Wigan Council

Reablement Service

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

Summary of findings

Overall summary

We undertook an announced inspection of the Reablement service on 25 May 2016. 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.

The last inspection took place on 14 November 2013 and the provider had met all the regulations we checked. The service then registered at a new address on 15 November 2015 and had not since been inspected.

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 Reablement service provided support, including personal care, to a wide range of people in their homes. The service supported people who had just left hospital, or following significant changes to a persons' ability to cope independently at home. The service provided a stepping-stone to independence and supported people to regain lost skills, learn new ones, and generally adapt to the challenges that the independent living presented. Support was provided as a component part of a package of care designed to enable people to remain in their own homes.

At the time of the inspection the service provided a service to 66 people which was supported by a registered manager, 11 locality team leaders, 34 support workers, four primary assessors, and an overall service manager who was a senior occupational therapist. The service was delivered in three locality areas of Wigan, Ashton and Leigh. Referrals to the service were mostly made by a hospital social worker or occupational therapist.

People told us they felt safe receiving support from the service. The feedback received from people we spoke with indicated there was good communication which contributed to people and their relatives feeling safe and cared for.

Staff received safeguarding adults training which we verified this by looking at staff training records. The service had a safeguarding policy and procedure in place. We found there had not been any recent safeguarding concerns but we discussed a previous case with the manager who presented the notification, safeguarding alert and conclusion. Staff were able to clearly tell us what they would do if they suspected someone was being abused.

People's care plans were available in paper format in their own homes and by electronic information stored on a computer within the council's client information system called 'Mosaic'. We found that the risks to

people's safety had been assessed using a variety of risk assessments. The information included guidance regarding the actions the staff needed to take to keep people safe and risk assessments clearly highlighted if a person had other presenting risks.

There was an accidents/incidents file in use for recording any accidents or incidents. We looked at four staff personnel files and there was evidence of robust and safe recruitment procedures in place.

Care staff we spoke with were experienced and knew how to respond in an emergency or when to offer assistance for a person's well-being. There were procedures in place to guide and inform care workers who were lone working.

We looked at how the service managed the administration of medicines. There was an up to date medicines policy in place in addition to a protocol for 'as required' (PRN) medicines. We saw that approximately 10% of people receiving support required their medicines to be administered by staff. Staff who administered medicines had all completed the required training and their competency to administer medicines was checked on a regular basis.

People we spoke with confirmed that the care workers and other staff they met were competent and staff had received a full range of training to enable them to carry out their roles successfully. Our discussions with staff showed that they had a very good understanding of the Mental Capacity Act (MCA) and staff had received training in the MCA and the Deprivation of Liberty Safeguards (DoLS) which was offered to all staff within the service. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act (2005) Code of Practice.

Staff we met all told us they received an induction and on-going training and confirmed they received regular one to one and group support. There were comprehensive historical records were in place for each locality area in which services were provided to people.

People who used the service and their relatives told us that they always felt involved and were able to ask questions, say how they wanted to be supported, and felt valued as a result. The care records we saw showed people had signed agreeing to the support they would be receiving.

People who used the service and their relatives said they were treated with kindness and care and comments we received about the service were very complimentary. They also told us that the provider also always promoted their independence and treated them with dignity and respect. People and their relatives were comprehensively involved in their care and contributed to determining the support and care they received.

Whilst visiting people at home, we observed interactions between staff and people being supported were very warm and friendly. Visits to people's homes were not time-limited and staff did not have to fit visits within an allocated number of minutes, which meant that staff could remain with people as long as necessary on each individual visit, demonstrating their approach was very person-centred and not simply task orientated.

People receiving support, relatives and care staff consistently told us 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.

We checked to see how people were referred into the service and found that there were primarily two referral routes. One route which was via the local hospital and the other was via the local authority community team. This meant that any potential delays in receiving a service were minimised through the efficient and effective use of a multi-disciplinary approach and appropriate supporting technology. We saw that all staff had been provided with the technical equipment required to enable easy access to the electronic client information system (called Mosaic) and had been involved in developing this new system.

We saw that people's care plans and needs were regularly reviewed which was completed with the involvement of people and their relatives. We found that any changes in the care and support provided to people was fully documented through the use of a 'functional improvement measure' (FIM) tool. This tool enabled referrals to be made to local services to enable people to achieve their aspirations, and was valued by occupational therapists.

There was an up to date complaints policy in place and people who used the service and their relatives told us they knew how to make a complaint. Feedback on how the service was managed and the culture within the team was very positive. There had been no complaints at all in the 12 months prior to the date of the inspection and 175 received compliments.

The registered manager was very 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. Feedback about the manager from other professionals was overwhelmingly positive and complimentary, with senior managers within the local authority describing the manager as having outstanding and inspirational leadership qualities. The service had achieved a wide variety of different outcomes for people who used the service because support was individualised, designed around individual circumstances and very person-centred.

