

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 19 & 25 April 2017 and was announced. We gave the provider 24 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 50 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

There was always enough staff on duty. Staffing levels were regularly assessed and care workers were flexible about the hours they worked. Staff knew people well and understood how to meet people's needs. Recruitment practices were robust. People's medicines were well managed. Staff were properly trained and people received their medicines safely and on time.

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.

Staff were extremely 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.

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.

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.

Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. 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 caring and compassionate staff. 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 very 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 very 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 in a flexible way and recruitment practices were robust.

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 confidentiality.

### **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.

The registered manager and provider promoted strong values and a person centred culture which was supported by a committed staff group. The registered manager and staff were constantly striving 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 high 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

This inspection took place on 19 and 24 April 2017 and was announced. On the first day of the inspection we visited the provider's office. We spoke with the registered manager, deputy manager, practice manager and three members of care staff. We also spoke to the lead occupational therapist (OT) from ESHT. We reviewed the care records and risk assessments for three people who use the service, and the recruitment, training and supervision records for three 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 seven people who use the service by telephone.

# Is the service safe?

## Our findings

People were safe because staff were clear about what they should do to protect people. People told us they felt safe and trusted the staff. We asked people if they, their home and possessions were safe when staff visited. Everyone gave us positive feedback about this and comments included, "Very much so", "Oh yes, I trust them all" and "Quite safe, they are nice people".

Care workers and the registered manager 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 in that situation. Staff described what they would do, such as reporting to the registered manager or the local safeguarding authority.

Staff were confident the management team would act on any concerns raised. When talking about reporting concerns about people's safety, one member of staff said, "people are definitely safe. We are a brilliant service. We protect clients and there are excellent lines of communication". For example, the service had provided additional support to one person and a member of their family following a safeguarding concern not related to the service. Extra visits were made to the person to ensure their safety and wellbeing were maintained. Staff had received training in safeguarding adults and this was regularly updated. Staff also completed regular competency assessments to ensure they had retained their understanding. A whistleblowing policy was in place and staff knew what to do if they had any concerns about the service. These actions made sure staff 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. One member of staff said "(people) are most definitely safe. We are all aware of the risk assessments and we always get the information we need for risk management before we visit people". If people's risk management needs changed, staff were updated with those changes, to ensure people remained safe. There were risk assessments and management plans in place, in relation to people's individual support needs, including falls assessments and medicine risk assessments. This was to ensure staff supported people to manage risk and return to full independence safely.

Other risks were safely managed by staff. Staff were issued with identity badges which ensured people knew who they were and that they worked for JCR. Each person's care records included an environmental risk assessment for areas inside and outside of the home. For example, any trip hazards or fire risk in individual's homes. If staff identified such a risk, they made referrals on behalf of a person to other organisations, such as East Sussex Fire and Rescue Service, for advice and support. When senior managers completed quality monitoring visits with people, they asked if people felt safe, and if risks were safely managed. Records showed people gave positive feedback and we saw comments that included, 'I feel safe because you (staff) are standing by if needed. The physiotherapist tested the height of my bed, watched me going up and down the stairs to make sure I am safe'. Another person said, 'Yes I feel safe. They are going to assess my safety in

the shower before I try and get in on my own'.

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. They spent time identifying the possible root cause and made sure that staff were supported with extra training as needed. As a result of the analysis and additional staff support, medicines errors reduced from 13 in a three month period to none since the beginning of April 2017, when the changes to practice were introduced. The registered manager and staff understood the importance of learning from incidents so they could make improvements. Staff felt confident to report any incident however minor, and knew the registered manager would deal with it appropriately.

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 all staff were issued with a lone working device, which acted as a personal alarm. If they activated the device, a GPS signal would alert police to their location and support would be sent urgently.

There were enough suitable staff to keep people safe and meet their needs. None of the people we spoke had ever had a missed visit, and if staff were ever late, it was due to unforeseen circumstances, and people were informed about delays. When asked if staff were on time, one person said, "Yes, they have never let me down" and another, "Yes. There has been the odd hiccup. It hasn't caused any problems for me".

Staff could be flexible about timings when visiting people in their home, and there were always enough staff on duty. Two of the staff we spoke with told us how they had enough time to sit and chat with people when they visited them. They 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. One care worker told us, "We have the luxury of sitting, talking, building confidence and encouraging them to do more". The provider also made sure staff had enough travel time included into their schedule, so staff did not have to rush.

