

Warwickshire County Council

# Reablement Services South Team

## 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 22 June 2016 and was announced.

The Reablement Services South Team supports people in their own homes to achieve their pre-treatment, or pre-hospitalisation, level of independence within six weeks of support. At the time of our inspection, 78 people were supported with care.

The service had a registered manager. 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 and their relatives told us they felt safe with the staff who supported them. Staff received training to safeguard people from abuse. They were supported by the provider, who acted on concerns raised and ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified and staff were aware of current risks, and how they should be managed.

People were administered medicines by staff who were trained and assessed as competent to give medicines safely. Records indicated people's medicines were given in a timely way and as prescribed. Checks were in place to ensure medicines were managed safely.

There were enough staff to meet people's needs effectively, and people told us they had a consistent and small group of staff who supported them, which they appreciated. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived in their homes.

Staff asked people for their consent before undertaking any care tasks. The provider supported people who were able to make their own decisions, and staff respected their right to do so. Staff and the registered manager had a good understanding of the Mental Capacity Act.

People and relatives told us staff treated people with dignity, kindness and respect. People's privacy was maintained. People were supported to make choices about their day to day lives.

People saw health professionals when needed, and the care and support provided was in line with what they had recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication needs, their likes, dislikes and preferences. Care plans focussed on the outcomes people wanted to achieve to regain their independence, and were regularly reviewed to ensure this happened effectively.

People and relatives told us they felt able to raise any concerns with the registered manager. They felt these

would be listened to and responded to effectively and in a timely way. Staff told us the registered manager and senior staff were approachable and responsive to their ideas and suggestions. There were systems in place to monitor the quality of the support provided, and the provider regularly sought feedback from people and their relatives with a view to improving 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's needs had been assessed and risks to their safety were identified and managed effectively by staff. Risk assessments were up to date, and the provider ensured care staff minimised the risks to people's safety. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs, and people were supported by a consistent staff team.

### Is the service effective?

Good ●

The service was effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so. People were supported by staff who were competent and trained to meet their needs effectively. People were supported with their nutritional needs where they needed it. People received timely support from health care professionals when needed to assist them in maintaining their health.

### Is the service caring?

Good ●

The service was caring.

People were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which had been

planned with their involvement. People's care plans were regularly reviewed throughout the period of reablement to ensure they were meeting people's changing needs. People knew how to raise complaints and these were dealt with appropriately.

**Is the service well-led?**

**Good** ●

The service was well led.

People felt able to approach the registered manager senior staff and were listened to when they did. Staff felt supported in their roles and there was a culture of openness within the service. There were quality monitoring systems in place to identify any areas needing improvement.

# Reablement Services South Team

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 22 June 2016 and was announced. We told the provider 48 hours in advance, so they had time to arrange for us to speak with staff. The inspection was conducted by two inspectors 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.

We reviewed the information we held about the service. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

Prior to the inspection visit, we spoke by telephone to twelve people who received, or had recently received, care and support in their own homes. We also spoke to two relatives of people who used the service. During our inspection visit, we spoke with the registered manager and six staff members. They were known as 'reablement' staff.

We reviewed seven people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care, and how the service operated to check how the provider

gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe with staff who supported them. When asked what made them feel safe, one person told us, "I was very scared after my fall and the carer was confident in what she was doing so it made me feel safe." One relative commented, "I felt that my husband was safe with the care staff."

The provider protected people against the risk of abuse and safeguarded people from harm. Reablement staff attended regular safeguarding training and told us the training gave them a good understanding of what constituted abusive behaviour and their responsibilities to report it to the management team. Staff told us they would be watchful for signs that could indicate a person was concerned or experiencing abuse. One reablement assistant told us, "We are observing all the time, we look at the holistic approach. If I know the person and they started acting in a different way, alarm bells would be ringing.....I would speak to a line manager and record it." Another said, "If somebody was shy, withdrawn, showing signs of bruising or not eating, you might think – what is going on here. A change in people's attitude or demeanour. I would have a chat and see how the person was really feeling and if I had concerns I would report it back to the office." Records showed the provider managed safeguarding according to their policies and procedures which helped to keep people safe.