Systems were in place to monitor the service and identify where improvements could be made. We found the service worked effectively with other organisations to develop the service such as Think Ahead Community Support Group, The Deal project and Inspiring Healthy Lives.

The service had a business continuity plan in place which included details of the actions to be taken in the event of an unexpected event such as bad weather.

There was a full range of policies and procedures in place which were available in paper copy format and electronically.

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. The feedback received from people we spoke with indicated there was good communication which contributed to people and their relatives feeling safe and cared for.

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

There was an accidents/incidents file in use for recording any accidents or incidents. The file also included a pro-forma incidents form, the procedure for reporting any events, a working safely document, a lone working procedure and assessment form and a visits procedure.

There was evidence of robust recruitment procedures in place.

Is the service effective?

Good

The service was effective. People we spoke with confirmed that the care workers and other staff they met were competent.

Staff we met all 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 we spoke with confirmed they received regular one to one and group support.

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

Is the service caring?

Good

The service was caring. People who used the service and their relatives said they were treated with kindness and care and comments we received about the service were complimentary.

We found the service aimed to embed equality and human rights though good person-centred care planning.

People were encouraged to express their views and to be involved, where possible, in making decisions about their care and treatment.

At the time of the inspection, the service was not involved in providing care for people who were at the end stages of life.

Is the service responsive?

Outstanding ☆

The service was very responsive to people's needs or changing needs. People we spoke with who used the service and their relatives 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, which meant that their approach was very person-centred and not simply task orientated.

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

There has been 175 compliments and no complaints received in the 12 months prior to the date of the inspection.

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.

All of the different staff we spoke with said there was good teamwork and clear communication both internally within the team and with outside agencies. The service also sought people's views about the service they had received at the end of the period of support.

The registered manager was very 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.

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

Reablement Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 May 2016 and was announced. The registered manager was given two working days' notice because the location provides a community care service for people in their own homes and we needed to be sure the registered manager would be available.

The inspection was carried out by two inspectors from the Care Quality Commission (CQC).

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service. We did not request a Provider Information Return (PIR) prior to the date of the inspection. 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.

During the inspection we looked at seven people's care records and related correspondence, four staff personnel files, quality assurance records, accident and incident records and policies and procedures. As part of the inspection we spoke with the registered manager, the service manager, two team leaders, two occupational therapists, a senior occupational therapist, a senior carer and four care workers. We spoke with six people receiving support from the service and two relatives about their experiences of using the service. Following the inspection we also obtained feedback via telephone from two healthcare professionals.

Good

Is the service safe?

Our findings

People told us they felt safe receiving support from the service. The feedback received from people we spoke with indicated there was good communication which contributed to people and their relatives feeling safe and cared for. One person said, "I do feel safe. It's re-assuring knowing I am getting this level of support." Another person told us, "It's a safety net for me. I feel that I can cope, but there is something to fall back on if I am struggling." A third person commented, "I feel safe because I am not falling as much as previously." A fourth person said, "I feel a lot safer now. I have a phone in every room and have all the relevant contact information if I have a fall."

Staff told us they received safeguarding adults training. We verified this by looking at staff training records. The service had a safeguarding policy and procedure in place, and we found there had not been any recent safeguarding concerns. The service held a file called 'CQC file' which included a variety of information linked to CQC Fundamental Standards. There was a section related to safeguarding which included the safeguarding procedure and multi-agency alerts guidance, the whistleblowing policy, details of staff training in safeguarding, and information on Advocacy services should they be required.

Staff were able to clearly tell us what they would do if they suspected someone was being abused. They told us they would speak with the registered manager and if necessary contact the local authority safeguarding team and/or the Police. One staff member said, "I would contact the manager and we have different details for safeguarding and the police. We also do annual safeguarding training. Some of the signs of potential abuse would be people being afraid, bruising, emotional or even acting nervous around different members of staff." Comments received from an advanced practitioner from the local safeguarding team included, 'We can trust our reablement team to raise alerts appropriately and in a timely way, they are willing to participate in the process, and understand their role in safeguarding vulnerable adults.'

People's care plans were available in paper format in their own homes and by electronic information stored on a computer within the council's client information system called 'Mosaic'.

We found that the risks to people's safety had been assessed using a variety of risk assessments. The team leaders and trusted assessors undertook assessments of risks before and when people started to use the service and updated these if their needs changed. We saw examples of risk assessments, which included assessing safety in the person's environment, with moving them safely and if they had any particular needs that care workers should be aware of.

The service had also highlighted anything of importance or potential risk, such as if a person had pets or was on high risk medicines. We spoke with an occupational therapist who confirmed that any equipment in the person's home was checked to ensure it was safe to use and noted on the electronic systems for all staff to be aware of.

The information included guidance regarding the actions the staff needed to take to keep people safe and risk assessments clearly highlighted if a person had other presenting risks, such as risk of falling, developing

pressure ulcers or were at risk of dehydration and malnutrition.

