Devon County Council

Social Care Reablement

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 was announced and took place on 14 May 2018. 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 in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

At our last inspection in November 2015, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Social Care Reablement (SCR) provide personal care and support to people who have recently experienced a break in their independence. For example, a decrease in skills and general health following a stay in hospital or an accident or illness. The service had merged three previous offices and now covered Exeter, East and Mid Devon. During the last inspection the service also offered a service from a community support team which gave support to people living with dementia in their own homes. This service is no longer provided.

At the time of this inspection Social Care Reablement were supporting 70 people with personal care needs work towards their individual goals and regain independence. If this was not possible Social Care Reablement helped people access other services they may need depending on their individual needs. The ethos of Social Care Reablement stems from the Care Act 2014. This sets out the general responsibilities of local authorities to promote individual wellbeing, prevent need for care and support, provide information and advice and promote integrated services.

There was a registered manager in post who was also the provider. 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 registered manager was well supported by Devon County Council, the provider. There were twelve team leaders covering the three geographical Devon areas and they managed teams of reablement support workers. Team leaders covered duty in the office to deal with referrals and phone calls, assisted by reablement support clerks. There was strict criteria for referrals; the service was for a maximum of four weeks and free of charge. Timescales were based on individual need and progress towards independence. The service did not provide support for end of life care, overnight care, significant mental health conditions, medication or complex manual handling needs. People needed to be able to understand their goals and work towards them.

The service was were committed to providing a high quality effective service to people. They did this by providing very person centred care that was specific and goal focussed, by supporting staff well, listening to

people's views and looking at ways to continually improve. People said, "I will miss them when they go, I wouldn't have been able to live as I do without them" and "They were very good, they listened." People told us they appreciated the visits from staff who were always cheerful and treated them with respect.

Staff said they enjoyed working for the service. They were well motivated and committed to providing a service that was personalised to each individual. People were fully involved in planning their care and support goals which were comprehensive to make sure staff had all the information required to support the person. This helped to make sure people received the support they wanted. Staff training underpinned the ethos of working towards independence and any training needs were linked to regular support worker competency 'spot checks' and supervisions. Support workers told us they had been unsure they would enjoy this type of work but found the work very rewarding. They understood their role as stepping back and enabling people to do things for themselves whilst supporting people as they needed it. They often went the extra mile finding ways to further enhance and promote people's independence. The registered manager said, "Any amount of independence is precious. Sometimes people manage for a few weeks and then we see them again but between services if the person is living well in the community- that is an achievement."

There were robust quality assurance systems which monitored standards and ensured any shortfalls were addressed. People and support workers felt listened to and said they could speak with a member of the management team, office or any staff, at any time. Any complaints, including smaller comments and 'grumbles' made were fully investigated formally and treated as learning to enable the service to improve.

People received effective, safe care which met their individual needs and preferences. People told us the service was flexible and made adjustments to accommodate their wishes and changing needs. For example, when people had health appointments or had a health need or just additional shopping requests. The support visits were not time specific. This meant people were supported to achieve specific goals rather than support workers doing tasks 'for' people. For example, if someone had managed to get dressed before a support worker came this was celebrated and any issues to further assist were discussed, such as a chair for a rest on the landing on the way to the bathroom.

Where any concerns were raised about a person's health or well-being prompt action was taken to make sure they received the support and treatment needed. Staff were pro-active in recognising areas of improvement for people in a holistic way, suggesting and advocating for people and contacting health professionals who could further help promote people's independence.

There were sufficient numbers of staff employed to ensure people received their care and support which reflected their goals. People knew that they would meet staff from a team of support workers over a maximum of approximately four weeks. They felt staff knew about them before they visited and were consistent in their advice and support.

People were aiming towards a return to previous independence or maintaining their level of independence so staff did not administer medicines. However, staff still looked for ways people could be supported with their medicines, for example easy open equipment aids or family support.

Care files and goal plans showed how staff were to support people in detail and were devised following a very bespoke assessment process. People's equality and diversity needs were taken into account, for example looking out how people communicated effectively.

There was a robust recruitment process to ensure people were protected and cared for by suitable staff. Safeguarding training was completed and staff knew how to recognise and report and action any

safeguarding issues to protect people.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Social Care Reablement

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 checked 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 a comprehensive inspection carried out by one adult social care inspector and an expert by experience, it took place on the 14 May 2018. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service such as notifications and previous inspection reports. 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.