The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

There were sufficient experienced reablement assistants and assessors to provide the calls people who used the service required. A reablement assistant is a member of care staff who supported people on a day to day basis. A reablement assessor is a member of staff who completed assessments and reviews to determine the level of support people needed. The registered manager told us they would not accept reablement care 'packages' unless they had the staff available to meet people's needs safely. They explained that flexible working between the north and south teams allowed for any gaps in staffing to be covered to ensure people received the support they required.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. They had been updated with the most recent information, had action plans in place about how to manage identified risk, and linked clearly to people's day to day care plans and the outcomes they wanted to achieve.

The provider had taken steps to ensure people who required care at support at specified times, for example for the administration of prescribed medicines, could be supported in the event of something happening that would cause disruption to care services, such as flooding.



The provider protected care workers from the risks associated with late night visits or visits in remote locations. There was a lone working policy and procedures staff followed to ensure their safety. All staff were issued with a personal alarm and I-phones. Staff told us the procedures in place made them feel safe. One reablement assistant said, "We always have our personal alarms and our telephones and they (managers) are always at the end of a telephone line if you need them." Another said, "We have personal alarms and we have our mobile phones. so at a touch of a button we can get in touch with the office."

There was a procedure to identify and manage risks associated with people's care, such as risks in the home or when supporting people to walk.

Risks in people's homes were identified at the initial assessment, but reablement staff told us they would not hesitate to report any new risks which they became aware of when providing support. One person's records showed they had chosen to keep their rugs on the floor of their home although the reablement assessor had fully discussed the trip risks they presented. Some people had a 'key safe' which reablement staff could access to gain entry to their home if they were unable to open the door. There were procedures in place to make sure entry codes were kept safe. Reablement staff told us they ensured people's homes were secured when they left. One reablement assistant explained, "I make sure the lighting is as it should be. I make sure windows are closed. I check the taps are off and make sure the doors are locked and the key is put back."

Reablement staff had received first aid training and told us they would call for support in an emergency. "I would put them in the recovery position and get straight on the phone. I would make sure they were breathing and there were no obstructions around them."

Staff told us they had received training to administer medicines safely as part of their induction. After this, they watched experienced members of staff administering medicines, and were then assessed by the registered manager or one of the reablement supervisors, to ensure they were competent to administer medicines safely.

People's care records included information about the medicines they were taking, what they were for and possible side effects. They also included information about how people preferred to take them. For example, a number of people managed their own medicines, with support from care workers. Where this was the case, care records gave staff guidance about how they could help people to do this safely. These were focussed on respecting people's wishes, whilst ensuring people had information they could understand in relation to what medicines were for and why they had been prescribed.

Medication Administration Record (MAR) sheets included relevant information about the medicines people were prescribed, the dosage and when they should be taken. We saw staff usually completed MAR sheets in accordance with the provider's policies and procedures, which indicated people who needed support were given their medicines safely and as prescribed. We identified some gaps on MARS charts where staff had not signed to confirm medicines had been given or entered a code to explain why they had not. Audits had identified these gaps and staff concerned were given extra training and observed to ensure their competency.

The provider ensured calls were flexible enough to help people take their medicines safely and as prescribed. One reablement assessor told us that "If a person needs a specific time (to take their medicines) then we try to alter the calls to cater for that need."

# Is the service effective?

## Our findings

People and relatives told us staff who supported them were well trained and knew how best to meet people's needs. One person told us, "The girls who came to me really knew what they were doing." A relative said, "The carers were very well trained, they knew what they were doing."

Staff told us they had an induction when they first started working at the service. This included being assessed for the Care Certificate, and working alongside more experienced members of staff, before supporting people on their own. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Records also showed new staff were 'signed off' as being competent by a senior member of staff after a 12 week period.

