought to ensure staff were kept updated and valued in their role. For example, 'Super Saturdays' was a weekly written update for staff. It included information about support packages starting or ending including feedback from people such as, 'Now felt more confident to join social groups' and, 'Felt better after each visit knowing everything would be ok'. Team information such as new starters, thank you's from the management, and events such as a staff member having a baby were also included. Visual aids and a conversational tone made the update fun and interesting.

The registered manager's understanding of having the right staff deployed had influenced a move towards values based recruitment that would allow the managers to ascertain more about the staff's qualities and beliefs. This had resulted in a strong and stable staff team with a mixture of skills and different experiences. At the time of the inspection the registered manager was carrying out an exercise with the whole team to consider how they could better support and approach each other using knowledge of their personality types. Staff were involved in initiatives to improve the service people received. One staff member had developed a staff guidance file, and another member of the team developed the support files kept in people's homes. Both initiatives were aimed at making sure staff had easy to read information that supported them to provide the right care and support for people. Staff had been involved in developing the assessment and review documentation. This led to assessments that provided staff with easy to read guidance and updates on how people were progressing in a format that all staff told us was easy to read and understand.

The registered manager was visible in the team and proactive throughout the inspection in demonstrating how the service operated and how they worked closely with other health and social care professionals to drive improvements in the service. For example, the service was part of different initiatives aimed at preventing people from being admitted to hospital or support people to be discharged safely or more swiftly to promote better outcomes. Some hospital staff had been trained to complete the reablement pre service assessment. This reduced waiting times for people when reablement had been determined as an appropriate service.

A winter pressure pilot had involved the reablement team working with a local private care provider to reduce pressure on the local hospital by enabling more people to be discharged in a timely way. The registered manager told us, "People are confident in what we do" and this was confirmed by feedback from partner agencies such as the local hospital that wrote to the service and said, 'Many thanks for your support over this last year and particularly in the lead up to the Christmas holiday. As always you have pulled out all the stops to support us here at the hospital and it is really appreciated'.

Staff worked well with external agencies to make sure people received a joined up service. Partnership working with the local college and hospital had led to an initiative where staff swopped job roles for a period of time. This meant that a hospital health care assistant spent three months working in the reablement team. A staff member involved in this who spent three months working in the local hospital told us, "You get to know what it's like; it's very good experience and it makes you realise how nice it is for people to be in their own home". They explained how their learning had been shared with the team to further others understanding of the hospital role and experiences people had in acute medical setting.

Staff worked with people to access other agencies to maintain their independence at home. For example,

one person was very anxious because they were not able to put their refuse out. Staff supported the person to talk with the local council team responsible for bin collection. This resulted in refuse workers taking and returning the person's bin from outside their house. This meant the individual's anxieties were reduced and they remained able to use their bin.

Systems were in place to monitor the service and identify where improvements could be made. For example, the registered manager read all first visit assessments, they said, "I get a really good idea of who people are". This review also enabled the registered manager to monitor the quality of people's initial assessments. Senior staff carried out monthly quality assurance visits to make sure people were received a high quality service. They checked that records including risk assessments and medication charts were accurate and up to date.

Direct observations of reablement assistants were regularly carried out looking at how they supported people in their own homes. We viewed samples of these and saw that if the registered manager or senior staff noted any issues with these monitoring visits these were addressed immediately. Medicines and supervision sessions were also audited and checked by the registered manager to make people and staff were supported appropriately. The registered manager told us it was important they had effective governance systems in place commenting, "I know we are achieving good outcomes for people".

People's written care plans, records and electronic records were accurate and reflected their day to day lives and the care and support provided to them. Staff reviewed and updated plans swiftly as people's needs changed or they became more independent.

There was a full range of policies and procedures in place which were available in paper copy format and electronically. These covered all areas of care provision as well as providing specific guidance and safe systems of working in relation to use of equipment. The service had a missed visits and business continuity plan in place. This included action staff needed to take to rectify the missed call and details of the actions to be taken in the event of an unexpected event such as bad weather.