East Sussex County Council

Joint Community Rehabilitation Service

Inspection report

Bexhill Hospital
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
The Joint Community Rehabilitation Service (JCR) provides reablement and rehabilitation for people in their own homes. It is a partnership between the local authority and East Sussex Healthcare NHS Trust. The service provides support for people for up to six weeks, in most cases following discharge from hospital following an accident of illness. Some people were referred to the service from GP's or other health care professionals. The service aims to maximise people's chance of continuing to live independently in their homes. The service was supporting 60 people at the time of the inspection.

People's experience of using this service and what we found
People told us they felt safe when receiving care and support. Staff had completed safeguarding training and were able to tell us what they would do if they identified risks to people. Accidents and incidents were recorded, investigated and audited with any patterns and lessons learned taken forward. Risk assessments relevant to people and their home environments were in place and were reviewed weekly. Staff had enough time to complete calls and contingencies were in place in the event of an unexpected delay to staff arriving at a call. Staff were recruited safely. Most people were either independent with their medicines or were helped by relatives or loved ones. In some cases, people were supported and this was done safely and by suitably trained staff.

New members of staff undertook a thorough induction process with opportunities to shadow experienced staff and fortnightly supervision meetings throughout a probationary period. Support continued for staff with monthly supervisions and annual appraisals. Training was comprehensive with areas covered that were relevant to people's needs. Staff could choose training for their own personal development. Staff supported people to access health and social care professionals and visits were adjusted to fit around people's appointments. Some people using the service experienced variable mental capacity due to an early diagnosis of dementia or following a stroke. Staff had been trained in mental capacity and told us about the importance of providing choice to people and seeking consent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with dignity and respect. People's privacy was respected but people were never placed at risk, staff whilst promoting independence always remained close to provide support if needed. The primary function of the service was to support people in regaining confidence and independence to enable them to live independently in their homes. Staff knew this and supported people in a caring way.

We looked at numerous care plans both at the office of the service and at people's homes. Care plans were person -centred, focussing on individual aims and goals that were reviewed and assessed weekly. The service had a complaints policy which was accessible to everyone, a copy being placed in people's care plan folder in their homes. Minor issues and concerns were recorded separately. All issues that were raised were dealt with appropriately with apologies offered if appropriate. Staff had received training in end of life care.

Provision of end of life care was not routine but staff knew the important elements of care provision at that important time.
The service demonstrated strong leadership. A positive culture was evident throughout the service and by everyone we spoke with. A staff member said, "Working here is like a breath of fresh air." A professional told us, "It really works well, we receive consistently positive feedback." The registered manger understood the duty of candour and promoted an ethos of openness and honesty whilst constantly learning lessons and driving forward with improvements. This was evident with the service quality assurance process where all areas of the service were overseen and monitored by the registered manager and senior managers from the local authority. Everyone associated with the service were provided opportunities to provide feedback. JCR had established positive working relationships with their partners for example, GP's district nurses and hospitals. A professional said, "I thoroughly enjoy working with JCR. The team have a wealth of knowledge and a genuine pride in delivering exceptional service."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
Good. (Report published 3 August 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Joint Community Rehabilitation Service

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors and an assistant inspector.

Service and service type
The Joint Community Rehabilitation (JCR) service provides reablement and rehabilitation for people in their own homes. It is an East Sussex County Council (ESCC) service run in partnership with the East Sussex Healthcare NHS Trust (ESHT). Short term support of up to six weeks is provided to people, usually following discharge from hospital after an illness or accident. Rehabilitation including personal care is provided to people to maximise their ability to live independently. An urgent referral process is also in place from GP's or healthcare professionals to prevent a person being re-admitted to hospital. There were 60 people being supported by the service at the time of the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave 24 hours' notice of the inspection so that the manager could arrange home visits from an inspector.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Providers are legally obliged to inform us about significant incidents that happen at their service. We examined these reports. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
On the first day of the inspection we visited the provider's office. We spoke to 10 staff including the registered manager. We reviewed six care plans and related documents for example risk assessments and medication records. We examined records relating to the running of the service including, training records, four personnel files, complaints, quality assurance and auditing files. On the second day of the inspection we carried out two home visits speaking to two people who used the service, one relative and one support worker. We returned to the provider's office where we spoke with five more staff. Across the two days of inspection telephone feedback was sought from nine people and three relatives.