One staff member told us, "I had six weeks induction. I was shadowing one of my senior colleagues who had been in post a long time. I also went out with OT ['occupational therapist'] colleagues and saw what the supervisors did. I shadowed other teams as well like the social work team to get an idea of what they do. It was very good, but it didn't mean if I needed more time the induction was over. My mentor was the person I was allocated to shadow."

The registered manager told us all new starters were offered the opportunity to do a qualification in social care, once they had been assessed as competent following a probationary period.

Staff told us they received training that enabled them to provide safe and effective care and support. One staff member described the training as, "Fabulous without a doubt. Very thorough and very good and lots of encouragement to go and do it." "It is excellent."

As well as training considered essential, staff had received training about specific conditions such as supporting people who have had a stroke and Parkinson's Disease. One reablement assistant told us, "We asked for STOMA training [a stoma is a small opening on the surface of the abdomen, which is surgically created in order to divert the flow of faeces and/or urine] a couple of years ago and we had it which was wonderful." We asked staff what they would do if a person had a diagnosis or a condition they were not familiar with, so were unclear how it impacted on people's abilities. They told us they would complete research and seek further advice from other professionals involved in the person's care. One explained, "I would discuss it with them (the person) and do research before I go. I would discuss it with colleagues and just talking to the customer can give you lots of information. We have contacted district nurses and GPs and asked questions of those who will know." "I would talk to them (the person) about how it impacts on their lives and speak to their GP as well if there are issues and I am not sure."

Where people had specific health conditions, records showed staff communicated well with health care professionals to ensure people's health could be maintained. Where necessary, staff had been trained to use specialised medical equipment and to understand specific medical conditions. Records showed how health professionals had been contacted when people needed this. One staff member commented, "We can ring

the GPs. We try to encourage people to do it themselves and guide them but if they can't do it we will."

One of the occupational therapist's told us about regular learning meetings they had, and how these helped improve their practice. They commented, "We had one session on early onset dementia and whether or not that was compatible with reablement. Another one was about goal setting and how to make it more person led."

The registered manager kept a training record of what training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. The registered manager told us they ensured this guidance was followed, so they could be assured staff had updated their knowledge and skills.

Staff told us they had regular supervision meetings with their manager, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance. One told us, "They ask if there are any areas concerning you, any areas you have done well and not so well. You discuss training and the reablement journey." (This referred to whether a person had achieved their goals). They went on to say, "It is very nice to have a one to one with my supervisor and discuss if there are any problems or issues or if I have got any worries."

The registered manager told us, and records confirmed, all staff were observed delivering care, with people's agreement, on an annual basis to ensure they remained competent and were supporting people in a caring and dignified way. They told us this was recorded and action was taken should there be any concerns.

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 registered manager told us the reablement service would not usually support people, unless they had capacity to consent to reablement, and to understand what they needed to do to regain their independence. They told us that if there were any concerns about someone's capacity, or if they were concerned people might be deprived of their liberty, they would speak to social work colleagues.

Reablement staff we spoke with knew they could only provide care and support to people who had given their consent. We asked them what they would do if anybody refused their planned care and support. One responded, "I would encourage them and ask why they didn't want it, but I have to be led by the person's choice. I would let the office know and write it up on the contact sheet." They went on to say, "You discuss what you are planning to do and discuss what they want you to do. It is all about discussion."

People told us staff supported them with the preparation of their meals. One person said, "I have anything I want from the freezer and then usually a sandwich for my tea, the girls do it for me as I can't do it myself because I have broken my collar bone."

People also told us staff helped them have enough to eat and drink. One person commented, "I am not eating very well, so before the carers go they leave me a special drink so that I get plenty of calories." One staff member told us how they monitored and managed people's nutrition and hydration to make sure people's nutritional needs were maintained. "I always check the fridge and the freezer. Whoever has been in

to do the assessment, whether it is an OT or a RA (reablement assistant) would have discussed shopping. I am always encouraging fluids and I always leave a drink by the side of them." "I would phone the office and let my line manager know, for example if it was always crisps, biscuits and cakes."

