Leicester City Council

Domiciliary Care Service

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 29 June 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be at the office.

Leicester City Council's Reablement Service is a domiciliary care service which provides short-term personal care and support to people in their own home following discharge from hospital or whilst residing within the community. At the time of our inspection 109 people were receiving personal care and support from the service.

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 rehabilitation of people was seen as a primary objective of the Leicester City Council Domiciliary Care Service. People received care and support that was exceptionally well planned and carried out to meet their individual requirements. This included collaboratively working with other professionals to meet people's specific requirements. People's care and support was reviewed with them to make sure that their goals and aspirations were being met and that they were satisfied with their support. People and their relatives knew how to make a complaint and there were opportunities for them to provide feedback. The provider responded to any complaints received and took action to make improvements where this was required.

People received care from staff that was compassionate kind and supportive. People's independence was promoted and staff actively encouraged people to retain or regain their skills. Staff protected people's privacy and dignity and involved them in decisions about their care. Staff built relationships with the people they supported based on information they had gained about things that mattered to them.

People felt safe with the support they received. Staff knew how to help people to remain safe and what action to take should they have concerns about a person being at risk of abuse or harm. Staff had assessed risks associated with people's care and support. Staff had guidance and procedures to follow to make sure people received support in the event of an accident, injury or emergency. The provider had ensured communication with staff had been improved. Staff had been provided with individual hand held devices which allowed them to receive individual communications about the people they cared for, their training and ensured their safety when working alone. People received their medicines as prescribed and safe systems were in place to manage people's medicines.

Recruitment procedures ensured suitable staff were employed to work with people who used the service. Staff told us they had received training that had helped them to understand and support people's individual needs. Staff were aware of people's eating and drinking requirements and took action where they were

concerned about people's health.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff were aware of people's capacity to make decisions and people were asked for their consent before care and support was undertaken.

People, their relatives, healthcare professionals and staff all highly commended the service. There were open channels of communication and the registered manager was open, supportive and available. The registered manager was knowledgeable about their role and used healthcare information to drive improvements in the service. The provider had recruited a suitable number of staff to make sure that people received the care they required when they needed it.

Staff were aware of their responsibilities which included working to the provider's aims and objectives. They received guidance, detailed feedback and praise about their work which recognised the high quality care they provided. The registered manager undertook their duties in line with their registration requirements with CQC. They had carried out or arranged for quality checks of the service. This continuously drove improvements and the efficiency of the service.

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 using the service felt safe and staff knew what to do if they had concerns about their welfare. Staff supported people to manage risks, and provided care at the times that had been agreed. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff. Staff were protected by lone working policies and procedures and a backup mobile safety system.

Medicines were safely managed and people were prompted and supported to take them in a way, and at times they were required.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills they needed to support people safely and effectively. The provider and staff were aware of how to protect the rights of people who needed support to make decisions. People were encouraged to make choices and decisions about their lifestyles, and staff sought consent before providing personal care. Staff had completed training essential to providing safe care, and supported people to regain their abilities to care for themselves. They had sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

People thought the staff from the Domiciliary Care Service were kind and caring. People received care and support from a consistent group of staff, which encouraged caring relationships to be established.

People received a copy of their care plan and they, and when appropriate, their relatives were involved in making decisions about care. People's privacy, dignity and independence was respected and promoted. People's views about their care and

support had been sought and had been used in the development of their care plans.

Is the service responsive?

Good

The service was responsive.

The reablement staff had liaised with people and, when appropriate, their relatives to develop individual and personalised care plans. People's care plans had been reviewed to reflect changes in people's needs. The provider had developed a complaints procedure which was distributed to those using the service.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post. People were enabled to share their opinions about the quality of the service. This allowed the provider to identify where improvements were needed. Systems were in place to monitor the quality of the service provided. The management team worked in partnership with, and used analysis from healthcare colleagues to critically evaluate the service and drive improvements and efficiencies.

Domiciliary Care 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 was 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 29 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection was carried out by one inspector and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience contacted people who used the service and their relatives to determine their opinion of the service, and those comments form part of this report.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We also reviewed other information we held about the service.