After the inspection
We continued to seek clarification from the provider to validate evidence we found. We spoke to one relative and contacted five professionals who had regular contact with the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that the service they received made them feel safe. Comments included, "No qualms about safety," "Yes I feel safe when I'm with them" and "They know I don't like to be rushed. They never rush me." We saw staff supporting a person to stand up and take a few steps. This was achieved in a controlled way and when the person needed help the staff member held their arm and spoke reassuringly to them.
- Staff understood safeguarding and the potential associated risks. They were able to describe situations that would amount to a safeguarding issue and told us the steps they would take to protect people. A staff member said, "I would always try and calm a situation and report matters to my manager." Another told us, "I would speak to my manager. I'd record it separately not in the day notes. I know I could contact social services if I needed to."
- Staff were aware that the service had a whistleblowing policy and told us they were confident to use the policy if required. Whistleblowing protects staff anonymity when raising concerns.

Assessing risk, safety monitoring and management

- Individual risks for people had been assessed and documented during the pre-assessment process. Risk assessments had then been written to highlight the risks and gave detail of how to manage the risk with contingencies if required. Reablement was central to people and the risk of falls was assessed and reviewed daily by staff, with progress monitored.
- Senior staff were responsible for weekly reviews of people's progress which included risk management. The service worked alongside occupational therapists who provided equipment for people for example, raised seats, walking frames and handrails. People were shown how to safely use equipment and how to increase their independence.
- The service had appointed a moving and handling champion who provided training for staff in the use of Mangar Elk. Mangar Elk was an emergency lifting cushion that was deployed by staff following a fall. The cushion made people more comfortable pending the arrival of further support if required. Staff had been trained to complete dynamic risk assessments before using the Mangar Elk. People were only repositioned if it was safe to move them.
- An environmental risk assessment of people's homes was completed including the presence of pets, trip and other potential hazards and any fire risks.

Staffing and recruitment

- Personnel files showed us that staff had been safely recruited. No one could start working for the service until the Disclosure and Baring Service (DBS) check had been returned. DBS provided information

concerning if people had previous convictions or cautions which enabled the service to determine that it was safe to employ them. Other checks included references, past employment and driving document details.

● The number of people using the service fluctuated over time but there were sufficient numbers of staff employed to guarantee all care calls being covered at the busiest times and to cover staff leave and sickness. A staff member was employed to manage care calls. If there was an unexpected delay the person would be contacted, reassured and another member of staff assigned. A person told us, "If delayed they would definitely let me know." Another person said, "I've never had a missed call. They are always on time."

● People told us that they did see different carers but that this was not a problem. A person said, "I have varied carers, I like that and I get to know them." Another told us, "My carers are more or less regular. Senior support workers had key worker responsibilities and reviewed the same people. Carers were assigned different people but this was done geographically which resulted in a number of return visits.

Using medicines safely

● Most people were either independent with medicines or were helped by family members or loved ones. Staff would always remind people about their medicines and ask if they had taken them. We saw risk assessments in care plans for people self-administering their medicines.

● We visited a person who received support with medicines and we saw the staff member provide the medicine and then record what they had done. Medicine administration records (MAR), were completed correctly showing the date and time of provision and the name and signature of the staff member.

● A separate protocol was in place for PRN, 'as required', medicine, for example occasional pain relief. Staff were aware of this protocol. A staff member said, "I'd always look at the chart, see when the last dose was." Another said, "If in any doubt I'd call a manager."

● Most staff had received medicine training and had ongoing observations of their practice by supervisors. There had been few errors and nothing that impacted on people. Medicines were audited by the registered manager and any training needs identified.