There was an accidents/incidents file in use for recording any accidents or incidents. The file also included a pro-forma incidents form, the procedure for reporting any events, a working safely document, a lone working procedure and assessment form and a visits procedure. Incident reports had been analysed to identify if there was any concerns or patterns that the registered manager needed to address. We found there had been two incidents directly relating to people who used the service in the 12 months prior to the date of the inspection. For example, one incident occurred when a staff member had noticed that a person who used the service, and self-administered their own medicines, had not taken their medicine the night before the scheduled staff visit, and the staff member had not informed the person's relatives.

The team leader discussed the matter with the staff member and had placed them on additional medicines refresher training in addition to undertaking several observations of medicines administration practice. We looked at records to verify this. A discussion was also held with the family regarding the type of dosing system that was being used and the prescribing pharmacy was contacted to discuss an alternative medicines dosage system that would be easier for the person who used the service to understand. This showed that the service had taken all reasonable steps to ensure the safety of the person, despite not being primarily responsible for the administration of this person's medicines.

Care staff we spoke with were experienced and knew how to respond in an emergency or when to offer assistance for a person's well-being. They were all aware of contacting the office if they needed to feedback any important information and knew what to do if they thought a person was ill, such as calling the emergency services. There was an 'out of hours' contact telephone number that was used if an issue arose out of normal office hours.

There were procedures in place to guide and inform care workers who were lone working. Care workers were not limited by time-specific home visits, but stayed with people until the whole range of identified tasks was completed. Where there might be risks for care workers, for example from visiting people alone, a second care staff member would accompany them. This might be if a person lived in a potentially unsafe area or if they presented a possible risk to care staff. Care staff we spoke with confirmed this was the case.

At the time of the inspection, the service was preparing to introduce a new system of electronic staff scheduling. Until this was in place staff were provided with a paper copy of their rota in advance. The manager told us that no agency staff were used within the Reablement team and extra staff could be brought in from other Reablement locality areas if necessary.

There were sufficient staff to carry out the various roles within the service. We saw that at any time team leaders and managers could see where support workers were working and the length of time of the home visit. Support workers also had travel time in between home visits and they covered a specified geographical area of the borough which reduced travel time in between visits and ensured people were not waiting too long for their visit.

We looked at four staff personnel files and there was evidence of robust recruitment procedures in place. The files included application forms, proof of identity and references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

We looked at how the service managed the administration of medicines. There was an up to date medicines policy in place in addition to a protocol for 'as required' (PRN) medicines. We were told the majority of

people needed either prompting to take their medicines or their relatives carried out this task. Each Reablement service location held a list of people who required support with medicines. This identified the start date with the service, the start dates when support was provided with medicines (if different from the original start date), the level of staff support required, the medication dose system details, and advice for staff on how to provide the correct support. We saw that only 10% of people receiving support required their medicines to be administered by staff. Staff who administered medicines had all completed the required training and their competency to administer medicines was checked on a regular basis.

We looked at how the service managed the control of infectious diseases. Staff were aware of precautions to take to help prevent the spread of infection. For example, staff said they would wash their hands regularly and use aprons and gloves when supporting people in their own homes. There was an infection control policy and procedure in place that identified to staff what actions to take to minimise the potential for an infectious outbreak. All care staff had received training in infection control.

Good

Is the service effective?

Our findings

People we spoke with confirmed that the care workers and other staff they met were competent. One person told us, "I think it is fantastic. I have never been as well looked after in my life. It is a smashing service and I quite enjoy it. I can't praise them enough for what they have done for me." Another person told us, "I have just finished my six week spell with them and I can only praise them. They have been very helpful, excellent to tell you the truth and I couldn't have coped without them. I have had a real positive experience with this service." A third person commented, "I have been very grateful for the service I have received. It's magic really. They have given me my confidence back. Little by little I am getting back to where I want to be."

Staff we met all 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. One staff member said, "The induction lasted about six weeks and consisted of shadowing and mandatory training. The training is very thorough. Before we were able to work alone we were observed by a team leader first." A second staff member told us, "My Time is the supervision session where we can discuss our work. We certainly never feel unsupervised." We saw that annual appraisals were another form of support for staff where their professional development and achievements could be considered and objectives set for the forthcoming year.

Staff we spoke with confirmed they received regular one to one and group support. They told us that any problems were quickly sorted out. Staff were able to drop in to the office at any time on any day, in addition to attending more formal meetings regarding people who used the service, three times each week. Office based meetings were also held so that the different staff members could meet to look at the service and to hear any updates from the registered manager.

We looked at staff training records held by the service and found comprehensive historical records were in place for each locality area in which services were provided to people. Staff had received training in areas such as: six week induction programme; NVQ 3 in health and social care; trusted assessor; moving and handling; equality and diversity; fire awareness; food safety; medication level 2; infection control; data protection; health and safety; safeguarding adults; challenging behaviour; acquired brain injury; Mental Capacity Act (MCA), and Deprivation of Liberty Safeguards (DoLS), the Care Act; falls and fracture prevention; sensory impairments; catheter care; autism awareness; dementia; diabetes level 2.

