East Sussex County Council

Joint Community Rehabilitation 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

This inspection took place on 28 April and 2 May 2017 and was announced. We gave the provider 48 hours' notice because we needed to be sure the right people would be available to talk to us when we visited.

Joint Community Rehab Service (JCR) provides a reablement and rehabilitation service to people in their own homes. It is a partnership between the local authority and East Sussex Healthcare NHS Trust (ESHT). They provide short term support of up to six weeks to people, usually following discharge from hospital after and illness or accident. The aim of the service is to maximise people's ability to live independent lives, improve their health, well-being and confidence and on occasion, prevent admission to hospital. People can also be referred urgently to the service by a GP or other healthcare professional, to help prevent them being admitted to hospital. The service was supporting 61 people at the time of this inspection.

There is a registered manager at the service. 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.

People experienced good care and support. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Risks to individuals were well managed and people were able to stay safe without having their freedoms restricted. Managers and staff promoted peoples independence and encouraged positive risk taking. If an incident or accident did occur, they were well reported and investigated. Staff understood the importance of learning from incidents, so they could make sure they did not happen again

Staff were caring and always ensured they treated people with dignity and respect. They had an excellent understanding of the care and support needs of people using the service. People told us staff had supported them with goal setting and working with them to achieve their goals. They also told us staff had enabled them to regain their confidence to do things they had previously done. People's care was personalised to reflect their wishes and what was important to them.

People and those important to them, such as their relatives, were asked for feedback about the quality of the service. Any feedback received was acted on, and any concerns were dealt with quickly before the formal complaints procedure was needed. The registered manager and staff knew what they should do if anyone made a complaint.

There were always enough staff on duty. Staff knew people well and understood how to meet people's needs. Staff were properly trained and made sure people received their medicines safely and on time. Recruitment practices were safe.

Staff were well supported with training, supervision and appraisal which helped them to ensure they

provided effective care for people. Staff also received additional specialist training in relation to the rehabilitation of people. Staff competencies were assessed before they were able to support people unsupervised. The registered manager and staff had a good understanding of the Mental Capacity Act (2015) (MCA) and made sure they gained people's consent in line with legislation.

Person centred care was an important part of the service and staff made sure people were at the centre of everything they did. Care plans focused on the whole person, and assessments and plans were regularly updated. People's individual preferences, needs and choices were always taken into account by the kind and caring. When required, people were well supported to eat and drink enough. Staff understood the importance of good nutrition to help people's recovery.

The service was well led. There was a clear set of values in place which all of the staff put into practice. The registered manager and provider regularly completed robust quality assurance checks, to make sure the high standards of care were maintained. There was an open culture and staff said they felt well motivated and valued by all of the managers.

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 were safe because staff knew what they needed to do to keep people safe and were clear about what they should do to safeguard people.

People had individual risk assessments and risk management plans were in place to keep them safe, while promoting their independence.

There were enough staff to meet people's needs and recruitment practices were safe.

Where required people's medicines were safely managed and people received their medicines as prescribed.

Is the service effective?

Good

People experienced effective care and staff were well supported with training, supervision and appraisal.

People were asked for their consent to care in a way they could understand. Staff had a good understanding of the Mental Capacity Act (2005) and always acted in people's best interests.

People were supported to have enough food and drink, and to make healthy choices.

Staff helped people to maintain good health and made all of the appropriate referrals to health care professionals when it was needed.

Is the service caring?

Good

The service was good at providing people with caring support.

People were well cared for by staff who treated them with kindness and compassion. Providing people with the best care possible was important for all members of staff and there was a strong person centred culture which put people first.

People were helped to be involved as much as possible in making decisions about their care.

People's privacy and dignity was well protected and staff were clear about what they needed to do to make sure they maintained people's

Is the service responsive?

Good

The service was responsive.

People experienced care that was centred on them as an individual and reflected their choices and preferences. People were involved in planning their care and their changing needs were responded to. People were supported to move between services when they required.