Preventing and controlling infection

● Staff were provided with equipment to help prevent infection. For example, protective gloves, aprons, overshoes and sanitisers. We observed staff use this equipment when carrying out care calls and people and relatives confirmed that staff regularly washed their hands and used the protective equipment provided. A member of staff said, "Yes, it's all in my bag. I carry extras in my car as well."

● An element of some people's rehabilitation involved being able to safely work in their kitchens and prepare food and drink for themselves. Staff were all trained in food hygiene and some helped people in their kitchens.

Learning lessons when things go wrong

● The service had an accidents and incidents policy that was regularly reviewed. Accidents and incidents had been recorded correctly with any trends or commonality between incidents being analysed and any learning shared with staff and best practice recorded.

● A person had experienced a fall during personal care. The service looked at this specific accident and put a plan in place to minimise the chance of recurrence. The plan involved the staff member remaining close to the person whilst not discouraging their independence and for the person to wear protective arm and leg shields as recommended by the district nurse.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● Referrals were made to the service from local hospitals, GP surgeries and community nurses where it had been decided that a person required support at home to help them re-gain independence. Managers from the service carried out assessments with people, their relatives and professionals. A person said, "I had an assessment, it was very comprehensive. They asked what I might need help with and my needs longer term. We discussed what equipment I need." A professional told us, "JCR staff are very willing to discuss the appropriateness of potential referrals. Whilst there is a clear referral criteria, after discussions they sometimes flex the criteria if appropriate and this is really helpful."

● The assessment process involved looking at all aspects of people's support and care needs and their reablement goals. People had a senior support worker assigned to them as a key worker. Key workers were responsible for carrying out weekly reviews with people to assess their progress, identify any additional needs and review their goals and targets for the next week. A person told us, "Came on the first day to do an assessment and there's weekly contact to see how they're getting on."

Staff support: induction, training, skills and experience

● A senior member of staff had responsibility for overseeing staff induction. They told us that they had attended a staff recruitment and retention fair and had introduced contact cards for new starters. This recognised that recruitment does take time and provided people with details of who to call if they had concerns.

●The induction process was comprehensive and involved new staff being assigned an experienced member of staff as mentor. This ensured ongoing one to one support for staff at all times. In addition to the initial training staff were given opportunities to shadow experienced staff before working alone. A staff member told us, "It was definitely a positive experience. I shadowed, learnt so much from others. We have regular spot checks too." Spot checks were unannounced observations of staff practice, carried out by supervisors.

● The service employed an in-house trainer who worked across the three JCR locations. Who was also involved in the induction process. As well as a regular training program there were refresher training for staff and this was overseen by the registered manager to ensure compliance. A member of staff told us, "We always get training. We get retrained and we get refreshers. I'm continually learning." Another staff member said, "It's brilliant and relevant to who we see. I've done Parkinson's, diabetes, end of life and oral health care."

● Staff received ongoing support form managers with regular supervision and appraisal meetings. A member of staff told us, "I have monthly supervision meetings." Another said, "they are a two-way process. I

can feedback and ask questions. There're really helpful."
● People told us that they were confident in the ability of staff to do their job. Comments included: "Yes they understand me and have had training," "Yes, they all seem to know what to do" and "They all either said or implied that they like their work."