We spoke with seven people who were using the service and two people's relatives. We spoke with the registered manager, the team leader, the reablement officer, an occupational therapist and four care staff. We also received feedback from health and social care professionals on the service provided.

We reviewed records which included four people's care records to see how their care and treatment was planned and delivered. We reviewed staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person who used the service said, "Yes I feel very safe, the carers couldn't be better. They really have supported me since I came out of hospital. It's really nice to know that they are coming in." A second person said, "We have a key safe so the carers use that to get the key out and they let themselves in and when they have finished they lock up and replace the key." A third person said, "First class girls (staff) they do all I want and nothing causes any trouble for them."

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant agencies if necessary. Staff told us what actions they would take if they were concerned for the safety of people who used the service. Staff told us, and records confirmed, they had undertaken training to support their knowledge and understanding of how to keep people safe. This demonstrated people who used the service were protected from the risk of abuse, because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening. Staff told us they were confident to use the provider's whistle-blowing procedure to report concerns to external agencies.

We looked at the provider's procedure to identify and manage risks associated with people's care. Staff told us risk assessments contained sufficient instructions for them to follow to minimise the risk of harm to people. Environmental risk assessments were completed by a reablement officer on the first visit to the person's home. We saw risk assessments informed staff how to protect the person from identified issues in the environment such as kitchen equipment, hazardous substances and tripping risks.

Staff gave us examples of how they ensured people's safety, for example by making sure their home was secure. The registered manager told us an occupational therapist (OT) and physiotherapist were attached to the reablement team. We saw in one person's care records, where staff at the initial visit, where the person's risk assessment was completed noted a significant issue where the person required a 'hospital bed' to aid them to rise out of bed alone. The registered manager demonstrated where staff took action and ordered the bed on a 'three hour delivery'. Another staff member had been swiftly summoned to the property and dismantled the old bed to enable the replacement to be erected. The registered manager gave us other examples where the handy person service was quick to act to improve the safety of people's homes. This meant the provider ensured people were cared for safely and in a safe environment.

People told us they felt there were enough staff to meet their needs. Staff also confirmed there were enough staff to support the people using the service. The registered manager agreed with this and also stated there were enough staff to cover the current calls. However, if further cover was required, then staff worked on 'variable' contracts. That meant staff were available to work extra hours, which were increased to cover additional work to keep people safe.

People's safety was protected by the provider's recruitment practices. Relevant pre-employment checks were undertaken by the council's personnel department before staff were allowed to commence employment. These included checking staff with the Disclosure and Barring Service (DBS) and obtaining proof of identification. The DBS check supports employers to make safer recruitment decisions and prevents

unsuitable people from working with people using the service. Though staff had personnel files at the office location, a copy of the checks was not included in the person's personnel file. We mentioned this to the registered manager who quickly put these in place, and assured us any new staff recruited would have these in place automatically available for inspection.

Care staff were aware what actions they would take in the event of an accident or incident, such as finding a person on the floor. This demonstrated staff understood what action to take in an emergency to keep people safe. Staff were protected by the hand held mobile device, which alerted other staff via a phone call, email and text message sent. The email and text message included map coordinates which allowed staff to know the exact location of any staff in trouble. The registered manager explained this was important as some staff were expected to work alone and this could be late at night or in poorly lit areas.

Staff had access to a lone working policy. They were expected to log in to the office before they commenced work and then after each completed call. This provided the office staff with an assurance that people had received their calls and that they and the staff were safe.

None of the people we spoke with required support from care staff to take their medicines. The registered manager told us that when required staff prompted people to take their medicines or in some cases this continued to be undertaken by their partner or live in carer. Staff understood their role and had been trained to administer medicines safely. There was a detailed policy and procedure in place for staff to refer to, when administering peoples medicines.

One staff member said, "I've had training medicines training by hospital staff and a pharmacist, and there is more in house training coming." A second member of staff told us, "If I discovered an error I would report it straight away to the office." In these ways people could be assured that staff knew how to safely handle any issues they had with their medicines.

Good

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs effectively, which promoted people's wellbeing and independence. People we spoke with said the staff met their needs. When we asked people about staff training one person told us, "I am quite a large lady so if I am not careful I could get sore. The carers do everything possible to prevent me getting sore." A relative told us, "Yes they are well trained. You can tell by the way they support my husband on a daily basis."