During the inspection we met with three people who received a service in their own homes with their permission. The expert by experience also telephoned 13 people using the service over two days, with their permission, following our visit to the office. We also spoke to five relatives. The registered manager was available throughout the inspection and we also spoke with three support workers, the deputy manager and a team leader.

We looked at a number of records relating to individuals' care and the running of the service. These included four care and support plans and records relating to staff recruitment and training and the quality monitoring of the service.

Good

Is the service safe?

Our findings

All those interviewed, or their relatives were asked if they felt safe with staff and they raised no concerns at all. Staff visited on time if there was a fixed appointment but there were generally open ended time scales so people received the time they needed. Staff for each person came from a team of support workers but no-one felt this was an issue and knew this would be the case. They found support workers consistent and knowledgeable about how to work towards their set goals. Support workers wore uniforms when helping with personal care. Staff received training in infection control and used personal protective equipment (PPE). For example, aprons and gloves were worn appropriately with access to replenishments. People said staff used these effectively and the provider showed us that infection control issues were included in staff 'spot checks' and audits.

People told us they felt safe and comfortable with the support workers who supported them and able to discuss any concerns with any staff with confidence. People could choose if they preferred a male or female worker and this was respected.

People we met were very happy with their support workers. Sufficient numbers of staff were employed to meet the needs of people using the service. Support workers confirmed they had adequate time allocated to them to carry out the required support, which could include enabling people to gain confidence or to reduce any anxieties. The office computer system alerted office staff to any late calls. Care workers were required to log in on visit arrival and departure which also meant the office staff could alert people if they saw a support worker was running late due to traffic or extended care. People told us there had never been a missed call.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files seen showed staff did not commence work until all checks had been carried out and the outcomes were satisfactory. There was a six month probation period and new staff were closely monitored to ensure they were able to meet people's needs and had the right skills for working with vulnerable people.

All staff received training in how to recognise and report abuse during their induction period. New staff also received information about local safeguarding processes which included helpful contact numbers. Support workers we spoke with were very clear about their responsibilities in respect of keeping people safe from abuse and were confident that any concerns reported would be dealt with promptly. They recognised the need to be aware of any issues within family dynamics or concerns about people's financial management. Staff carried photographic identification to make sure people knew they were from SCR. Where people lived alone and had limited mobility, support workers told us they always made sure people's doors were locked when they left the house and key pads kept secure. The registered manager told us they reviewed how people wanted staff to access their home. For example, one person with a key safe had not wanted this to be used as they wanted to open the door themselves.

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely with minimum risk to themselves and others. Risk records included; moving and handling, risk of fire, nutrition and access. Where risk assessments highlighted risks such as reluctance to accept personal care or poor nutrition, for example, the registered manager sought advice from other healthcare professionals to make sure risks were minimised.

Staff also kept good records about any incidents or highlighted concerns. For example, the provider made sure staff reported any concerns such as wounds to show they had been noticed and the appropriate health professionals were involved. There had been few safeguarding incidents. The most recent safeguarding report said, 'The registered manager provided an adequate response to the concerns therefore no further action is required.'

People who required support to administer medicines were not able to access SCR but staff were able to prompt some people to promote their independence.

Good

Is the service effective?

Our findings

People said they received good support that met their needs and expectations. People all said they were confident that the support workers had the skills required for the level of care they required and felt their training was 'up to the mark'. Support workers effectiveness was best evidenced by what they didn't do as they encouraged people to work towards tailor made goals for independence. One person said, "The last two days the support worker did nothing. She let me do what I could do and then helped me when I couldn't do things", "I don't need them now!" said another person happily. Other comments included, "They just supervise me. I can do it for myself now.," "They encourage me to be self sufficient" and "They're ever so kind – they just show me easier ways to do things." People said, "They helped me with my main goal of having a shower, I can do it now" and "I achieved my goal of keeping myself clean."

People could be confident their needs would be thoroughly assessed and monitored and action would be taken to make sure they received the treatment and support they required. They knew their overall goal was to regain or retain their independence and worked closely with support workers to achieve their aims. The criteria for referral, which could be a self-referral also, ensured that people needed to be able to consent to the visits and engage and understand the goals to achieve the best outcomes.