Supporting people to eat and drink enough to maintain a balanced diet
● Most people receiving support from the service had help from relatives or loved ones with food and drink preparation. Staff checked to make sure people had eaten and had enough fluids available to them. If they did offer support, people told us that they knew what they liked and would offer choices. All staff had received training in food hygiene.
● The service had a nutrition and hydration lead. They had trained staff in the use of food and fluid charts and how to identify issues and make referrals. In some cases, referrals had been made to dietitians and the speech and language team (SALT). Staff were careful to record exactly what food and drink had been consumed rather than that just offered.
● Some people had a rehabilitation goal of safely accessing their kitchen and being able to prepare their own food and drink. Staff supported and monitored progress with people to achieve their targets. Equipment for example, handrails and perching stools were provided to support people to regain their confidence and support their mobility in the kitchen. Some people had been provided with kettles that were light in weight and provided a permanent supply of boiling water. This enabled people to easily make hot drinks when they wanted.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● Staff worked together with their colleagues in the health service who provided physiotherapy and occupational therapy to support people in their homes. Working together enabled people to achieve their mobility and reablement goals which in turn helped them to increase their ability to manage their own personal care and general household tasks.
● Staff carried out weekly assessments to measure people's progress and identify any additional support needs they may have. Day to day changes were monitored by staff. A member of staff told us, "I read through the care folders and look at and monitor forms. But it's mostly about speaking to the person themselves." If people needed medical support the staff would call the person's GP or community nurse. A relative told us, "They found a red area on his foot and called the GP straight away. The district nurse came in."
● Staff monitored any changes in people, their health and their progress towards independence. Staff noticed if people became unwell, were showing signs of infection or developing areas of sore skin. District nurses, GP's and other professionals were called in to assess if any concerning changes.
● The majority of people regained their independence at home within the six-week rehabilitation programme. If people were not able to achieve their goals then further support was provided. The registered manager told us that there had been occasions where people had to be readmitted to hospital but this was rare. Some people did require support beyond six weeks and this was identified as early as possible through the weekly review process.
● The service had a dedicated member of staff who was responsible for arranging ongoing support for people that needed it. They liaised with both health and social care professionals to arrange support packages if needed which might include ongoing carers, provision of emergency call devices and advice around finance if needed.
● Professionals told us of the positive working relationship they had with the service. A health professional said, "It really works well, we get constant, positive feedback. We meet at least once a month and cover all aspects of care." Another told us, "Quite simply they are effective and practice a really supportive and vital pathway through discharges from hospital."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Everyone using the service were able to make decisions about their care and support. Most people had full mental capacity although some, living with early onset dementia, displayed variable capacity.
● Staff had completed training in dementia, mental capacity and DoLS. Staff were aware of the importance of consent. A staff member said, "I give them choices. I'll speak to family if something is being done that is not part of their usual routine." Another said, "I try to make them understand. Sometimes I use sensory aids, I'll hold a hand for example." Another said, "We use consent forms. It's important to make people feel comfortable and respect their wishes if they refuse."
● The registered manager told us that they had completed a few mental capacity assessments for people. We saw assessments that were decision specific and were followed up with best interest meetings if required. These meetings were attended by the person, relatives or loved ones and professionals.
● People and relatives told us that permission was always sought before people were supported. Relatives told us that they had observed staff ask and explain before providing support with personal care.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that they felt supported and that they were treated well by staff. Comments included: "All very kind and make you feel confident," "Everyone always asks if there is anything else they can do to help" and "Very caring, we have a bit of a laugh together." These views were echoed by relatives, one said, "Very efficient, very polite and very caring."
- We observed people being supported in their homes. A person who had a diagnosed medical condition relating to diet was given some information leaflets and articles that the staff member had brought with them to the visit. The person said, "What a gentleman. You could give me two of him any day." We observed a person being supported to mobilise. The staff member offered reassurance, talking to the person and telling them to take their time and holding their arm for additional support. We heard the staff member say, "In your own time" and, "Don't rush."
- An equality and diversity lead had provided training for staff. At initial pre-assessment people were asked about their faith, culture, sexuality and any specific needs or concerns they may have. There was an emphasis on respect and people were never forced to talk about personal matters unless they wanted to. Visits to people had sometimes been arranged to avoid times of the day when people prayed or attended religious services.

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were fully engaged with the assessment process and weekly reviews. People were given the opportunity to talk through their progress with staff and family members and to discuss what had gone well, where the challenges were and what the goals were looking forward. A person said, "(staff member) came today and asked what we can achieve next week. We drew up a plan of exercises."
- People were able to make choices about their care and support. A person in the first week of receiving support decided that they wanted to have their hair washed. The person was supported and extra time spent at the call with the service able to adapt other care calls later in the day to cover.
- Staff worked with people to develop the best reablement programme for them. A member of staff told us, "We can influence care plans. I noticed that (person), needed encouragement rather than physical help. I recorded this in their plan which was then modified."
- People's confidentiality was maintained with documents containing personal information being kept securely online or in locked cupboards if printed.