A member of staff we spoke with had undertaken their induction training, they had then gone on to complete other training courses which provided them with the skills they required to care for people effectively. No staff had been employed recently so their induction had not been linked to the 'Care Certificate,' which is nationally recommended training. This is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. The registered manager said that any future newly appointed staff would complete this introductory course.

We saw that staff received regular training updates. Information on attending training courses was distributed to staff using their hand held device. We looked at the training record of staff which was available in the computerised staff record system. This covered all issues staff needed to provide effective care to people.

Staff were supervised and had their competency assessed to provide effective care assessed by the reablement officers. Supervision can help to support staff and advance staff knowledge, training and development. This ensured the care and support that was offered to people was of a good quality and reflective of comprehensive staff training and company policies and procedures.

One member of staff said, "I wanted some additional mental health training, I asked and I got it." They added that the course gave them a better understanding of some mental health conditions. That demonstrated that the provider was proactive in providing training that allowed staff to provide an effective service.

Staff told us they received regular office based supervision. We spoke with the registered manager who said these were planned to take place regularly. This provided staff with support to deliver effective personal care to people who used the service. A member of staff said, "We get supervision about every 6-8 weeks."

We saw that staff were regularly offered supervision 'spot checks' which were undertaken by the reablement officers. These unannounced visits comprised of staff being observed to see how they offered care, if staff wore the correct uniform, their timekeeping and their overall caring manner. Staff confirmed spot checks were undertaken regularly by the reablement officers. The registered manager said these would continue on an unannounced basis, as they were a valuable part of staff monitoring. A member of staff confirmed, "They usually take place just after the person has come out of hospital, and they [reablement officers] check if you have followed the care plan and have your uniform and badge."

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.

The provider had a MCA policy in place which set out how staff were to meet legal requirements with regards to the MCA. Staff were trained in the MCA and understood their responsibilities to protect people and alert other agencies if they felt a person's rights were being compromised.

When we asked people about them being asked by staff about agreeing the care they were offered, one person said, "My carer always asks me before doing anything to help me." Staff understood that people had capacity unless this was proven otherwise. This is in keeping with the MCA.

The registered manager told us if they had concerns about a person's capacity to make decisions, this information would be promptly shared with the person's social worker. They said the placing social worker was responsible for completing mental capacity assessments, though where necessary people usually had this completed prior to commencing with the service. None of the people whose care records we looked at lacked capacity. Staff we spoke with understood how to ensure a person consented to the support they were offered. They explained they would contact the office if a person declined to be supported. Staff told us, and their training records confirmed that they had undertaken MCA training.

Care plans detailed the assistance people required to ensure their nutrition and hydration needs were met. Staff ensured people were provided with enough to eat and drink. People told us that staff provided support for them and oversaw them preparing their own meals. Reablement staff explained as people gained more confidence; they were supported to go shopping so they could plan their own meals, and so help to achieve their goal of independence. Staff ensured drinks were available for people who were unable to obtain these without assistance between the visits. That ensured people's nutrition and hydration was monitored by staff, which helped people to remain healthy.

People continued with any special diets that had commenced in hospital, and updated dietary information was available to staff through the hand device. The registered manager said that where a need was identified that had not been required in hospital, referrals were made. These included dietary advice and, where required, a translation service if staff could not communicate in the person's first language.

People's healthcare was identified in their care plan along with a brief medical history. Staff we spoke with told us that they would seek medical support if they were concerned about a person's health. One staff member said, "If I found a person with an urgent medical need, I would contact the emergency services immediately, then I would let the office know in case it delayed my other calls." This demonstrated that staff were knowledgeable, effective and monitored people's health needs to ensure that appropriate medical intervention was sought as needed.

A health and social care professional told us staff were able to recognise the needs and changing abilities of the people they supported. They felt staff responded appropriately to changes and informed the reablement officers to make effective changes to care plans.

Good

Is the service caring?

Our findings

All the people using the service and relatives we spoke with told us the staff were caring. One person who used the service described the staff as, "Angels in disguise."