The service sought feedback from people and staff about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Good

The leadership and management of the service was good.

Managers and the provider promoted strong values and a person centred culture which was supported by a committed staff group. The registered manager and staff aimed to drive Improvement.

Leadership was visible at all levels and there were clear lines of accountability. The registered manager and other senior staff and managers were well regarded by people and relatives. People experienced a good quality service because the registered manager and provider positively encouraged staff to do all they could to deliver good quality care.

Joint Community Rehabilitation 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 was the service's first inspection since it registered with us.

The inspection team consisted of 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. Before the inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. 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. Due to technical problems we were unable to review the PIR for this inspection.

This inspection took place on 28 April and 2 May 2017 and was announced. On the first day of the inspection we visited the provider's office. We spoke with the deputy manager, the deputy manager from one of the provider's other services, the practice manager, service co-ordinator, team leader, and three members of care staff. The registered manager was not available for the inspection as they were on annual leave. We also spoke to the lead occupational therapist (OT) from ESHT. We reviewed the care records and risk assessments for four people who use the service, and the recruitment, training and supervision records for four members of staff. We reviewed quality monitoring records, policies and other records relating to the management of the service. On the second day of the inspection we spoke with nine people who use the service and two relatives by telephone.

Good

Is the service safe?

Our findings

People were safe because staff and managers were clear about what they should do to protect people. One person told us, "I am not sure I would be safe if they hadn't of been there for me" and a relative said staff, "Give (family member) advice on how to be safe."

Staff knew what they needed to do to safeguard people. They knew about the different types of abuse and were very clear about how to recognise if a person was at risk and what they should do if they were ever had any concerns about a person. Staff described what they would do, such as reporting to the registered manager or the local safeguarding authority. One member of staff said, "Everyone knows what's happening. Information is shared well, to keep people safe".

Staff were confident the management team would act on any concerns raised. They had received training in safeguarding adults and this was regularly updated. Staff also completed regular competency assessments to ensure they continued to understand their safeguarding responsibilities. A whistleblowing policy was in place and staff knew what to do if they had any concerns about the service. One member of staff said, "There is a hotline number for whistleblowing I can ring. If I had to I would". These actions helped staff to make sure they were able to protect people as much as possible from the risk of discrimination and abuse.

Risks to individuals were well managed. Every person had a risk assessment and risk management plan in place. This allowed people to stay safe while their independence was promoted as much as possible. Staff described how they helped people become independent safely, because they assessed and reduced any identified risks as much as possible. Staff were regularly updated with any changes to people's risk management plans to make sure people stayed safe. This was to ensure staff supported people to manage risk and return to full independence safely.

Other risks were safely managed by staff. Each person's care records included an environmental risk assessment for areas inside and outside of the home. For example, equipment hazards such as a faulty kettle or any falls risk. If staff identified such a risk, they could make referrals on behalf of a person to other organisations, such as East Sussex Fire and Rescue Service, for advice and support.

Staff supported people who live in a secure environment where staff's safety could be at risk. The member of staff with lead responsibility for setting up the care in this environment had made sure that risks to staff were properly assessed and very strong risk management plans were in place to help keep everyone safe.
The lead member of staff attended regular meetings with the provider of the secure environment to update support plans and review risk assessments and risk management plans. In addition, the lead member of staff had received specialist training from the provider, which enabled them to train support staff in 'Keep Safe' which included maintaining awareness and using specialist techniques specific to the secure environment. The lead member of staff also provided regular debrief meetings with other staff providing support, so they could raise any concerns, which were then fed back to the provider.

Staff commented 'We are very good at keeping safe' and another that working with people in the secure

environment had been 'a big piece of work but well worth it' and 'in 19 months there have been no incidents because of the strong risk assessment and management' . Staff made sure they were able to provide care to vulnerable people in a safe way.