People received effective care and support from care workers who had the skills and knowledge to meet their needs. Staff received very specific, tailored training based on an independence model of care. Training focussed on how it feels to live independently at home on your own and what do people need to achieve this. For example, the registered manager asked staff what they did and why? If staff made someone a cup of tea, why did the person not make it and how could they be supported to make it next time?

As a result of staff raising concerns about timings of people's recovery, 'Tortoise and the Hare' training had been delivered by an occupational therapist and a team leaderworking within the service. This specifically looked at how individual recovery times are different for people.. One support worker told us, "It takes as long as it takes for them." Goals could be more about regaining confidence for some people. Each support worker spent time showing people a range of occupational therapist recommended equipment such as long handled shoe horns, sock aids and a cream applicator. The registered manager said, "We can go and get equipment for some people if they can't. Then people can be quicker to recover." Staff tried out all the aids, having 'dressing races using aids' and researched how to find easier ways of doing things. For example, some staff were good at showing people how to tie shoe laces one handed and one support worker was known for good one handed flannel wringing!

Staff had received training in dementia care and become dementia friends. This is a national campaign to raise dementia awareness and look at ways to help people live well with dementia. Staff could also recommend the training to family and friends who would continue their support for people. The registered manager hired the local 'Dementia Bus'. This is a training vehicle which places trainees at the centre to experience how people living with dementia may see the world. One support worker said, "I love that I have time to sit chatting with people, it helps increase their trust and confidence overall. Sometimes I'm late home because I've been chatting."

All staff received training in first aid and basic life support when they started work. This ensured they had the skills needed to respond to medical emergencies. The service responded promptly to concerns about people's health. The on call records were also very detailed and showed where changes in people's health had been identified and acted upon. The computer care planning system enabled staff to immediately update people's care plans with any changes. Staff also photographed their notes which were sent and uploaded immediately onto the computer system. The registered manager gave us examples of how they supported staff when people experienced a crisis. The local authority urgent care team were also located in the same office. If a person became unwell management ensured the staff member was ok and could manage the situation; and re-organised their other visits. Support workers could also be notified immediately through the electronic care planning system and via text message or phone call if there were changes in the rota, for example if a person had gone to hospital.

Support workers sometimes helped people regain skills related to meal preparation and took action when they felt someone was not managing their nutrition effectively. For example, helping people access regular food deliveries or helping people to ask family or neighbours, as well as continuing with enabling support to make their own drinks and meals. This could be ensuring safe storage, finding food people liked that were higher in calories or resourcing a microwave.

People were supported by workers who had undergone a month long induction programme which gave them the skills to care for people safely and understand the SCR ethos. New staff had regular supervision and a six month probation period. This ensured new support workers were able to share any concerns and their line manager was able to make sure that they were providing an appropriate standard of care to people. We saw records of regular 'spot checks'. Where any issues were found staff were informed and provided with refresher training in the topic.

Support workers were able to shadow more experienced staff until they felt confident to provide care on their own. Where care workers required additional support with learning methods this was understood and provided. Staff could use the online care planning system to access the care files for people they provided support for at any time. This meant they could be prepared before they carried out a visit and they were able to utilise the time spent in the home providing support. Staff could also access all the agency policies at any time for reference.

The service used a range of training methods to make sure care workers had the skills and knowledge they required to carry out their roles. Staff also had access to e-learning with marked workbooks and face to face training sessions. Staff were also undertaking nationally recognised qualifications in care which helped to ensure they were competent in their roles. The training matrix record kept a record of all staff training and had systems in place to make sure care workers were up to date with all essential training. Records seen showed staff had completed a wide range of training including, moving and handling, diversity and equality, dementia care, nutrition and diet and pressure area care.

People who used the service were able to make decisions about what care or treatment they received as they needed to be able to understand a goal and how to achieve it. People needed to be engaged with the process and understand that reducing the amount of support was key. The registered manager said, "Any potential is realised to help people remain independent." People signed consent forms when they began to use the service to state they agreed to the service being provided. People and relatives said they were involved in their care and records showed people had been asked for consent before care was commenced or a health professional involved.