There were several staff 'champions' for cancer and dementia within the team who had attended relevant training and as a result were able to offer guidance and advice to both people who used the service and their work colleagues. Reablement staff also attended a peer supervision/panel with occupational therapists to discuss cases and gain advice on areas of progression for each person receiving support. All staff had completed sensory training sessions which gave a greater understanding of how to better communicate with a person who is hearing impaired.

This demonstrated that staff had attended a variety of training courses which gave them the skills and knowledge to carry out their role in supporting different people's needs in their own homes. One staff

member told us, "The training is excellent. The manager is always looking for additional training for us and encourages us to do more. A second staff member commented: "Recently we have done safeguarding, moving and handling, health and safety and DoLS. A lot of the training is updated each year."

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

We checked whether the service was working within the principles of the MCA. Although the reablement service was not a care home and therefore did not provide services in a permanent residential setting, the registered manager was aware that if necessary they would contact the relevant professional to arrange a best interest's discussion with people's relatives to identify who should make decisions in the best interest of the person relating to their care and wellbeing if the person did not have the ability to make decisions about their lives.

The registered manager informed us that the majority of people who use the reablement service would have capacity to make choices about their lives. Decisions made about a person's support and care were discussed with them and their relatives, where appropriate. People's mental capacity to make decisions was assumed
unless there was concern to suggest otherwise. This was in line with the MCA Code of Practice, which guided staff to ensure practice and decisions were made in people's best interests. Our discussions with staff showed that they had a good understanding of the MCA and had received appropriate training which was offered to all staff within the service. One staff member told us, "We have actually just done training in this. Unless it is stated, we should ensure people can make their own decisions. I would explain the consequences, but at the same time people should be able to take risks if they choose."

The service gave people the appropriate support to meet their healthcare needs. Care workers and other staff worked with healthcare professionals to monitor people's conditions and ensure people health needs were being met. There was input from the occupational therapist and physiotherapist along with support if needed from the sensory team and GP. We saw any communication between professionals was documented to ensure staff supporting people knew of any changes or issues.

At the time of the inspection no person who used the service was at high risk of malnutrition or dehydration. However, if it was identified assistance was needed in this area, support workers recorded people's nutrition and hydration intake. Staff confirmed if a person appeared to be underweight or had little appetite then they would encourage the person to eat each time they visited and would inform their manager with a view to accessing the appropriate professional support such as from a GP.

Good

Is the service caring?

Our findings

People who used the service and their relatives said they were treated with kindness and comments we received about the service were complimentary. One person said, "It's brilliant I must admit. They have all been very friendly to me. The staff explain how I need to do things very clearly. I can't fault them whatsoever." Another person told us, "The staff are nice and cheerful. They ask me all the appropriate questions about my personal care and medication. Sometimes they ask me if I would like a coffee, but I refuse as it's important that I try to make my own." A third person commented, "The support workers were all very nice and would do anything for you. We had a good laugh and they cheered me up." A fourth person told us, "The staff are friendly, chatty and even the younger support workers are very, very good. I would describe them all as very caring. You can tell they all love their jobs."

People who used the service told us that the provider also promoted their independence. One person said, "This is one of the things they are very good at. They encourage me as much as possible." Another person commented, "They are doing a real first class job in that area. I'm encouraged to shower myself and cook my own food in the microwave." A third person told us, "They are getting me going again, such as monitoring and encouraging me to use my Zimmer frame independently." A fourth person said, The staff get me doing as much for myself as possible. I need help on and off the toilet, but gradually, I'm now doing it myself."

We asked people who used the service if they were treated with dignity and respect. One person said, "I was always treated with upmost respect and was never made to feel embarrassed." Another person told us, "Absolutely. They don't just rush off when they are finished, they stay and chat which I find respectful." A third person commented, "Honestly I do. All the staff are great in that area." A fourth person said, "When I am in the shower they preserve my dignity."

We asked care staff how they maintained the dignity and privacy of the person they were providing care for. One staff member told us, "It's important to offer people choice. If I am assisting people with personal care I will offer the choice of either waiting with the person, or stepping outside. I always offer people a towel after completing personal care and close any curtains". Another care staff member said, "Firstly you need people's consent before doing anything. Then a person may wish for a gender specific member of staff to support them. It's important to always use the person's preferred name when supporting them. I've done training in dementia so I may adjust my approach to suit the person's ways of communicating."

A team leader told us, Some staff are trained in British Sign Language (BSL) and others in Makaton which aids communication with some people. I also do observations of staff practice as they provide care to people in their own homes to ensure that staff have the right approach." Makaton is a language programme using signs and symbols to help people to communicate.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights though good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to

lead fulfilling lives, which met their individual needs and promoted their independence.