The service had lone working policies in place to protect staff, and appropriate actions were taken to ensure staff were safe. Staff told us their personal security was taken seriously and they were provided with a lone working device, which acted as a personal alarm. If staff activated the device, a GPS signal would alert police to their location and support would be urgently sent. Staff were issued with identity badges which ensured people knew who they were and that they worked for JCR.
People who needed help to take their medicines were safely supported to do so. Only two of the people we spoke with needed help with their medicines. One person said, "They give me my meds and always make sure I've taken them before they go". The deputy manager said only six people currently needed help to take their medicine, and the aim of staff was to help people return to independence with their medicines where ever possible. One person had been supported to return to independence with their medicines and told us, "I have to take 12-14 pills. They do it for me at the moment but from tomorrow I will be doing it for myself." Where people were already able to administer their own medicines, risk assessments had been completed to demonstrate they were safe to continue to do so.

All of the staff who administered medicines were trained and had their competency to administer medicines regularly assessed. One member of staff said, "Medicines are a big thing. You're responsible and have to know what you're doing". People who needed support to take their medicines had a Medicine Administration Records (MAR) chart in place and these were completed when staff gave medicines. Senior support staff audited MAR charts weekly, when they visited people to make sure the MAR charts were accurately completed.

Incidents and accidents were well reported and documented and the registered manager and senior managers with the provider conducted a thorough investigation of each incident. Trends were monitored to ensure any themes were identified and action was taken to prevent any recurrence. For example, the provider had identified an increase in medicines administration errors at one of their other services. They then spent time reviewing the safety of medicines administration at this service. It was identified there had been 12 medicines incidents, 10 of which were administration errors. Staff were supported with extra training as needed, and a reminder card was provided for staff with the five 'Rights' of medicines administration. Right medicine, patient, dose, time and route, to help reduce errors. Everyone understood the importance of learning from these types of incidents so they could make improvements to people's safety.

There were enough suitable staff to keep people safe and meet their needs. However, feedback from people about the continuity of staff who visited them was mixed. People made comments such as, "(Name) sees different girls, maybe up to 10 in a week. We never know who is coming or a time" and, "I see all different carers but they are all lovely and I do get to recognise them." One person told us timing of calls could sometimes be variable, "The care plan says 8.30 but they can come anytime between 7-10, it would be better if we knew as (name) gets a bit distressed". Another commented, "I see lots of different ones but they are all very good, sometimes the times vary". Managers had already identified this as an area of practice that needed developing, and they were introducing a change to the way staff were scheduled, so people would see more regular staff. Staff understood that continuity was important to people, as it helped them with their recovery and return to independence.

Staff had enough time to sit and chat with people when they visited them. One member of staff said, "Sometimes sitting down and having a cup of tea might be the best thing that day rather than mobilising".

Another care worker told us, "If time runs over I can phone the office and spend the rest of the shift with that person if I need to, times like when I needed to call an ambulance or if there is a problem with their medication". Staff understood the importance of taking time to talk with people about their lives and not just their care needs and how this could contribute to people's ability to regain their independence. The provider made sure staff had enough travel time included into their schedule, so staff did not have to rush.

Recruitment practices were safe. The relevant checks had been completed before staff began work, including Disclosure and Barring Service, previous conduct where staff had been employed in adult social care and a full employment history.

Infection control procedures were in place and every member of staff was provided with a 'kit bag' to take with them when they visited people. This included items such as gloves, aprons and alcohol gel. Staff followed the right procedures to prevent infections and equipment was checked during staff supervisions to ensure that the contents were in date and correct. Infection control audits were completed every six months by an infection control lead.

Good

Is the service effective?

Our findings

People received effective care because staff were well supported with induction, training, supervision and appraisal. One person said, "They seem very well trained, they have certainly helped me" and, "I find them excellent they have been so helpful and play a very important part in my recovery by building my confidence". Staff gave positive feedback about the training they took part in. Staff were supported and encouraged to complete a variety of training including safeguarding, infection prevention and control and medicines administration. One member of staff said the training was "very comprehensive". Another commented, "training is in depth and it promotes safety".