The Mental Capacity Act 2005 provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Care workers had received training about the mental capacity act during their induction period and there were annual updates to make sure they were aware of any changes to legislation. The management team had a good knowledge of the mental capacity act and had consulted with family members and professionals where appropriate to make sure people's legal rights were protected in their best interests.

Good

Is the service caring?

Our findings

People and their relatives were very happy with the compassion and care from those looking after them and in all cases were satisfied that the staff respected both their dignity and privacy. The overall impression from people was that of a caring service which responded well to their needs and met their goals to resettle them in their home environment. Comments were overwhelmingly positive and included, "They are uniformly delightful", "I have been overwhelmed by their kindness", "They are just so nice", "They were kind and caring; they respected me and honoured my dignity and privacy", "They are very respectful. They allowed me to be as I wanted to be" and "I like their homeliness and informality".

Relatives also said staff were very kind and caring and met their needs too. They said that sometimes it was difficult to encourage some independence from their loved ones and having a support worker to lead them in that direction was a relief. Support workers were clearly aware that some people may want visits for longer than the four weeks set out by the service and were discreet and kind in gently encouraging people to move towards independence. They also recognised when people were genuinely not feeling so well after their hospital admission or illness. For example, one person just out of hospital was feeling frail so the support worker made them tea and sat chatting together. On their next visit they would see if the person would help to make the tea as part of their goal. Their visit was to enable the person to avoid needing further care packages over their lunch period. If staff thought a person may need their GP, they would support the person to ring the GP themselves. Empowerment was important. One support worker said they thought about how people needed TLC when they came out of hospital and had recently taken one person some strawberries as a welcome home gift.

Staff all told us they enjoyed working at SCR and found the work rewarding. They particularly enjoyed seeing the 'fruits of their success' when a person reached their goal following a break in their independence. This was measured by the number of people who went on to live independently in the community. The latest figures showed SCR enabled 75% of people who started the service to achieve independence with 25% going on to other care packages or accommodation.

The service made sure the focus of recruiting and training new staff was based on the needs of vulnerable people and that training was tailored to promote independence. This even included how to write care records in a 'hands off assistance' way rather than 'physical assistance'. For example, using words such as prompted, observed, taught and supervised. What people could do was very much applauded and encouraged.

The service was not just about supporting people to achieve their particular goals but to look holistically at their situation. Staff went the extra mile to ensure people had as much physical and social support, and equipment, to enable them to enjoy independence as much as possible. The registered manager and staff all saw any amount of independence as precious and people told us they felt more able to 'try' as they were 'surrounded by support' if it was needed. For example, one person's goal was to shower independently. Staff knew they were anxious and the care plan was devised to enable a 'slowly but surely' attitude. The person was now showering on their own with the support worker waiting in the lounge rather than outside the

shower room.

There were many examples of how the staff team and management supported people whilst looking toward the future. For example, they had helped a person manage their heating and chimney sweep in the snow and ensured they knew how to arrange for enough coal. Families were also shown how to use independence promoting equipment so they could effectively support their loved one. Staff often picked up items for people during their travels, such as equipment, shopping and also called at a food bank for one person to ensure they had enough food. One team leader went with a person to help them buy a microwave so they could make hot food on their own. Staff noticed areas which may need attention to enable ongoing independence such as where would people keep food safe, cleaning their fridge of maggots for them. They helped people order equipment and ensured family knew where to pick it up. Staff helped to feed pets and included this as a goal when people found it difficult.

Where people expressed a feeling of loneliness staff found out about befriending or other societies people could access, supporting them to gain confidence and contact them. Staff had also taken food to people who temporarily were unable to shop when discharged from hospital, then organising neighbours to continue to support the person. The focus was very much on, 'when we are not visiting anymore, what will people need in reality to stay safely at home?' However, if people became unwell or were nearing end of life staff continued to visit them or stayed with them to wait for paramedics regardless of working hours. Although the service was time limited, this was proportionate and responsibility only ended when people were independent or receiving the care they needed. People were seen as individuals and valued.