Whilst visiting people at home, we observed interactions between staff and people being supported were warm and friendly. It was apparent that the staff members had a detailed knowledge of each person they were supporting and had built up professionally strong relationships in a short period of time. We saw that staff spoke to people in a respectful manner and ensured their dignity when providing care and support.

People were encouraged to express their views and to be involved, where possible, in making decisions about their care and treatment. We saw an example where a person who used the service had limited verbal communication and required assistance with mobilising using specialist equipment. In order to ensure that the person and their family members were fully understanding of how they would be supported with mobilising, the team leader had visited the person in their home with care staff and a physiotherapist. The physiotherapist assessed the person's abilities and provided professional advice on how to use the specified equipment, whilst undertaking a 'movement' with the person and using the equipment required. This resulted in increased confidence for the person receiving the support and their member.

At the time of the inspection, the service was not involved in providing care for people who were at the end stages of life.

Outstanding ☆

Is the service responsive?

Our findings

People we spoke with who used the service and their relatives confirmed that they were fully involved in planning their care which looked at the support people required and what they could for themselves. Everyone that we spoke with, without exception said that when their care was being planned at the start of the service the team leader spent a lot of time with them finding out about their preferences, what care they wanted/needed and how they wanted their care to be delivered. One person said, "I feel a lot better now. The staff demonstrated things to me where I previously lacked confidence." Another person said, " I get everything I need from this service. I wouldn't have coped on my own. It also gave my daughter a lot more confidence knowing that someone is coming in to see me. They come and make sure I'm alright and I am getting all the support I need. They assist me to walk with my Zimmer frame if needed but they are showing me how to become more independent in this area which is what I need." A third person commented, "They talk to you about what you need, they are smashing. There is nothing they won't do for you." A fourth person said, "I have just finished my six week spell with them and I can only praise them. They have been very helpful, excellent to tell you the truth and I couldn't have coped without them. I have had a real positive experience with this service." A fifth person said, "They are giving me a lot more re-assurance with my mobility and I feel I am getting more independent. I've been going out a lot more, whereas previously I couldn't." A relative told us, "We really couldn't have coped without them. I am so grateful there are services such as this one."

We checked to see how people were referred into the service and found that there were primarily two referral routes. One route was via the local hospital for people who had already been admitted, and the other referral route into the service was via the local authority community team, for people who had not yet had a spell in hospital. Both referral routes were multi-disciplinary and included an initial visit to the person in their own home in order to complete risk assessments, explain the service, gain consent to care and treatment, identify any equipment needed, identify any assistive technology required; a rota was then devised and sent to support staff to attend up to four times a day for up to six weeks. This meant that any potential delays in receiving a service were minimised through the efficient and effective use of a multi-disciplinary 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, which meant that their approach was very person-centred and not simply task orientated. One person who used the service told us, "The staff encourage me to have a shower, but hang around if I need them." Another person told us, "They (the staff) don't just rush off when they're finished, they stay and chat which I find respectful." A third person said, "It has had a big impact on my life and I couldn't have done without it. I don't know where I would be otherwise. Every day I am doing things that I didn't think I would be able to do again." A staff member said, "Our support isn't time-led but depends on the needs of the individual, so we don't have to rush off after every visit and we can take as much time as is needed on each visit."

Comments received form a senior person within the local authority included, 'They [the staff] go above and beyond because that is what their managers do for them. An example of this is time I spent with one

member of the team, where we visited a lady who had fallen during the night. The member of staff felt it was necessary for her to see a doctor, so spent an extended amount of time with the lady arranging his, and liaising with the person's family. I was impressed by how the member of staff endeavoured even when having issues getting through to the doctors surgery, and that colleagues were willing to pick up other visits because the member of staff had been delayed.' This showed that the service was flexible in meeting people's changing needs.

We saw that people's care plans and needs were regularly reviewed which was completed with the involvement of people and their relatives. Formal multi-disciplinary review meetings were held twice weekly at the service office, and care staff could also access the office on a daily basis to provide any updates on the people they were supporting, if required. This was to ensure any issues were immediately addressed. People received a Safe and Well visit by the Fire and Rescue Service. Staff also identified any risk within the home environment and provided or signposted people to advice on a wider range of issues, including health, wellbeing and crime prevention, while passing on referrals where a more specialist approach was needed.

The service promoted the principles of Inspiring Healthy Lifestyles which aimed to support people in becoming more physically active to improve their quality of life. A staff member commented, "Encouragement is always key and we gently try to support and encourage people to do things themselves, and accessing the local community can be an important part of this. Our aim is for people to progress from week to week so that by the end of the support period, they can do things themselves."