Respecting and promoting people's privacy, dignity and independence

● People's privacy was respected and maintained but safe care and support was never compromised. A staff member told us, "I'll always give people privacy in the bathroom and with all personal care. I'll say to them, 'I'm here if you need me,' and stay very close by."

● People were treated in a dignified way. People were asked if they preferred a male or female carer and their wishes were observed. A person told us that they took pride in their appearance and wanted to be clean and smartly presented at all times. They told us, "They rearranged my clothes so they all match. He knows I like to be smart that's why he's done that for me." A relative said, "They are exceptional. They support (my relative) to have a shave as they know he likes to look smart."

● Promoting and enabling people's independence was a core part of the service provided. People's goal was to be able to live independently within six weeks and in most cases, this was achieved. People told us, "Helped me with my independence, now I'm looking forward to getting out." Another said, "I can go to the bathroom on my own now thanks to them. They still wait outside just in case I need them." Another person told us, "With their help I'll get anywhere. Everything is done for my convenience, not theirs."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were person-centred and individualised to each person. Staff knew people well. We saw care plans in people's homes and others told us that they had care plans in place. People confirmed that staff updated their plans during each visit.
- The service had key workers who had specific responsibility for monitoring named people's progress. The service had champions. Champions were staff who had been given, or had chosen, an area of work to specialise in, keep up to date with latest best practice and share and teach other staff about changes. Examples of areas where champions had been appointed included medicines, moving and handling, equality and diversity and safeguarding.
- People were pleased to see staff. Staff and people greeted each other in a friendly way with one person telling us, "They've always got a smile on their face." A relative said, "It's been great. They've thrown everything at us. Everyone is on the ball."
- Care plans contained key information about people's important contact information, a medical and social care needs summary and people's likes and dislikes. People were able to pursue their own interests and activities and if required care calls were timed to accommodate this.
- Being able to access the community was a key goal for several people. Visits to local shops, amenities and places of worship were areas people had identified as personal goals. A person told us, "Going out walking to (local supermarket) is one of my goals. Someone is coming tomorrow to do a review to see how I'm getting on."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people using the service were able to communicate verbally with staff. A few people were living with an early diagnosis of dementia or the after effects of a stroke. Some people required sensory support for example hearing aids and glasses. Staff knew people well and knew the most appropriate way to speak with people. Staff took their time with people making sure everything was understood. A relative told us, "(relative) does not like to be rushed. (Staff member) knew that right from the start. They are very patient when they talk to her."

● The service had introduced an information pack in braille. This meant that people living with limited sight were able to access all of the information they needed about the service. Information cards in braille were also available. These contained key information about people involved in their care and how to contact them.
● Staff had received training in dementia and were able to tell us how they communicated with people who required more time or perhaps had challenges with verbal communication. A staff member told us, "I give people time to answer. Give them choices but not too many. Speaking with family is important as they know better than anyone."

Improving care quality in response to complaints or concerns
● The service had a complaints policy that was reviewed regularly and was easily accessible to everyone. A copy of the policy was in people's care plans at their homes and we saw large print versions for those that required them.
● People told us they knew how to complain and that they had confidence that any issues they raised would be dealt with. A person told us, "I've not had to complain but I am confident they would deal with anything." Another person said, "I've had it explained to me. I'd go to the book and then make a phone call." A relative said, "I'm sure I'll never need to (complain) but I'd look in the folder, I know everything is in there."
● The service had received very few complaints in the past 18 months. We examined the process and found that complaints had been recorded and dealt with appropriately and in accordance with their policy. Letters of apology, where appropriate were sent and staff personnel files updated if needed. Too few complaints had been made for there to have been any meaningful comparison of identification of common issues.
● Matters that did not meet the threshold of a complaint were recorded in a minor concerns log. Issues such as items of clothing being misplaced and minor disagreements between relatives had been logged. Concerns were sufficient in number to analyse for patterns or themes but none had been identified.
● The service had received numerous compliments in a variety of formats for example, e-mails, letters and verbal praise for staff or the service. A total of 40 had been received in the month preceding the inspection. Compliments were displayed throughout the service offices which had a dedicated notice board, a compliments 'tree' and a binder containing numerous cards. The overriding theme of the compliments related to individual staff praise and thanks to the service which had enabled people to regain their independence.