Staff also had their competencies regularly assessed, to make sure the training they took part in was effective and helped them to support people with their care needs in the best way possible. Staff completed special training to help them meet people's specific reablement needs. The reablement assistant programme (REAP) helped them to support people back to independence. Other training was also provided if a person had any other specific care needs, such as support with continence care.

Staff benefited from regular supervision and appraisal. Reflective practice was encouraged, and staff discussed people's care needs or any concerns they may have in their monthly supervision meetings with senior staff. When discussing supervision, one care worker told us, "there are plenty opportunities to seek solutions". Senior staff also observed other staff working with people, to ensure their practice was caring and safe. Another care worker told us about their practice being regular observed by senior staff. They said, "you get to discuss the good practice and any improvements. You get all that feedback, it's so helpful". They said they felt well supported with supervision and were comfortable to discuss any concerns or ideas they might have. It is important to provide staff with regular opportunities for reflective supervision and appraisal of their work. It enables staff to ensure they provide effective care to people who use the service.

During induction new staff were supported by a dedicated senior support worker who acted as their mentor. One member of staff said their mentor had been their "go to" person during their induction and their mentor, "Is and was amazing. She is very good and very experienced". The mentor was responsible for supporting new staff until they had completed their probationary year. New staff also completed the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Before working alone with people, new staff shadowed colleagues and had their competency to provide safe and effective care assessed.

The service had developed lead roles within the staff team. Staff and managers understood the positive impact this could have for people who use the service as well as staff. One member of staff said, "having a lead available benefits clients because they can make sure staff are doing the right things. It also makes sure there is continuity of care" and "it helps staff to keep people safe". Lead roles included medicines, equality and diversity and nutrition and hydration. Each lead completed additional training specific to their role, and this training was shared with all staff. Lead staff also asked for feedback about their area of practice so they

could make improvements if needed. For example, one member of staff told us they suggested new staff needed more support to make sure they completed medicines records accurately, and this was acted on. When talking about the lead role the care worker said, "she's on it."

All of the people we spoke to said they were asked for their consent by staff. Staff were very clear about their responsibility to make sure they got people consent before providing any care. One member of staff said "I ask them what they would like me to do" and while supporting as person with care would continue to ask questions such as "would you like me to wash your back". Staff had a good understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. At the time of this inspection everyone who used the service had capacity to make their own decisions. However, staff had received good training and knew how to work within the law to support people in the future who lacked capacity to make their own decisions.

Some people who used the service were supported with their nutritional and hydration needs. Three people we spoke with said they required this support and their needs were met. One person said "I decide what I want for lunch and they will assist me but encourage me to do it myself". Another commented, "They will sometimes find something in my fridge or freezer and make a good meal out of it, they will say what do you fancy today then?". Although not every person needed help with food and drink, staff still understood the importance of making sure people had enough to eat and drink. There was a strong emphasis on helping people to eat and drink well as part of their reablement plan.

Staff knew what to do if they thought someone may be at risk of poor nutrition or dehydration. They knew how to identify this risk and that a referral to the person's GP would be made if needed. If a person was identified as at risk, extra visits would be put in place to provide extra support at mealtimes. Staff would also monitor what people ate and drank and completed food and fluid charts. Information was held at the office to ensure senior staff were aware of people requiring this support. Staff regularly offered food and drink to people and encouraged them to eat well.

Most of the people we spoke with arranged their own medical support either on their own or with the support of their relatives, but staff knew what they should do if people needed medical attention. One relative told us, "We had one incident where (family member) was poorly when they arrived and they had to call the medics, I was impressed by their concerns." Staff knew about people's day-to-day health needs and how to identify changes in people's health and what they should do to support them. This included contacting the GP if needed and reporting their concerns to the registered manager. Staff were also able to refer directly to physiotherapists and OTs as part of the rehabilitation service.

Good

Is the service caring?