# Is the service caring?

## Our findings

People told us staff were kind and caring. Talking of the care staff, one person commented, "Angels all of them." Another person said, "The staff treat me with respect at all times." Relatives also told us staff were kind. One commented, "All the staff are very caring."

Staff told us they were encouraged by the provider and the registered manager to support people in a compassionate and caring way. Reablement staff were confident the service provided was delivered by caring staff. One told us, "We are, because we are all trained in a way that it has to be caring. Reablement and caring goes together." A member of the occupational therapy team said when asked if the service was caring responded, "Without a doubt. Everywhere I go all the customers say the reablement assistants who work with them are kind and caring and always have time to listen. I love the way people react to us."

We spoke with staff about what made a caring service for them. One staff member told us, "You have to put the person at the centre. What they like, how they like to do things, and they are in control." They added, "I am a stranger going into someone's home so I should not be telling them what to do." Another staff member said, "Eye contact is very important. I will kneel on the floor for example to get eye contact with someone. People prefer that. It is important for respect."

Relatives told us staff supported people to be as independent as possible. One relative commented, "My mother tries not to help herself and her carers really encourage her to do things for herself without being unpleasant. They get her to do things I can't."

The ethos of the service was to support people so they could live as independently as possible in their own homes. An occupational therapy assistant said, "We are into independence. Just the fact we can get people up and running and independent and often not needing any ongoing support." "I love being out in the community, even if we can only making a small difference to their recovery." Another staff member told us, "It is good to get people to do things for themselves again. It gives me a good kick." They added that quick access to equipment helped people to regain their independence. They said, "We can get equipment like a 'perching' stool for example. It is easy to get equipment through the OT or the manager."

Reablement staff understood the aims of the service provided and valued the outcomes they achieved for people. One explained, "Being allowed to stay in their own homes, I think that is number one and rehabilitation. Teaching and supporting people to gain or regain new skills. It is wonderful to see people making strides forward. Even a little thing like making a cup of tea does mean something." "Keeping people in their homes because ultimately that is what they want to do. Getting people to live independently so they don't have to rely on others to do things. The more you can do for yourself the better." "I love it; it is a very effective service. People are very happy and it is really working."

Reablement staff spoke about working with people to restore confidence if they had been in hospital for a period of time. "People lose confidence if they have been in hospital for a long time and just going into the kitchen can be quite daunting. We can be there to encourage and support people."

People were involved in deciding how their care and support should be delivered, and were able to give their views on an ongoing basis. For example, people had signed to say they agreed with their reablement care plans. Staff tried to communicate with people in ways they understood in an effort to establish what they wanted.

People told us they were supported in ways that promoted their dignity and privacy. One person said, "When I have my shower my carer keeps me covered up as much as she can to protect my dignity." Staff understood the need to promote privacy and dignity when providing support. One told us, "We discuss what we are going to do and what they usually do. Some people ask us to stand outside the bathroom door and that is what we will do."

The service had received 29 compliments in the last six months, a common theme being the caring and supportive nature of staff: "Very impressed with the reablement service. Wouldn't have managed without them. Very supportive and encouraging." "Some of the team I have got to know really well and it has been such a boost to have a familiar and friendly face come into my home and take care of me when I have been feeling rather low and vulnerable." "It put me on the right way of being independent again."

## Is the service responsive?

### Our findings

People told us they made choices about what they wanted and how they wanted to be supported. One person told us, "They always try to change call times if I need them to." Care records showed staff were encouraged to support people in the ways they preferred, and to support the choices people made. For example, one person's care record said, "[Name] likes a small glass of Baileys every night."