Recruitment practices were robust. All of 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. The registered manager described how they wanted to make sure they employed the right people for the job, and interviews were thorough. The provider used a 'values based recruitment' format which aims to identify potential staff who are a 'better fit' for the organisation, and consequently the right people to deliver the best service to people. This format of recruitment helps to ensure that those staff employed are more likely to be happy and engaged in their roles because of their fit with the organisation's culture and values. The registered manager told us some potential employees "might not have experience, but they have the right values and are caring" and "we are aware of employing people who will give something back to their clients". One member of staff who was involved in recruiting care workers said, "We can be more selective and choose people who will fit into the culture of the service".

People who needed help to take their medicines were safely supported to do so. Only one of the people we spoke with needed help with their medicines and they said staff, "Are very supportive. They do get me a drink." The registered manager said only five 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. Where people were already able to administer their own medicines, risk assessments had been completed to demonstrate they were safe to do so.

All of the staff who administered medicines were trained and had their competency to administer medicines regularly assessed. People who needed support to take their medicines had a Medicine Administration Records (MAR) chart in place. Staff told us these were completed when they gave medicines. We did not review any MAR charts during the inspection because people whose care files we viewed were able to administer their own medicines. Senior support staff audited MAR charts at weekly visits to people to make sure they were completed accurately. Staff told us if they had any concerns about a person's medicines they would contact the duty senior support worker for advice.

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.

## Is the service effective?

### Our findings

People received effective care because staff were well supported with induction, training, supervision and appraisal. When we asked people if they thought staff were well trained responses included, "Definitely. They are very good" and "Oh yes. No question". Staff gave positive feedback about the training they took part in. Staff were supported and encouraged to complete a variety of training including safeguarding, health and safety, moving and handling, and food hygiene. One member of staff told us, "I rate the training very highly. It's meticulously thought out." Another care worker said, "The training here is second to none." Staff also had their competencies regularly assessed, to make sure training they received 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 a catheter or stoma.

Staff benefited from regular supervision and appraisal. Staff 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. One member of staff said senior staff were always asking "what support do you need". 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. Senior staff also carried out observations of staff working with people, to ensure their practice was caring and safe.

During induction new staff were supported by a dedicated senior support worker who acted as their mentor. 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. Staff completed a comprehensive induction programme for a minimum of three months. Before working alone with people, new staff shadowed colleagues, had their practice observed and their competency to provide safe and effective care assessed. New staff also received supervision and support every two weeks during their induction period, although this could be accessed more frequently if needed.

The provider had supported the service to develop 12 lead roles within the staff team. These lead roles had been in place since June 2016 and were an important part of the service. The roles included a lead for nutrition and hydration, equality and diversity and infection control, among others. Each lead completed additional training specific to their role, and this training was shared with all staff. For example, the equality and diversity lead had spent time developing their understanding of people's different cultural and religious needs, in line with the changing needs of the local population. They explained staff wanted to learn more so they could support people while promoting equality and respecting people's diverse needs. They said, "we're all open minded, and want to find out how we can improve things."

All of the staff we spoke with 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. People were asked for their consent by staff. When talking about being asked for consent people said, "Yes, they start each question with "Would you like me to..." and "they never assume. They will always ask". Staff knew people well and made sure they asked for people's consent before providing any care. One member of staff said "number one at the top of the list is making sure you've got their consent" and another, "I always ask before doing anything."

Some people who use the service were supported with their nutritional and hydration needs. Two people we spoke with said they required this support and their needs were met. One person said, "They have made me a cup of tea and cooked me eggs & bacon. Very good." People also explained how the support from staff had helped them regain independence with eating and drinking. When we asked if staff helped with mealtimes, one person said, "they did initially when I came out of hospital. They checked I had the essentials".

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, and there was a strong emphasis on helping people to eat and drink well as part of their rehabilitation plan. When people had fed back to staff they were getting bored with their evening meals, staff took action. They asked for suggestions from people and other staff about nutritious but quick and easy meals that could prepare in the evenings. Recipes were written, and these were then made into a quick reference booklet for staff to keep in their kit bag and use when needed. The service then asked people for their feedback who all said they enjoyed the new meals.