Our findings

All of the people we spoke with gave very positive feedback about the care they experienced and staff were described as cheerful, kind and caring. One person said, "I was so impressed with the service they gave. They were all so cheerful and gave me encouragement and confidence". Another person said, about staff, "They are very carefully chosen people, they are understanding, compassionate and kind, they don't rush me, if I'm trying to do something they will encourage me until I've done it". The service had received many compliments and thank you cards from people who used the service and their relatives. Comments included, "JCR are an absolute pleasure to work with" and, "I greatly appreciate this service and will 'spread the word'". A member of staff said the care they provided was outstanding because, "it's person centered care. It's about the person all of the time".

Staff spoke about the people they supported in a very kind and caring way. They were enthusiastic and motivated when discussing the support they provided to people. It was clear that staff wanted to help people achieve the best level of independence possible. Staff knew it was important to prove the right level of support to make sure people's needs were met, but that people were also to enabled to do as much for themselves as possible. One member of staff said, "it's about understanding where people are and where they are going. We work hard to promote people's independence".

People's privacy and dignity was respected and maintained, and staff showed a good understanding of people's individual needs around privacy and dignity. One person told us staff "Would help me in and out of the shower and helped to wash my feet and legs, they were very respectful and would ask 'is it ok to come in'". Another person said, "They are all so good and respectful, they will shut the door" before helping them to wash. Staff told us how they made sure they gave people privacy and protected their dignity while supporting them with aspects of their personal care. "I do whatever they want to protect their dignity". They then explained how they would keep the person covered as much as possible when helping them to wash. Staff made sure they called people by their preferred name and this was recorded in everyone's care plan.

People were able to express their views and were involved in decisions about the care they received. They were involved in their care planning and were encouraged to make their preferences known. Their care plans and risk assessments showed they were fully consulted and involved in the planning of their individual goals. When we asked people if they were involved in the planning of their care responses Included "The manager came as well today she asked if everything was ok with my care" and another, "A senior came recently to check on me, we talk about what improvements I've made and what I can do for myself now".

People were supported to regain their independence as much as possible. A relative described how their family member's independence was improving because of the good care provided by staff. "They encourage her by asking her what she can do and then they would show her how to wash her hair and now encourage her to do it. They also used to cream her legs but with encouragement she does it herself now

People's care plans were goal focused and staff knew the importance of working with people to achieve their goals. The goals people chose were based on what was important to them in enabling them return to

an independent life, such as going pout for coffee with friend or taking a taxi into town. People reviewed their goals and care plans with a senior care worker every week while they were using the service. Everyone was encouraged to record their achievements and were supported to adjust their goals as they recovered their independence. People's choices were always respected by staff. Staff also demonstrated empathy and had an enabling attitude that encouraged people to test themselves and improve their independence. One member of staff said, "we decrease the level of care for people as their independence improves. The ultimate goal is for complete independence. It's amazing how quickly they get back on their feet".

The service focused on reablement and helping people to return to living an independent life where ever possible. If, on occasion, people's health deteriorated, staff were able to provide end of life care and some staff had been provided with training in this area. Staff also liaised with other healthcare professionals such as the Macmillan nurses, to ensure people experienced good end of life care.

Good

Is the service responsive?

Our findings

The registered manager and staff made sure people were at the centre of everything they did. Person centred care assessment, planning and delivery was an important part of the service. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs.

People told us they had been involved in an assessment when they started using the service and they were involved in the planning of their individual goals. One person said, "They did an assessment at the start to see what I could do for myself" and another, "One senior came out to me to see what I could manage to do". At the first home visit appropriately trained staff completed a risk assessment of the environment, risk of falls and medicines. Staff then made sure people had been provided with the equipment they needed to help their independence before they started using the service. If staff thought people would benefit from further equipment such as a mobility aid, a referral was made to the occupational therapist or physiotherapist. Where equipment was urgently required this was provided on the same day it was requested, to help promote people's independence.