We found that any changes in the care and support provided to people was fully documented through the use of a 'functional improvement measure' (FIM) tool. Each 'function' had a corresponding 'task measure' number which was replicated in people's daily diary sheets. This allowed care staff to instantly input any up to date information onto the electronic system, which was then immediately available to all relevant staff members within the team. The daily diary sheets that we saw in people's homes were all fully completed and up to date. The FIM tool supplemented other care planning documents titled 'reablement assessment and goal setting' and 'reablement intervention and monitoring.'

Where support workers identified that a person was either struggling to achieve the target FIM score, they requested involvement from an occupational therapist within the team to progress these plans and achieve the best outcomes for the person concerned. The service also used a falls risk assessment tool (FRAT). This is a widely used validated tool in the identification of people at a high risk of falls. Both support workers and team leaders were involved in completing the FRAT, which once completed was sent to the active living team for further intervention, where necessary.

An occupational therapist told us, "By using the FIM at the beginning and throughout the programme of reablement, I can refer on to other local services to enable people to achieve their aspirations, so I can tap into other local services by contacting 'community knowledge officers' as well as other professionals. Another occupational therapist said, "In my opinion as a therapist, it is refreshing that I am able to use my therapeutic skills in partnership with the reablement team on a daily basis so that we can be more responsive to people's needs. The reablement team have a fantastic relationship with therapists; they are eager to learn and listen and have a genuine caring attitude. A great deal of trust has been built up between our services. They are creative in finding new ways to support people and have made lots of links within the local community."

We saw many examples where positive outcomes had been achieved by people who used the service through creative thinking and practice. For example, one person had been referred to the service by the district nurse team regarding their ability to remember to take their medicines. We saw that a new

medication dispenser was introduced as part of a reablement programme, with staff monitoring to identify if this method was successful. It was identified that the person watched specific television programmes and it was felt this would be the way to achieve a positive outcome with medication prompting. Therefore the medication dispenser had times set with the medication carousel to trigger with particular programmes on the television. This method supported the person to remember to take their medicines from the dispenser, which resulted in them feeling a lot more positive around remembering to do this task. After five weeks of support the person had become fully independent with managing their medicines. This demonstrated the service had found an innovative way of enabling this person to live as full a life as possible.

In another example, a person had recently had a stroke and their family had noticed a change in their mood especially during the week. Through discussion with the person and their daughter it was identified that before the recent stroke, they had enjoyed a coffee morning and days out with their local church. The service then explained about a local initiative called The Deal for Adult Social Care & Health, known as 'The Deal' and how the service could provide the initial support to access the new found groups. The person had subsequently returned to going back out in their local community and attended various groups, having regained their confidence in accessing their community which had a positive impact on their mood and outlook.

Another example was in the form of written feedback from a person who had recently used the service. In this instance the person had been discharged from hospital following surgery and described themselves as being at a very low point. The service had discussed what the person wished to achieve and then worked alongside this person and had taught them how to walk again and climb the stairs unaided, whilst identifying minor modifications to the person's house that were very important in achieving overall independence. The person had subsequently become almost fully independent, accessing their local community regularly and felt certain than none of this would have been achievable without the help of the reablement team, who gave confidence back to the person through the support they provided. This increased their sense of well-being and increased the quality of their life.

The relative of one person commented, 'Mum was living with dementia and the family wanted her to stay at home but were concerned about her ability to cope as she had never lived alone. The work that the team did proved that she could cope and gave reassurances to the family. They have supported mum and the family throughout. We had an initial assessment and technology was installed. The team came in daily to check that mum could get up, washed, arrange breakfast. When it was confirmed that she could do this they changed the time to come in later to ensure that she could do lunch independently. Mum found the team supportive and it gave her some of her confidence back. The people that visited were very patient and always had time to make sure that she was ok, sitting down for a chat. The service has put in a referral for social care advisor so that we can look at some day care to give her company when the family are at work. This was very comforting for the family.'

We saw that all staff had been provided with the technical equipment required to enable easy access to Mosaic, such as smart phones and PC Surface-Pro devices, which were currently being introduced. The electronic care planning system also had an instant access link to the relevant team that allowed the direct ordering of any equipment or aids and adaptations that may be necessary to promote a persons' independence such as grab rails or walking aids. This meant that the process of initially identifying a new equipment need to the receipt of any new equipment took on average no more than 7 days for permanently fixed items such as grab rails. Other mobile equipment such as walking frames was instantly accessible. As a result, the service was immediately responsive to a person's needs or change in needs, and the provision of equipment also acted as a preventative measure which may prevent a person from sustaining harm or deteriorating in their independence whilst living at home.

Additionally the electronic care planning system also had an instant access link for safeguarding referrals. This meant that any concerns raised were immediately received by the local authority safeguarding team, which potentially reduced any delays. Any safeguarding information was also immediately available to team leaders if this fell within their locality area.

Staff we spoke with told us the recently re-designed Mosaic system was better than the older version of the system previously used. One staff member said: "The transition from the old system to the new one was smooth. It's designed to meet the requirements of the Care Act and it's a significant improvement. Promoting people's well-being is our role and the system allows for multi-disciplinary input at any time. The team has been fully involved in developing this system."