End of life care and support
● The service provided reablement and as such end of life care was not routine. However, staff had received training in end of life care and several we spoke with had experience of caring for people at this important time. A staff member told us, "Dignity and choice are important. Knowing when it's best to step back especially when family are present." Another person said, "They were agitated and wanted to get up. I stayed with them and just held their hand to reassure them."
● Staff told us that they received support from their managers when dealing with, and after and end of life situation. The registered manager had set up a bereavement workshop for staff. This was an occasional, voluntary group, where staff could attend and share experiences. It provided a learning opportunity as well as a time to reflect.
● The service used 'Respect' forms. These were documents offered to people who wanted to discuss future care at a time when they may not be able to make decisions for themselves. These were completed with relatives and loved ones and professional input if needed.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated positive leadership and had built on and developed some initiatives since the last inspection. The registered manager was innovative and forward looking, promoting a positive culture across the service and empowering staff to provide the best care and support for people. Positive case studies were shared with staff who were keen to adopt best practice. For example, staff had arranged for people who lived alone with poor mobility to receive visits from animal charities. This had proved life changing for one person, the benefits were highlighted and the approach became common.
- People, relatives and professionals all spoke positively about the service provided. Comments from people included: "Amazing service," "They've all been excellent," "Carers have been good all of the time" and specifically about a staff member: "What a gentleman." A relative told us, "Whenever I ask for something, they give good advice and communicate well."
- The addition of champion roles showed foresight and directly impacted on people's care and support in a positive way. For example, the 'industry' champion brought together CQC and the National Institute for Health Care Excellence (NICE) latest guidelines, along with 'skills for care' advice and produced a template for best practice. This included the use of braille within care plans and key information cards for new members of staff. Skills for care was an online resource which promoted the best support for staff. A recent example was the creation of an action plan promoting effective working relationships.
- The service had a 'mission statement' and a set of 'values'. Both had been created from feedback from staff about what they thought were the important elements of their work. Staff were focussed on person-centred care and this was reflected in staff values which included empowerment, independence and working together.
- The positive culture at the service was led by the registered manager who was held in the highest regard by everyone. Staff described the registered manager as: "Incredibly supportive," "Ongoing support is tremendous" and "I can raise issues whenever I like and will always be listened to." A professional told us, "If it wasn't for the positive attitude and openness to new ways of working, we wouldn't have been able to achieve half of the things we've done in the past 15 months." For example, the NHS 'Home First' project which focussed on achieving people returning home safely. The project involved the hospital and JCR working together to improve patient discharge and increase the prospect of people returning to their own homes. This had become embedded in hospital culture and was supported by JCR.
- For example, we were shown a case study involving a person who had an amputation but whose goal was

to return to their church and to stand for parts of the service. This was achieved using prosthesis (a false limb) and the daily support and encouragement from JCR staff. In addition to providing support in their own home, JCR staff supported the person to attend outpatient physiotherapy sessions to help regain strength which led to increased confidence. The person said, "They have been supportive and helpful. It's been a joy to know them. I shall always be grateful to them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The registered manager understood their responsibilities under the duty of candour. Ratings from our last inspection were displayed on the service website and in a prominent communal part of their office. Notifications about significant events at the service had been sent to CQC in keeping with their legal obligations.

● The registered manager was passionate about communicating best practice to their staff and highlighting excellence. They had introduced a policy of the month which drew attention to a particular area for example, the service Code of Conduct and confidentiality. The policies were on notice boards and were included in the weekly service newsletter and 'soundbite.' The latter were short written or e-mailed bulletins for staff, sent when there was an important announcement. A staff member said, "The flow of information is amazing."