People were sometimes visited in hospital by reablement staff to staff before their care commenced. Staff were introduced before working with the person, though due to the nature of the work this was usually the day following their discharge from hospital. The people we spoke with had had time to develop positive and caring relationships with staff since receiving a service from the Domiciliary Care Service. One person told us, "I have the same staff through the week, and different staff at the weekend." That demonstrated the person who received the service, was able to build a relationship with staff.

Staff had a good understanding of people's needs. They were able to tell us how they cared for people in a dignified way. They told us the information about people's care needs could be updated regularly and updates through their hand held device made these easier to keep on top of. Staff were able to describe to us how they respected people's privacy and dignity when they provided personal care to people. They ensured doors were closed when people were using the bathroom and covered people up whilst they assisted them with personal care. This demonstrated that staff treated people in a dignified manner and respected their privacy and dignity.

People told us the staff respected their dignity. One person who used the service said, "I have two regular girls [staff] who come in. They are so kind. I am treated with absolute respect and always with dignity." A second person said, "When I am getting in and out of the shower I am always kept covered by the carers."

The information sent to us by the provider prior to our inspection confirmed the providers main aim was to support people to regain their independence and achieve their aspirations and goals. Staff we spoke with understood the importance of people regaining their independence. They told us they did this by helping people regain, maintain or develop basic daily living tasks such as being able to do their own personal care or meal preparation. A member of staff said, "Our job is to get people's abilities back, so they can function normally again."

Care plans had been developed with the involvement of people who used the service or, when appropriate, a relative. We saw people had signed their care assessment to denote their agreement for the care and support offered by staff. People were provided with information about the service which included the care contract, contact details for the service and how to make a complaint.

Good

Is the service responsive?

Our findings

People received a responsive service that met their goals and aspirations.

Most of the people and their relatives we spoke with were very happy with the service and said care staff provided a personalised service that responded to their needs. One person who used the service said, "I have two regular carers, one during the week and one on a weekend and it works well." A second person said, "I had no idea what to expect when I came home and everyone has done as much as they can to help me gain my independence back." A third person said, "My carers have never been late." A fourth person said, "I can't fault my carers. They have been amazing and helped me so much." A relative said, "Before (named person) came out of hospital a worker came from the office and we talked about what help (named) would need."

One person who was not completely satisfied with the service said, "I am not really benefiting from the service as the carers come in and sit down fill in the book and go." We asked the person how they felt the service could be improved so they could benefit, but could not say. The person added, "When the carers come I have usually done all the jobs." We spoke with the registered manager about this, who reaffirmed the purpose of the reablement service was to enable people to regain a level of independence and control over their lives. He also told us that staff continuity was paramount but with a service that had changing needs on a daily basis, they attempted to keep staff changes to a minimum.

A member of staff told us, "We have a multi-disciplinary team which provide a range of care, and that gives us up to six weeks to work with the service user." A multidisciplinary team comprises of a range of staff from different backgrounds within the caring domain. The registered manager told us the initial assessment was to assess the needs and wishes of people, but also to assess and work alongside the person's current support network, if one was in place. The registered manager added the six week period was a guideline, occasionally this was extended, for example where a person required to be safeguarded from harm.
The multi-disciplinary team at the Domiciliary Care Service included reablement officers that were backed up by occupational therapists and physiotherapists. The inclusion of a physiotherapist in the team is unusual, and is above the normal staffing compliment. The inclusion of this member of staff was supported by health service colleagues, who were included in the planning prior to the service commencing. This allowed the Domiciliary Care Service to provide an excellent service and respond to people's changing needs in a timely fashion.

The registered manager told us referrals were accepted for hospital, GP and community care services where people required care at home. People's needs were assessed by a reablement officer to ensure their needs and goals were accurately assessed and people received the right support.

A health and social care professional contacted us with feedback about the service. They wrote, 'An indicator of the client centred focus of care of the service is the way in which they have configured the team to be able to include a flexible capacity to bridge packages of care in order to enable frail older people to leave hospital once they are medically fit. The reablement service have been very proactive in working with

us in developing and delivering solutions to allow people to begin the journey back to independence as soon as possible. This joint working with a big focus on personalisation has, I think, been educative for us here on the health side in terms of changing our culture and focus more towards believing in people's capacity to regain function and autonomy with the right kind of support.'