Care plans explained people's individual likes and dislikes and how they preferred to be supported. Care plans were detailed, and described the outcomes people had agreed they wanted to achieve through reablement, and the steps people wanted to take to achieve those outcomes. There was also information about how staff should support people to take each step. Staff told us they were confident people's care plans gave them the initial information they needed to support people according to their needs. One staff member commented, "Most of the work is done before we go in. We read all the information and go on from there. They [care plans] are very thorough." Another staff member said, "Care plans we always do with the person, and it is a 'person centred' care plan."

Support was responsive to people's needs. People's abilities were assessed at two weekly intervals and visits were adapted in response to people's changing needs. This could mean a reduction in the number of calls or the length of calls. Each week, reablement assistants completed an assessment of what the person had achieved that week. This then fed into the fortnightly reviews by the occupational therapist or reablement assessor to evaluate the progress people had made. One reablement assistant commented, "Every Wednesday we have to fill in a feedback form. It is a way of recording what we are witnessing along the journey to reablement. The gentleman this morning is now completely independent with his medication which was the goal he was aiming for."

The provider had effective links with other professionals, such as social workers for example, so they could liaise with them quickly and effectively where people's needs changed.

Reablement staff told us they had enough time during their visits to respond to people's needs in a relaxed and unrushed manner. "If I have to spend one and a half hours with somebody, I will spend one and a half hours and let the office know." "It is pretty good in the morning because we have at least 45 minutes. If someone is taking an exceptionally long time you only have to ring the office and say they need an hour in the morning." An occupational therapy assistant explained, "A lot of our job is talking, we really talk to people and listen to them. Because we are more flexible in our time we can spend time with people, and really find out what the issues are."

Reablement staff told us the communication procedures in place ensured they could respond to changes in people's support needs or health. Staff recorded all the support they had provided on a contact sheet in the module. "Everything is recorded in the daily contact sheet." One staff member said, "It is on the contact sheet. If I feel something needs to be verbally communicated I will phone the office and flag it up, and they will let the other reablement assistants know." "If there are any changes we get text messages." We looked at a number of records and found they provided sufficient detail so people received consistency of care.

Sometimes the service was asked to assess people who were not suitable for reablement due to their health condition and required a care package to support their needs. However, in emergency circumstances a 'bridging' service was provided until a suitable care package could be put in place by the social work team. "On New Year's Eve at 6.00pm I was called out to do an initial assessment but the person had cancer and there was no room for improvement. I explained that we are going to care for you but on the 2 January when everyone is back at work I will come out and do an assessment with my social work colleague. We let the reablement assistants know that this was not a reablement package and we have to care. We wouldn't leave any one vulnerable."

If someone required longer than six weeks to reach their potential, but was making good progress, the support could be extended for a short while longer. "Usually we monitor at the review and we have an idea of what is going to happen in that time. We would usually give another week."

People told us they felt able to complain if they were unhappy with the service, and had been given information which included contact numbers of who they could complain to and how they could be contacted. One person commented, "There is information in my file if I want to complain but I don't." Relatives also knew how to complain, but told us they had no need to. One relative told us, "No I haven't ever complained but I would without hesitation if I needed to."

Staff were aware of the provider's complaints procedure and told us how they would support people to complain if they wanted to. One staff member commented, "I would make sure they had the office phone number at the front of the module [care plan]. At the back of the module there is a complaints form." "I would advise them to contact the office. We do have a complaints procedure and policy."

There had been two complaints in the last 12 months. One had not been pursued as a formal complaint by the person, but the provider had followed the complaints procedure. Both complaints had been investigated and responded to in writing in accordance with the complaints procedure.

From the daily records we observed one occasion when a person had been unhappy because the reablement assistant had been delayed and there was therefore a delay in them taking their medication. Although the reablement assistant had apologised and offered an explanation, we found there was no way to record these concerns to identify if there were any emerging themes so action could be taken. The registered manager said they would implement a procedure for capturing this information, so they could identify when any action was needed.