We looked at how the service managed complaints. There was an up to date complaints policy in place and people who used the service and their relatives told us they knew how to make a complaint. The service policy on comments, compliments and complaints provided clear instructions on what action people needed to take in the event of wishing to make a formal complaint. One person told us, "I have information about how to make a complaint in the folder they gave me. I haven't complained though." Another person said, "I've never needed to complain, I'm quite satisfied."

We looked at information from the local authority complaints and information team, who were responsible for collating details of all complaints/comments/compliments received by the service and saw that there has been 175 compliments and no complaints received in the 12 months prior to the date of the inspection.

Outstanding ☆

Is the service well-led?

Our findings

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.

Feedback on how the service was managed and the culture within the team was very positive. All of the different staff we spoke with said there was good teamwork and clear communication both internally within the team and with outside agencies. A team leader said, "Overall it is brilliant. You are listened to. Everyone from management takes an interest in what we do. Everyone's voice is heard and we can all have an input into what goes on." Another staff member said, "It's really good, you can't fault it, everybody is very approachable. There is no hierarchy and people don't speak down to you. The manager takes a lot of pride in the job and has been heavily involved in developing the service." Other comments received from staff included, "We both feel really well supported and management are very approachable with both personal and work issues. Every Monday and Friday we have feedback meetings with management to discuss concerns and how the role is progressing," and, "I feel very well supported, morning, noon and night. The manager cares about us in our role and in our personal life. You can ring up out of hours and always seems to have a solution to our problems."

The service also sought people's views about the service they had received at the end of the period of support, and whether they were happy with the support they had received. Views and opinions were evaluated and information received enabled the service to strive for improvements. A person who used the service told us, "I'm back for my second spell with this service and have again found them to be excellent. You don't have to ask the staff anything, they just get on with what they need to do. I'm very, very happy with the service I am receiving. They were excellent the first time and that's why we made enquiries to use them again."

The registered manager had various social care and leadership qualifications. They 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.

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. We saw this though the work they had been undertaking with the local hospital staff, local authority and clinical commissioning group (CCG) in a number of areas.

We found the registered manager promoted an open culture, were person centred, inclusive, open and transparent. One staff member said, "I feel very well supported, morning, noon and night. The manager cares about us in our role and in our personal life. You can ring up out of hours and she always seem to have a solution to our problems." Another staff member told us, "We have locality meetings which are regular. We

are able to raise concerns and aren't just spoken to". A team leader said, "This is the longest job I have stayed in because I am happy and genuinely want to come to work every morning. The culture is very open and team orientated and we all support each other. The manager is very, very supportive." Another staff member commented, "I feel the manager is very hands-on, will listen and talk to you about things and is the best manager I have ever worked with."

Systems were in place to monitor the service and identify where improvements could be made. People's progress was reviewed on a regular basis to ensure the service was meeting their needs and telephone calls to people and their relatives took place regularly on a daily basis. Direct observations were regularly carried out on support workers which looked at how they supported people in their own homes. We viewed samples of these and saw that the reablement managers or team leaders could see if there were any issues with these monitoring visits and address any problems with individual support workers immediately.

We found the service worked effectively with other organisations to develop the service such as Think Ahead Community Support Group. We saw that staff had accessed training provided through a series of practical sessions delivered by both professionals and other stroke survivors and carers, to enable participants to make more informed decisions and choices with confidence. This assisted staff in better understanding this area of work and the impact of living after a stroke. Comments received from stroke survivors and those who care for them included praise for the Reablement team, a 'good attitude from staff,' an 'excellent system for discussion with a good informal atmosphere.' We saw there was a Living with Stroke education and training programme in place that identified training dates for Reablement staff for various aspects of this area throughout 2016.

The manager had also been involved in the development of a booklet for all staff which was presented to a relevant director in the local authority for verification and adoption. This included information on: The Care Act; CQC fundamental standards; Integrated Care; Better Care Fund; Integrated Health and Care strategy; Principles of Workforce Integration; Isolation and Dignity. All staff had attended Listening into Action workshops, which provided them with an opportunity to contribute to changes within the council, which was locally referred to as 'You said - We did.'

The service had also been involved in the development of a local authority initiative called the Deal for Adult Social Care and Health, referred to locally as 'The Deal. This is an asset based model to social care which valued the skills, knowledge, connections and potential in an individual and the wider community, rather than focusing on problems and deficits. One member of staff commented, "We have all been included in the development of this initiative and everyone feels really good about this." Another staff member commented, "I think The Deal is a good way of understanding the whole person in terms of the things they like to do. It's an asset based model which identifies and uses may local resources that people may not be aware of or have access to."