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. When we asked people if staff met their healthcare needs all of them said yes. Comments included, "Yes totally-in fact I (was unwell) recently. They were very attentive. Offered to call the doctor". Another person said, "Yes I am sure they would if necessary." 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.

## 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 caring and helpful. One person said staff, "Gave support and rehabilitation. They are very caring and always had time for a chat and a joke". Another person said, "They are exceptional. Caring, wonderful people," and another that staff were, "Excellent. Caring, helpful. They always ask how you are." The service had received many compliments and thank you cards from people who used the service, relatives and staff. Comments included, "the JCR service is first class, excellent and a wonderful service" and "very kind, considerate. Couldn't be more helpful". A member of staff said "our entire service is outstanding" and another "I always aim to offer an outstanding service. I think our service is second to none".

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 provide the right level of support to make sure people's needs were met, but that people were also enabled to do as much for themselves as possible. One member of staff said, "It's important we work with them, and that we work towards their goals".

All of the staff we spoke with said how proud they were to work for the service, and about the care and support they provided to people. Staff also demonstrated empathy and had an enabling attitude that encouraged people to challenge themselves and improve their independence. One member of staff said, "People tell us how good our service is. I'm proud of our service and we are always getting compliments from clients". Another said, "It's outstanding, the quality of care. It's completely person centred and I feel privileged to work here". Three of the staff we spoke with said they would be happy for a relative of theirs such as their mum or grandad to use the service. Staff knew the relationship between people and themselves was key to ensuring people experienced care that met their expectations and responded to their individual preferences.

People's privacy and dignity was respected and maintained, and staff showed a detailed understanding of people's individual needs around privacy and dignity. When talking about staff, one person said staff were, "Very respectful". People described how staff protected their privacy and dignity saying, "They close doors, speak quietly and keep me covered. Very good". Another person said, "Oh yes. Yes, they close the door when I have a shower or I'm getting dressed". Care workers told us how they made sure they gave people privacy while supporting them with aspects of their personal care. Examples included making sure curtains were drawn, and keeping people covered when they liked to be. 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 "they came out the day I came home from hospital. They asked about my likes and dislikes. They checked the

house and spoke about the package. Very helpful" and "a lady came in and talked to me and my husband. She explained how things would be handled and asked if I was happy".

People were supported to regain their independence as much as possible. One member of staff described how supporting people to regain their independence was a fundamental part of the service. They said, "We take people who are unable to go out, shop or cook. They are now fully independent and can go out and do whatever they want". 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. For example, one person had made their goal walking outside independently. Staff described how they had helped the person achieve their goal, and how happy the person was to be able to go out on their own. 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.

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.

## Is the service responsive?

### Our findings

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, "A manager came in and had a chat about everything. We put together the plan and they asked us about our preferences" and another, "They came in and discussed a plan. I told them what I wanted". 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.

The registered manager and staff made sure people were at the centre of everything they did. Person centred care assessment, planning and delivery was fundamental to the service. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs. Before people began using the service, their needs were assessed in detail. At the first home visit appropriately trained staff completed a risk assessment of the environment, 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 raised toilet seats, 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 planned their individual goals with staff and these were closely linked to what they people 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 member of staff said, "We are responsive to each person. Everything we do is tailored to individual needs. We can act very quickly and we work fully with people to help them get their independence". Other 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. This approach demonstrates how JCR provides a seamless service for the benefit of people.

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, some people fed back that they were seeing a lot of different staff during their care visits. This could make it more difficult to build good relationships and continuity of care was sometimes affected. Managers reviewed the staff rota system and identified ways of improving staff scheduling so people had more continuity with the staff they were supported by. The registered manager acknowledged this was a complex issue but was able to demonstrate a good improvement with consistency of staff and feedback from people involved about the improvement was positive.

People were also 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 given a copy of the complaints procedure when they started using the service. People told us, "I can't fault them. I have had no need to complain" and "There wasn't ever an occasion when I needed to complain". 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. For example, one person told office staff that a member of care staff had thrown away some of their food. A manager visited the person in their home to discuss and resolve their concerns, and this was amicably achieved. Staff said they felt well supported by the senior staff and their team and that they could talk at any time about any concerns they may have.