People's care plans gave clear information about the support they needed and had information about what was important to the person. The plans were person centred and included what people liked and disliked. Staff made sure they were familiar with people's care plans and regularly reviewed them before they visited people in their home.

People planned their individual goals with staff and these were closely linked to what they wanted to achieve and what was important to them. For some people this was to regain their independence with washing and dressing, managing medicines or meal preparation. One person told us, "They did used to wash me but now I can do it myself, this morning they arrived very early and I was in the shower, I feel more confident" and another, "They have given me the encouragement I need to do things for myself, they say you have a go and I usually manage, it's about confidence." Some people required support to become more mobile and required assessment and planning from the physiotherapist to achieve this. This included exercises for the person to do with support from JCR reablement staff.

People were given the opportunity to comment on their progress, the staff and the service, and this was recorded on their review documents. These comments were regularly reviewed by senior staff to ensure the registered manager was aware of people's feedback and could take action if any concerns were identified.

People were listened to and regularly asked for their feedback about the service through weekly review meetings with senior support workers. Staff also telephoned people regularly to ask for their view on the quality of care they experienced. Where areas for improvement were identified the registered manager took action. For example, one person fed back that their morning call was too early for them. A manager visited the person, they discussed their concerns and arranged to accommodate the new call time whenever it was possible.

People were given a copy of the complaints procedure when they started using the service. One person said, "It's a brilliant service no complaints from me". People confirmed if they ever needed to make a complaint it would be listened to and dealt with appropriately. Staff knew what to do if anyone raised a concern or made a complaint. The service had received some minor concerns but they had all been resolved before the formal complaints process was needed.

Staff were also encouraged to give their feedback about the service. Regular staff meetings were held and staff were expected to attend one meeting a month. Staff were also asked to provide more formal feedback in regular surveys. At the last survey in October 2016, 83% of respondents said the service was caring and 71% agreed the service was responsive. 92% of staff said they would recommend the service to their friends and family. Managers had identified some areas in the survey where scores were lower, for example, only 56% of staff felt their ideas were welcomed. They responded to staff with a detailed report of the results, as well as details about the measures they had put in place to address some of the areas identified. An email address was set up where staff could send their suggestions and feedback to, for the practice manager to review.

Although JCR was a time-limited service, people were always supported to access ongoing care and support if they needed it. If people had not fully achieved their reablement or rehab goals before the six week time period, but were very close to doing so, JCR would continue to provide support until the person's goals were reached. They would also continue to provide care so people were never left without the help they needed. This was clearly important to people and one person told us, "They told my children that I would not be left in the lurch after six weeks, if needed they would continue" and a relative said, "They told me they won't let us down at the end, we are now nine weeks in and until they find a private care company that's suitable they will continue to support my (family member)."

If a person required further on-going support after their time with JCR had ended, such as help with washing, JCR staff would support the person to access on-going care at home. Where possible, and with the person's consent, staff would meet with the person and the new care provider to help make sure all of the relevant information was shared. This helped to make sure people experienced a smooth transition between services.

Staff knew how to recognise if a person was vulnerable or socially isolated and what they should do to support them. With people's permission staff were able to liaise other agencies, for example, Age Concern, to help support people. Staff also contacted other organisations such as the fire service or 'friends against scams'. This is a service run by the National Trading Standards organisation and is a scheme created to raise awareness of scams by providing information about scams and those who fall victim to them. Other organisations were also available to offer housing advice and support for people's carers to have breaks from their caring responsibilities.

Good

Is the service well-led?

Our findings

The service was well led. People made comments such as "It's a very, very good service it's wonderful they are always there for you" and "The help they have provided has been marvellous right from the setup to finish". Staff were also positive about the leadership of the service. The registered manager was also responsible for another service and divided their time between the two locations. The deputy manager and other senior staff had been well supported so they could manage the service properly when the registered manager was not there. Feedback about both included, "the deputy is just fantastic. (Name) wants to know what they can do to improve things".