## Is the service well-led?

### Our findings

People told us they were happy with the provider and what they had been able to achieve with the support they had received. One person said, "Yes I would recommend it [the service] to other people." Another person commented, "I wasn't sure about them coming at first, but they have been brilliant." Relatives agreed the provider was effective. One told us, "The carers have been a godsend for me and my mother."

Staff were overwhelmingly positive about the management and leadership of the service and the support they received. One staff member said, "They are very thorough, very caring and the training is first class." "There is a fantastic support system." "You can go to the managers with any question and they will help you." "They are always working to make things better but they work with all of us – they don't just change things." "Excellent from so many different aspects. From the way we are supported, they are more than supportive." "I can't fault the management side of things, I feel very cared for."

Staff told us the registered manager was visible and approachable. They said, "She is approachable but I think she has firm hands on the reins." "Very nice, very approachable and very professional as well."

Staff also felt supported by the wider staff team. One staff member told us, "Teamwork here is good. Staff are close. We are encouraged to share information and ideas. Another staff member said, "There is a clear and open communication between the people who work here." When asked if they felt supported, one staff member responded, "Definitely, by managers and colleagues. We all work together. It is very nice to work here."

The provider had invested in some technology to ensure people received a rapid and responsive service. For example, some staff had been provided with handheld computer devices, through which they could order certain types of equipment to help people live more independently.

Staff told us they had regular meetings where information was shared and they were encouraged to share their views. One staff member told us that at the meeting in May 2016 they had discussed, "Safeguarding, health and safety... and the completion of MAR sheets. We talked about training and manual handling and the recruitment of new staff. At the end we do any other business and they go around and ask if there is anything we would like to discuss." "We have regular meetings and everyone is given the chance to speak and discuss anything they want to." "Everybody can voice their concerns or ideas. They listen to us." Records confirmed staff had the opportunity to discuss the developing needs of people being supported and share any concerns they might have. Records of staff meetings showed the registered manager ensured staff were kept up to date and that learning which could improve the service was shared.

The provider used a number of methods to measure how effective the service was in order to continually improve. For example, it measured how many people had achieved the reablement outcomes that had been agreed when their support started. In the most recent period of this year, the provider had identified that 99.8% of people had achieved one or more of these outcomes.

People were given opportunities to feedback about the service. The registered manager showed us a 'weekly dashboard' which included information on how satisfied people were about the service being provided. For example, as reablement support ended, people were asked how satisfied they were with the support they had received. Of 59 people using the service (when one of the recent weekly dashboards was completed), one person was partially satisfied, 24 were satisfied, and 34 were very satisfied. The registered manager told us this helped them to know whether or not the service provided was what people wanted.

Staff understood their roles and responsibilities and were given a handbook which ensured all staff were working consistently. One told us, "A lot of things are on line as well, such as policies and procedures." They told us they felt valued and enjoyed their work. "I love it. It is a great thing to do – it is a really positive service." Compliments received about the service were shared in team meetings and copied to any staff members mentioned specifically. This made staff feel their work was appreciated. "We get very nice compliments which makes it all worthwhile."

The provider had plans in place to ensure staff had the knowledge and skills they needed to support people effectively, both now and also in the future. The provider had written a 'Reablement Workforce' plan for 2016 to 2020. This plan looked at the development of staff, working practices, and also future considerations. The plan looked at how the provider could empower staff to make appropriate decisions. It also looked at how it could continue to encourage a style of management and leadership which 'coached' staff to become more confident. There were a series of actions identified in the plan, who was responsible for achieving them, and how they would be measured.

The provider encouraged staff to pass on their ideas for how people could be supported more effectively. For example, one member of staff had submitted a suggestion for making information about medicines people were taking more useful for staff. We saw the member of staff had been responded to, and the suggestion had led to a 'medicine information' sheet being added to people's care records. Care records showed staff had more information about the medicines people were taking, and how they needed to be supported to remain well.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.