Staff absence levels were low as well as a low staff turnover overall. We saw during the inspection how the emphasis was on retaining staff and finding ways to support them to carry out their work consistently for the benefit of people in their care. Staff benefits included employee assistance programme 24/7, a wellbeing at work scheme and twice weekly 'surgeries' to support staff further from the main Exeter office. There was a strong provider equality and diversity culture throughout the training, supervisions and paperwork. Goal setting involved knowing what people were aiming for and what was important to them. People all said they were fully involved in devising their goals and all spoke of how staff had increased their confidence. Team leaders were available from 8am to 9pm which also allowed for relevant family members to be involved, especially if they would be supporting the person moving forward. The office had also moved to join the single point of access team which meant SCR could access health professional referrers to ensure good communication and enable timely discharge from hospital services.

The service was involved in the Devon Proud to Care campaign. This promoted staff to be 'supporting others to live the best lives they can and be as independent as possible'. It focussed on being the right person to be a support worker with the right values. SCR worked with relevant local organisations such as Age Concern and Neighbourhood friends, which was important so staff could signpost people as they moved on with their independent living. One charity had subsequently come to help a person move downstairs to enable them to better achieve their goal. All staff talked about feeling rewarded by their work despite some initially feeling they would miss a more hands on care approach.

Good ideas from staff and people were encouraged. The registered manager actively encouraged whistle blowing and shared information with staff at each supervision session and team meeting about how to raise any issues. Staff said there was good communication and they spoke often as a team. Staff said they could always speak to someone to ask for advice. For example, to ensure visits were completed staff had access to a hire car if they had a car breakdown. Therefore staff felt well supported and empowered to provide caring, person centred support to people. Their feedback on how a person was progressing was listened to.

People were treated with respect and dignity at all times. Staff had clearly developed trusting relationships with people despite often short time frames of support. People told us they felt able to say if they, for any reason, preferred a different care worker and the office staff would amend the rota.

There were ways for people to express their views about their care. Each person had their care needs reviewed after week one and week three as well as when necessary. This enabled them to make comments on the care they received and voice their opinions. For example, people had said there was a lot of paper work so the registered manager had devised a SCR pack which was easier to use. This was confirmed by quality assurance visit records and 'spot checks'. People and relatives said support workers were aware of issues of confidentiality and did not speak about people in front of other people.

Good

Is the service responsive?

Our findings

The service was responsive. Each support visit could change and inform the plan forward for each person moving towards their individual goals. There was strict criteria for referrals; the service was for a maximum of four weeks and free of charge but timescales were based on need and progress towards independence. The service did not provide support for end of life care, overnight care, significant mental health conditions, medication or complex manual handling needs. People needed to be able to understand their goals and work towards them. People did not have any cause for concern or complaint about SCR and were very happy that the service met their needs. People said, "I'm lucky to have found them" and "I have no complaints" which was echoed by all.

Social Care Reablement staff were passionate about providing a person centred service. People said they had been able to request visits on days that suited their needs and lifestyles and these were accommodated. People were very happy with their care and were happy to have been able to continue to be supported at home.

Referrals needed to be very detailed and robust for the service to commence. This was to make sure the service was appropriate to meet the person's needs and expectations, and devise a person centred care plan. Each person had their needs assessed fully by a team leader within 48 hours of being accepted. Initial visits were done by the support worker and a notice board in the office showed which people required a full assessment by the team leaders. This visit was used to devise goals to work towards with people. This was very bespoke and the assessment continued as long as necessary in order to gather enough information to meet people's needs.

Staff ensured people were all able to communicate using accessible information that reflected their needs. For example, staff could read out information or provide large print if necessary or have their assessment with family support. Care files were extremely personalised to each individual and contained information to assist support workers to provide care in a manner that respected people's wishes. For example, files included detailed past history and who had previously been involved. People had goals around showering independently, making a hot drink or meal or using the bathroom. People had different, realistic steps leading to the goals. For example, one person was using a commode in their bedroom and was moving on to trying the bathroom. Care plans were in people's homes and any updates were available on the smart phones carried by staff. Staff said they never went to a home without knowing what to expect. People knew they had a care file and what was in it.

The service constantly responded to changes in people's needs and we saw records of how the registered manager had liaised with other professionals to make sure people received care and support which met their changing needs. For example, some people already had some level of care package before they went to hospital and they may need support until they felt stronger. One person had had SCR input on four separate occasions. Staff had not thought reablement would work but the person had now enjoyed long periods of independence at home between health problems. Staff knew local services and charities to enable them to signpost people to access relevant help following care from SCR. One person had been

referred to the mental health team, another person to an enabling charity.