The registered manager and provider ensured there was a person centred, open and caring culture in the service. They provided excellent support to staff through training and good supervision, as well as ensuring staff felt comfortable and able to raise any concerns they may have. Staff said they could openly challenge areas of practice which could be improved, and all of their colleagues would be happy with this. Challenging weak practice was actively encouraged and staff could use an anonymous whistle blowing telephone number to raise any concerns about poor practice if they ever needed to.

Staff were open and honest and if they made a mistake they were not worried about telling their line manager and taking the proper action to put things right. For example, an error was made when a person was being supported with their medicines. Staff realised immediately what had happened, contacted 111 for advice and reported the mistake to the duty staff. There was no harm caused to the person and staff were supported with additional training so they did not make the same mistake again. This was a clear example of how acknowledging mistakes and taking the proper action to put things right. Staff were not worried about reporting mistakes or errors.

The registered manager and whole staff team work hard to continuously improve and actively identified areas of practice that could be made better. The registered manager and staff reflected on their practice to ensure they maintained the high standards of care they had already achieved in the service. There was a good improvement plan in place. Areas included the introduction of real time telephone monitoring (RTTR). This is a system which enables staff to have electronic access to rotas, emails and meeting minutes among other things. The aim of this system was to help free up staff from admin tasks to give them more time to spend with people and for quality monitoring and improvement.

The service had a clear mission statement and set of values, which all levels of staff understood and put into practice every day. People and the quality of care they received, as well as staff, were the focus of the values. All of the staff we spoke with were enthusiastic about the quality of the service and the care they personally provided. Everyone was keen to be involved in the inspection as much as possible.

Managers were very aware of the culture of the service and the attitudes and values of staff. They clearly understood what they needed to do to ensure the high levels of compassion and dignity already achieved were maintained. The registered manager and deputy manager ensured they supported staff to understand what was expected of them. One member of staff said, "I love it, they're a really good team" when talking

about the managers.

Leadership was visible at all levels and there were clear lines of accountability which staff understood. Senior managers from the provider were familiar faces as they visited the service's office frequently. They were involved in quality monitoring and had a good overview of the key achievements and challenges in the service. Managers and staff were enthusiastic about providing the best care they could and they described wanting to make sure that people achieved the best level of independence they could.

There was a robust quality monitoring system in place. A number of quality checks including reviewing people's care plans to ensure they were person centred and up to date, staff supervision and support and health and safety, among others were regularly competed by the registered manager, staff, and senior managers within the organisation. The results of each audit where reviewed, and if any areas of practice needed improving, this was done.

A senior manager also completed regular monitoring visits to assist the registered manager and staff team to examine and improve the quality of the service and their monitoring processes. These visits were based on the prompts and potential sources of evidence found in the key lines of enquiry. CQC uses the key lines of enquiry to ensure a consistent approach in the way we inspect and what we look at under each of the five key questions safe, effective, caring, responsive and well-led.

The registered manager made sure the service and staff kept up to date with best practice. They had regular meetings with registered managers from the provider's other services to share good practice, and to make sure the services were consistent.

Joint working with other health and social care professionals was a fundamental part of the service. JCR worked jointly with physiotherapists and occupational therapists OTs employed by ESHT as part of people's reablement and rehabilitation programme. People's goals for achievement were jointly set and reviewed to ensure people progressed and improved. Managers were enthusiastic and innovative in developing new ways of working jointly with the local NHS trust to improve the service for people. Both JCR staff and staff from ESHT described this partnership working as good. One member of staff said this was because "we work very closely together and there is a very positive relationship between both". Physiotherapy and OT staff from ESHT also provided practical training for the JCR reablement staff so they were able to continuously support people with their rehab goals.

Records were robust. They were up to date, accurate and kept securely. All of the registration requirements were met and the registered manager ensured that notifications were sent to CQC when required. Notifications are events that the provider is required by law to inform us of.