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 could also use a dedicated staff suggestion e-mail address, which was monitored by the provider and responded to by the registered manager. Staff were asked to provide more formal feedback in regular surveys. At the last survey 100% of respondents would recommend the service to their friends and family and 91% thought the service responded well to change/feedback and made improvements to maintain quality. One care worker had commented "We offer a very professional and solid service. Team members support each other and share knowledge and experience." All of the responses and comments were shared with the team and the provider took action if areas for improvement were suggested.

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. If a person required further ongoing support, such as help with washing, JCR staff would support the person to access ongoing care at home. They would also continue to provide care so people were never left without the help they needed. 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.

## Is the service well-led?

### Our findings

We asked people how they would describe the service they experienced overall. Responses included, "10/10. Highly recommend them. I can't fault them at all"; "I am pleased you contacted me. I'm glad to have the opportunity to tell you how good they are. I will quite miss them coming in with their friendly greetings" and "Very good service. I don't know how I could have managed without them. The management is excellent".

The service was well led. 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. The provider had developed an employee representation group. This group was set up with the purpose of giving staff at all levels the opportunity to contribute ideas on how to develop the service further and improve outcomes for people. The provider had also planned to introduce a staff recognition scheme to reward staff who go 'above and beyond' in their daily practice with the intention of celebrating and sharing good practice within the service.

The registered manager and whole staff team strived to improve and did not shy away from identifying areas of practice that could be made better. They saw opportunities for learning in everything they did and observed. The registered manager and staff constantly reflected on their practice to ensure they maintained the high standards of care they had already achieved in the service. One member of staff said "we are constantly improving. We don't rest on our laurels." There was a good improvement plan in place. Areas included the introduction of real time telephone monitoring (RTTM). 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. One of the values was 'everyone is approachable and willing to help each other'. We found all of the staff we spoke with consistently demonstrated this value and they were enthusiastic to be involved in the inspection as much as possible.

The registered manager was 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. They said staff "were on-board" with providing a high quality service. The registered manager had a very good understanding of their role and responsibilities and ensured that they supported staff to understand what was expected of them. One member of staff described the registered manager as "supportive" and "I can't fault their management techniques" and that they were always asking 'what support do you need'.

Feedback about the registered manager was positive from people and staff. When talking about the registered manager one person said "She seems very nice. Very helpful" a member of staff said the registered manager was "always available and approachable. If the door's open go in for a chat. If the doors closed, you knock and then go in for a chat". A health care professional we spoke with said the registered manager and deputy "were great" and "nothing is too much trouble. They are great to work with" and "they know what they do. They know the job well"

Leadership was visible at all levels and there were clear lines of accountability which staff understood. The registered manager said the provider was supportive and very approachable. "They are extremely supportive. If I get an idea, they let me run with it. They trust me to try things". Senior managers from the provider were familiar faces as they visited the service's office frequently. They were also very involved in quality monitoring and had an extremely good overview of the key achievements and challenges in the service. The registered manager and staff were clearly passionate about providing the best care they could and they described wanting to make sure that people achieved the best level of independence they could. They had had an excellent understanding of their role and responsibilities and ensured that they supported staff to understand what was expected of them.

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 completed by the registered manager, staff, and senior managers within the organisation. The results of each audit were 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.

JCR managers and staff had the quality of their service acknowledged by the Kent, Surrey and Sussex NHS leadership collaboration and was recently one of three finalists in their Patient Experience awards. The service was nominated by the lead commissioner of services for the NHS trust and local authority. The nomination for this award was based on the numerous amounts of very positive feedback given by people who use the service, as well as for achieving key performance indicators such as positive discharge outcomes for people.

The registered manager made sure they, the service and staff kept up to date with best practice. They supported people with their care in their home, to make sure they maintained contact with people, and to keep their practice up to date. The registered manager had strong links with other organisations such as the local provider forum, where they met to discuss challenges in the care sector, and share good practice with other care providers in the area. The Registered Manager was also a member of the Skills for Care National Skills Academy for Social Care. This enabled the registered manager to keep up to date with current practice and network with other registered managers nationally. The service was also a member of the Social Care Commitment initiative, developed by the Department of Health. This is a promise made by the service to ensure the management and staff team were committed to providing high quality services to people who need care and support. This promise was consistently met.

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 ESH 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. The registered manager and other senior managers from the

provider were enthusiastic about 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 "really good". One member of staff said this was because "We can work closely together on helping people set their goals" and "We're in the same team and we work together". 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.