The service listened to the views of people and care workers to make sure the service was responsive to people's individual needs and wishes. There were formal quality assurance surveys which people confirmed and said they had completed. Comments received by the service included, "I had flu and was very weak. After 16 days of SCR I'm back to my base line. Keep up the essential good work", "They helped me quicker than anticipated, helpful, friendly and supportive" and "A positive joy, you will be missed."

All concerns reported, or mentioned, were taken seriously and fully investigated. The registered anager/provider had a real commitment to making sure the service took account of everybody's views and provided a truly person centred service. For example, there was good communication and there was learning to drive improvement. SCR had devised a CQC workbook for staff for example to ensure they worked towards good standards. Any 'grumbles' were documented to ensure any patterns could be noted and addressed.

Good

Is the service well-led?

Our findings

People and relatives said they felt the service was well led. They knew who the management and team leaders were and who to contact. More importantly, each person was aware of the ethos of the SCR team. For example, they knew support workers came from a team of support workers rather than named staff, that the service was short term and goal orientated and that visits were not usually time specific. One person said, "The team leader kept in touch by phone proactively and made sure I was ok." One relative heartily told us, "They are all great - including the managers". People commented, "They're very kind and helpful. I just can't criticise them at all", "I'm very satisfied", "They jolly me along" and "They're very kind, thoughtful people. They let you do it if you can".

The service was well led. There was a registered manager in post. They had many years of experience managing and working in social care and fully promoted the ethos of the Care Act 2014 and independence as 'special'. We saw this happening in a very person centred way. The management team promoted these values and visions for the service to make sure the service was person centred and provided a stimulating and enabling environment for people.

The vision was communicated to staff through day to day discussions, tailored training, one to one supervisions and team meetings. Team meetings included compliments, confidentiality, reporting, staff surgeries, training and promoted that everyone has the right to enablement as stated in the Care Act 2014. The registered manager was well supported by Devon County Council, the provider. There were twelve team leaders covering the three geographical Devon areas and they managed teams of reablement support workers. Team leaders covered duty in the office to deal with referrals and phone calls, assisted by reablement support clerks.

Staff said they felt the service was very open and the registered manager and deputy were 'one of the team' and approachable. The deputy manager said, "I never wake up and think 'oh no',. I love my job and I get out to see people too." Staff said they knew what was expected of them, had an employee handbook and felt valued. Staff we spoke with were very positive and enthusiastic about the work they did. They all said they loved their job and found it a privilege to work with people enhancing their lives and said it was a pleasure.

The management team and team leaders were well respected by people and relatives. People told us they were open and approachable and keen to make improvements where necessary. When the registered manager/provider was not available there was an on call system available that ensured the safe running of the service. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt very well supported by the registered manager/provider and office team. Staff felt fully involved in the work of the agency and there were ways for them to share their views and make suggestions which were actively encouraged.

The registered manager understood that a good referral based on the agency criteria was important in aiming for effective and successful support. They shared 'what makes a good referral?' with other health professionals and the hospital. This was to ensure staff had sufficient information for people and staff safety,

as support workers were often the person's first point of contact on discharge. The list included details about home environment, mobility, falls, personal care needs, domestic activities and what other services were involved?

The service also identified where other organisations could help. They had worked with the fire prevention service and promoted free fire safety sessions in people's homes. People could access long handled finger pointers to enable them to turn off a smoke alarm for example. A sensory team also were contacted for people with hearing and sight difficulties.

There were robust quality assurance processes in place which included regular audits. All staff received regular spot checks of their work and supervision sessions. Records were kept and issues followed up and discussed in individual supervisions. Where additional training was identified as a need this was put in place.

People could be sure their care plans/files were kept up to date, staff uploaded photographs of their goal record and progress and records reflected people's current needs and wishes. A specific training booklet on writing for independence had been written with the focus on enabling staff to pick up where the previous support worker had left off. Family and friends were encouraged to be involved especially if they would continue support when the service finished. All care plans were regularly audited and people were visited for reviews by a team leader at week one and three.

To the best of our knowledge the service had notified the Care Quality Commission of all significant events which have occurred, in line with their legal responsibilities.