● The registered manager and wider management team kept up to date with current best practice. In addition to monitoring CQC and local authority websites, the management actively sought best practice. A team had travelled to various parts of the country where they had identified good practice to learn, bring back to JCR and implement at the service. An example was giving people a larger, consistent team of support workers rather than a dependence on one or two. This received positive feedback from people who told us that they picked up different ways of doing things to help their reablement, providing them with other options rather than sticking to one person's routine. A person told us, "I get varied carers. I like that and get to know them."

● To maintain a consistently high standard of support to people the service received unannounced compliance visits. The most recent report was very positive and the few areas where development had been identified had immediately been rectified.

● The registered manager maintained an effective system of auditing systems and processes. Accidents, incidents, training and complaints for example were all subject to regular scrutiny by the registered manager. Their analysis was then passed to the service coordinator who maintained oversight across all three JCR services. This oversight ensured early identification of issues and that of best practice. The new system of paperwork was piloted at the service and then introduced across all three sites due to its effectiveness. Monthly actions were recorded, and all were signed off within a month.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The management of the service were passionate about recognising and celebrating diversity. We spoke to the equality and diversity champion who told us that staff wanted people to feel comfortable and able to speak about all aspects of their care and support needs. They also recognised the importance of privacy and told us of a recent client, member of the LGBTQ+ community and how their privacy was respected without compromising their lifestyle.

● The registered manager sought every opportunity to gather feedback and to listen to people, relatives and staff. People received phone calls from the service seeking feedback. Feedback was sought at weekly review meetings and through the evaluation documents towards the end of each support package.

● A total of 155 written feedback forms were completed in the preceding year. 73% of people gave an

overall satisfaction rating of 'outstanding'. No one rated the service as poor. Collecting and analysing feedback from people was an ongoing process. Just 2% expressed dissatisfaction and these cases were investigated by managers. By addressing dissatisfaction, the service had seen a significant drop over time in responses falling into this category. People told us they had many opportunities to provide feedback and raise concerns, one said, "I have daily visits and phone calls. If I need to raise an issue they are always there."

● Similarly, staff were provided with numerous ways of providing feedback about the service through supervisions, team meetings and daily contact with supervisors. Staff were listened to by their managers, their suggestions always considered, and changes made. An important part of the service centred around celebrating success and good work and a series of case studies had been highlighted and made available to everyone. An example concerned palliative care provided to a person at home. Staff had arranged re-housing of the person's beloved cats and the person was able to remain at home until the end which was their wish. Staff were asked to read a eulogy at the funeral.

● Relationships had been made within the communities where people lived. These included local places of worship, shops and public houses. Managers from the service attended local public events and open days to promote the work carried out. By attending school and college events for example, the interest the service had received from young people in looking at a career in care, had increased.

Continuous learning and improving care

● The registered manager and the wider management team were constantly looking for ways to improve the service. On the back of feedback from people and staff the service has completely overhauled its paperwork and the documents used for assessment, recording daily interactions, risk assessments and progress diaries. An implementation plan was written and a working group set up consisting of people, staff and managers. Following the successful implementation of the new paperwork the entire recording process had been improved. It was quicker to record important information, easier for people to understand their own care plans and fewer errors now occurred.

● The deputy manager was responsible for collating daily handover records and was able to identify issues that required immediate attention. For example, it was quickly identified that a person had not changed their clothes for 24 hours. This led to an immediate review of their care and an increase in support to help them dress and undress each day.

Working in partnership with others

● The management team had established outstanding working relationships with partners which resulted in positive outcomes for people. The service worked alongside occupational therapists and physiotherapists daily and the combined support enabled people to regain their independence. We spoke to people who were now able to get out to local shops and pubs and for walks for exercise. This had been unthinkable to people at the beginning of their reablement.

● The service management had established relationships with local schools and colleges. Mangers attended recruitment fairs and promoted the work of JCR and the wider caring community.

● A professional told us, "The service is very effective at determining the ongoing needs of adults." Another said, "Quite simply they are effective and practice a really supportive and vital pathway for people discharged from hospital."