People's assessed needs were used to develop their care plan, which was individual and personalised. The registered manager told us people's needs changed quickly after they had returned to their home environment, and they relied on staff feedback to ensure that referrals were made to relevant services for additional support and equipment. Staff feedback was also used to assess people's progress and tailor the support to meet the person's needs. Staff confirmed care plans and risk assessments were provided for each person. These were available on their hand held device, and provided the latest copy of the care plan, which included any recent changes.

The registered manager told us the service swiftly responded to people's needs. For example, we saw where a person had fallen overnight and pulled the handrail from the wall when attempting to stand. Reablement staff visited the same day to complete an updated risk assessment and arranged for the handrail to be replaced. The visit also revealed there were problems with gaining entry to the person's house as a key safe had not been installed. The Handypersons Service installed the key safe and handrail whilst the reablement staff were still at the property. A lifeline pendant was also installed on the same day due to the person's high risk of falls. That demonstrated an immediate and pro-active response to a problematic issue. That enabled the person to remain in, and benefit from their home environment, and prevented the person being re-admitted to hospital.
A health and social care professional contacted us with feedback about the service. They told us they felt the standards of care within the service were very high which resulted in a very low hospital readmission rate. They put this down to a graduated programme of support for self-care rather than just carrying out tasks for people.
Reablement officers are considered to be 'trusted assessors.' This means they have received training to enable them to order equipment to assist people regaining their independence. Further trusted assessors training is planned to take place in July 2017. This will allow officers to substantially increase the items they can order and so further improve how the service responds to people's needs. These additions include important equipment such as free standing toilet frames, bed levers and chair raisers.

The registered manager confirmed they aimed to review all newly commenced care packages within the first seventy two hours, and meetings were planned in advance for three days of each week. This was to ensure people had a care plan that was responsive to their needs or identify any new needs and ensure these were met. If people required long term care the provider referred them on to other service providers. We saw that people's care plans had been reviewed. Where a person required a domiciliary care service to follow on from the reablement service, a formal review had been arranged with the care management team to organise this.

People told us they were confident to make a complaint in the event that they had any concerns. One person who used the service said, "I can't imagine their being a problem but yes I would feel happy making a complaint." A second person said, "It tells me in my folder what to do if I have a complaint to make and I would follow the instructions."

Staff told us any complaints or concerns made to them would be reported to the office. The registered manager told us two complaints had been received in the past 12 months. We saw both had received a comprehensive written reply. One complaint was about a person whose mobility needs were not communicated properly with the service. That allowed the person free access to the first floor of the

property, which resulted in them falling. The subsequent investigation revealed there was a breakdown in communication between the social work staff and the domiciliary care service. The lessons learned had been fed back to staff, both in the service and placing hospital workers.
A complaints procedure was in place. This was included in the information provided for people when they commenced using the service. This information contained the contact details of the council's complaints service and local authority ombudsman. This could be used by people to escalate their complaint if they were dissatisfied with the outcome of the provider's response. This showed the provider had systems in place which supported people to raise concerns or complaints.

In retrospect, we viewed the compliments files where people had been happy with the outcomes provided by staff. In the first five months of 2017 we saw there had been 58 commendations to the service, congratulating staff for an excellent service. A sample of comments were, 'the carers were without exception helpful, compassionate, fully understanding of the problems facing an 89 year old completely inexperienced of the problems of having to be cared for. Their concern and attention paid to the smallest detail was extremely marked. I have said this to each of them and write this that my feelings are on record' and '(named person) is a very approachable person and has been very helpful with some major issues I was having with my phone, he did not rush me, had time to listen and resolve my problems. Thank you' and 'the service is wonderful and feel so much better for it. (Named person) identified the problem and articles delivered the next day to help me. Carer (named) is a special lady. Thank you all for letting me have this service and very special thanks to (Named person) who makes me feel so special.'

Good

Is the service well-led?

Our findings

People felt that they felt the service was well managed and that they would recommend the service to others. People also said the care staff had encouraged them in their recovery, helping them to regain their independence.

The registered manager said there was a clear management structure in place. They also told us they felt supported by their team and that they were an efficient and effective team and they were crucial to the service running proficiently.