We saw that the registered manager had also been awarded runner up as The Ambassador for the Deal across the local authority. By promoting this initiative the registered manager had facilitated the development of the different conversation approach and promoted its principles within the team, to improve outcomes for people. We saw that people who used the service were supported to connect with community resources and make their own contributions. In this way, the manager had ensured that all available resources were being utilised to achieve better outcomes for people who used the service.

We saw that the registered manager had also completed an exercise with people who used the service and the staff group in order to focus on their strengths/hobbies/talents/skills and knowledge. Evaluation of feedback identified that the service had many assets. The exercise was conducted because the registered

manager wanted people to identify if they were unable to use their skills, talents or do their hobbies in the manner they wished. The exercise enabled staff to think in an asset based approach in their daily work. In order to support reablement staff to engage with people with mental health difficulties, training sessions had been provided by the hospital inpatient staff and the link social worker, collaboratively utilising 'experts by experience' from within the hospital trust to enhance the training and provide real experience related to successfully engaging with people post discharge from hospital. This collaboration aimed to decrease stigma and increase confidence and knowledge.

The manager also worked closely with Inspiring Healthy Lives (previously known as Active Living). Staff had attended training in this area to give them an insight into what people who used the service may be doing when they attend the classes themselves. By accessing this type of training, the manager had ensured that support workers received the information they required to advise people who used the service if they recognised anyone who would benefit from the classes/programmes.

Another example of partnership working related to work undertaken with the Drugs, Alcohol and Reducing Reoffending team. A new partnership was developed between the reablement team, drug and alcohol commissioners and drug and service provider services. A senior manager within the drugs, alcohol and reducing reoffending team commented, 'The impact of this work was clearly demonstrated in terms of a stronger workforce in both teams. There was also a noticeable impact on referrals between services and a reduced 'Did Not Attend' (DNA) rate, with individuals successfully completing interventions as a result. This resulted in strong partnership work and the development of a series of actions to improve mutual understanding of our services to ultimately achieve better outcomes for people.'

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. There was a 'Quality Monitoring' file in place which we looked at. This included information on a variety of audits that had been undertaken for example for care plans, feedback from people who used the service, the administration of medicines, staff training and competencies, complaints. The service had a business continuity plan in place which included details of the actions to be taken in the event of an unexpected event such as bad weather.

We looked at a number of testimonials about the service. One of these included comments from a senior member of the local authority who had visited the service and spent time 'work-shadowing' with the registered manager and the team. Comments from this visit were overwhelmingly positive and included, 'The team felt empowered and that they could voice their opinions and ways to improve their service. In fact, there was a culture of continuous improvement, and staff always wanting to strive to do even better and improve things for their service users. Additionally, staff have ample opportunity to put forward ideas to the team management, through meetings set aside especially. The registered manager is always available and where possible, will always act on suggestions or encourage staff to be accountable and explore ideas themselves. As a result of this, the organisation is now in the process of developing a huge programme of management and leadership development and this is kick starting a culture change across our organisation, which a huge focus on putting our people at the heart of everything we do. Furthermore, due to the registered manager's exceptional skills as a people manager and inspirational leader, she will be heavily involved in the development of our other managers and leaders, delivering master-classes. In summary, I was hugely inspired by the team and outstanding leadership. On a personal level, it really opened my eyes to how important putting people at the heart of everything we do is, doing what is best for the person rather than the organisation. This has changed how I approach my own work.'

Other comments received from a senior occupational therapist included, 'The occupational therapy team

on the acute stroke unit at Wigan infirmary have been working with the reablement team for a number of years now. We have always found them very cooperative, helpful and flexible. Referrals are often picked up very quickly and they will not only liaise with the occupational therapists but also the patient and family which assists with communication between different parties. The reablement team are also willing to learn more about stroke and many have attending our regular training courses on stroke. This enables them to understand better what we are trying to achieve with a patients rehabilitation goals.'

Other comments received from a senior manager from NHS Wigan Borough Clinical Commissioning Group based at the acute hospital, Royal Albert and Edward Infirmary, Wigan included, 'I want to testify to the key role that reablement play in this team as a partner with health colleagues. The reablement lead [the registered manager] is always professional and prompt and communicates key themes and messages to the reablement staff in situ at the hospital and also to the receiving community teams. The reablement service also accepts patients from our intermediate care beds and Accident and Emergency. The managers are very innovative and constantly looking to promote the benefits of reablement in all settings. Every two weeks the reablement lead is involved in strategic workshops to improve hospital pathways and processes to improve patient experience and outcomes. The reablement lead is particularly key in shaping the pathways as she has an understanding of both hospital and community services. The Reablement team are respected by all and have a brilliant relationship with hospital staff, not only within the integrated hospital discharge team itself but amongst the wider nursing, medical and therapy staff.'

Comments received from a lead nurse at the local hospital included, 'I feel the reablement team are not only very effective in getting good outcomes for patients in terms of independence and wellbeing but they are excellent team members who work in partnership with hospital and voluntary staff to ensure the best possible outcomes for safe and timely discharge.'