Staff we spoke with felt supported by the registered manager. One member of staff said, "We work together as a team to identify issues and improve the outcome for people, let's face it, it could be my relative needing the service." A second member of staff said, "What can I say, it is run lovely, some people would be frightened to speak to their boss, I am not, they always have time to listen."

Staff told us that team meetings took place regularly. We looked at a sample of team meeting minutes which confirmed the meetings regularity. This provided staff with the opportunity to make their views known and for management to share information about the service. Separate meetings were held for office staff which enabled the management team to review the service aims and objectives and agree action plans to make improvements to the service. Staff also met at the staff forum meetings four times a year which were used to communicate changes to the service and celebrate the successes of the reablement service staff.

Staff had been issued with a hand held device which resembled a 'smart phone'. This enabled staff to receive updated information, for example if a person's care plan changed or they had to change their visit schedule. The registered manager also said it was useful for confirming that staff were safe, as some calls were early in the morning and late at night. Staff we spoke with confirmed this and told us they had received regular updated information since the introduction of the devices.

The service has been innovative in setting up the virtual Hospital Discharge Service to help facilitate discharges out of hospital, where the person had suffered a life changing event such as a stroke. This was accomplished by providing a short term care package until a domiciliary care provider was able to start the new service or re-commence the original care package. This allowed the Reablement Service to utilise any staff capacity not already allocated out to care packages. According to the information sent to us following the inspection the service, this had allowed 250 people to be supported by the service. A health care professional stated that this benefitted a person in regaining some, if not all, of their previous abilities as they were able to be supported in a familiar environment.

We spoke with a health professional who said the health input to the service was maintained. This indicated that professionals thought that the Domiciliary Care Service was very efficient, and continued to perform to a high degree, considering the increase in referrals, combined with budgetary constraints. They stated that they had access to shared data about the efficiency of the service. That showed that after 91 days over 90%

of the people were still at home, and re-admission rates to hospital were between 4 & 8%. They said, "This is indicative of good integrated care, especially in light of the age profile of the clients [which was] 85 to 90 years old."

They went on to say that the reablement service was adjudged on how efficient they were in providing care packages within 24 hours for people awaiting discharge back to their home. Again the average was over 90%, with at one point they provided 100% of the packages required within the time. We spoke with the registered manager about the delays. They said this could be for a number of reasons, but normally it was because of the complexity of the care required and delays in sourcing equipment or arranging adaptations. They added that an average of between 52% and 68% of people who had completed a package of care with the reablement service required no on-going domiciliary support.

People had individual information held on computer, which was instantly available in the care plan that was accessible on the staffs' mobile devices. This provided instant access to a range of essential information about the person, their care plan and information on allergies and a brief medical history.

Staff we spoke with were clear about the provider's ethos and values of working with people to build their confidence so that they were encouraged to regain their ability to live independently.

Regular audits were undertaken to ensure that people received good quality care. A person who used the service said, "I have just been sent a feedback form as I have nearly come to the end of my time, but I've not filled it in yet." People were provided with a questionnaire during their limited time they received care and further quality assurance was sought by an independent healthcare body to ascertain the efficiency of the service.

People confirmed they could also share their views during reviews and at other times with staff or the registered manager. The reablement staff regularly checked with people or their relatives that they were satisfied with the support provided. This was part of the quality assurance system in place, which along with 'spot checks' and telephone interviews ensured the service was personalised and delivered in the way people wanted it. Staff spot checks included observations around staff uniform and name badge, time keeping, completion of the planned care and the notes made by the care staff.

The reablement staff checked medicine administration records (MARs) periodically; this enabled them to analyse and identify any errors promptly. Further quality checks were then completed by the administration team. The registered manager told us that through the spot checks, gaps had been identified on the MAR's, which were investigated and quickly rectified. As a result of this a medication administration workshop for staff had been organised, which covered recording on the MAR's.

Extensive performance monitoring had taken place with staff and the calls they undertook. Monitoring around the length of care calls included reasons for calls which ran late or finished early. This information allowed managers to make changes to care plans and increase the amount of time required, or decrease the time as the reablement allowed people to regain their independence.