

Cambridgeshire County Council

Cambridgeshire County Council Reablement Service South (Ely)

Inspection report

Wicken Ward, Princess of Wales Hospital
Lynn Road
Ely
Cambridgeshire
CB6 1ND

Tel: 01353652172

Website: www.cambridgeshire.gov.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 31 January and 01 February 2018 and was announced.

This was the first inspection of this service since it was registered with the Care Quality Commission (CQC) in 2015.

The Cambridgeshire Reablement Service (Ely) is located within the Princess of Wales Hospital in Ely. This service provides short-term personal care support for people living in the community. Its primary aim is to promote independence so that people can remain living in their own home, help people recover their independence following illness, discharge from hospital and prevent unnecessary admission to hospital and long-term care facilities. Where some people required longer-term care, the service also provided this where deemed necessary to enable continued improvement and where access to long-term agencies was not available. At the time of our inspection there were 36 people using the service.

There was 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 had their needs assessed and reviewed so that staff knew how to support them to regain their independence and improve their daily living skills. People's support plans contained personalised goals. However, further work was needed to reduce risks to people's health, welfare and safety as only brief information was provided in care plans to guide staff in the safe management of people's medicines.

Without exception, we received only positive comments from people and their relatives about the quality of the service they received. The management team were dedicated in creating a positive, open culture with people at the heart of the service. The management team were positive role models demonstrating the values and standards they expected staff to embody by focussing on continuous improvement leading to positive outcomes for people.

Staff were caring, compassionate and creative in overcoming obstacles and finding opportunities to go 'the extra mile' in order to promote people's independence and wellbeing. People told us they valued their relationships with staff and they were treated with dignity and respect. Staff were dedicated, skilled and empathic towards the people they supported.

This was a highly responsive service that worked in partnership with other health and social care providers to design and implement a programme that helped reduce avoidable hospital admissions and for people following discharge from hospital to return home and regain their independent living skills. The management team understood the crucial role of working in partnership with people, families and other health and social care professionals. This ensured joined up working, enabling people access to appropriate

services and to regain their confidence and independence.

Staff knew how to recognise and report abuse. Staff had been provided with training and were regularly assessed to ensure they remained competent. There was a system to ensure that staff received further training to update their skills. The provider's recruitment process was followed and this meant that people using the service received care from suitable staff. There was a sufficient number of staff to meet people's needs.

People received care and support from staff who were trained, skilled, experienced and knowledgeable within the roles they were employed to perform. Staff knew the people they supported well and had received the necessary training to equip them for their roles. People were supported by staff who were kind and compassionate in their approach. Staff were supported by the management team with regular staff meetings, supervision and annual appraisals. They were also supported with an effective and responsive out of hours on call system.

There were quality assurance systems in place to monitor the quality and safety of the service and to drive improvements. The management team used feedback as an opportunity to learn and improve. People were consulted about how their care was delivered and given opportunities to air their views. The registered manager used feedback people had given in order to implement positive changes. Where people had concerns or complaints, these were investigated thoroughly and any lessons learnt with action plans in place to ensure continued improvement of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe as further work was needed to reduce risks to people's health, welfare and safety in relation to the safe management of their medicines.

The provider had systems in place and staff were trained in identifying acts of abuse.

People were supported by sufficient numbers of care staff from a stable team.

Staff were trained and there were effective infection control systems in place.

Lessons were learned and improvements made when things went wrong.

Requires Improvement ●

Is the service effective?

The service was effective.

People received care and support from staff that were trained, skilled, experienced and knowledgeable within the roles they were employed to perform. Staff knew the people they supported well and had received the necessary training to equip them for their roles.

The service had forged effective working partnerships across organisations to ensure joined up working to deliver effective care, support and treatment.

People received support with their dietary needs in line with their choice and health requirements.

Staff followed legislation designed to protect people's rights to ensure legal consent to care was given.

Good ●

Is the service caring?

The service was caring.

People were supported by staff who knew them well and were

Good ●

kind and compassionate in their approach.

The service worked in partnership with people, valuing their feedback and working together to overcome obstacles to provide high quality care.

People's privacy, dignity and independence was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

Care and support was person-centred and delivered in accordance with people's preferences. People's care was regularly reviewed with them, their relatives and relevant professionals.

People's concerns or complaints were listened to and investigated thoroughly and any lessons learnt with action plans in place to ensure continued improvement of the service.

Is the service well-led?

Good ●

The service was well led.

The management team had a clear vision and promoted a positive, open culture, which achieved good outcomes for people.

The registered manager was committed to making continuous improvements to the service and had clear management monitoring systems in place to ensure the quality and safety of the service was maintained.

The service had systematic approach and worked well in partnership with other agencies to build seamless experiences for people based on good practice.

Cambridgeshire County Council Reablement Service South (Ely)

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.

We gave the service 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and visit people who used the service in their own home.

We visited the office location on 31 January 2018 to see the registered manager and office staff; and to review care records, management monitoring, policies and procedures. We also visited people in their own homes. On 01 February 2018, we spoke with people and their relatives on the telephone to assess their views.

One inspector carried out this inspection.

Before the inspection, we reviewed the 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. We also reviewed information we held including safeguarding information and notifications made to the Care Quality Commission. A notification is information about important events, which the service is required to send us by law.

We spoke to eight people who used the service and four relatives both on the telephone and during visits to people in their own homes. We also spoke with 14 members of staff including the registered manager,

service manager, social worker, care coordinators, support workers and senior support workers. We also spoke with and received email feedback from stakeholders such as local community Health and social care professionals.

We looked at policies, care records including medicines management, complaints, staff recruitment and training as well as quality and safety monitoring records.

Is the service safe?

Our findings

Further work was needed to reduce risks to people's health, welfare and safety in relation to the safe management of people's medicines. People received support with their medicines from staff who had been trained and competency assessed. However, care plans provided only brief information to guide staff in the safe management of people's medicines. We found a lack of information to guide staff for people prescribed Alendronic acid, a medicine that must be taken at least 30 minutes before food and drink to keep them safe from harm. We were not assured that care calls were planned to enable people to receive this medicine as prescribed. There was also a lack of information as to how people chose to take their medicines and if they had any allergies. We discussed this with the registered manager and the social worker who had the delegated responsibility for producing care plans. The registered manager acknowledged that information in care plans was brief and not always personalised. They told us they had identified this as an area for improvement and were working to address this.

People told us, "I feel safe with all of the staff. They are professional and know just what is needed." Another said, "I have no concerns or worries, they are all fantastic and I am completely safe in their care."

Staff understood what steps they should take to identify and protect people from the risk of abuse. Staff told us, and records we reviewed showed us they had received training in safeguarding adults and understood their roles and responsibilities to report any abuse. The registered manager had been proactive in reporting safeguarding concerns to the local safeguarding authority. Staff were able to explain the process for reporting any abuse and who to refer their concerns to, including the local safeguarding authority. Staff told us if they were concerned that people were at risk of abuse, they would speak in the first instance to their manager or another senior manager. Staff were aware of the provider's whistleblowing policy. This is a policy, which guides staff in how to report concerns about poor practice within their organisation and to local safeguarding authorities.

Risks associated with people's health and the care support they received had been assessed. Examples included, risks related to poor mobility with moving and handling plans in place. Staff told us there was regular verbal communication with them in relation to mitigating risks and written communication, by text message or phone call and information recorded in daily work schedules. Staff confirmed they reported and shared information promptly. One support worker told us, "We visit the office daily and can read information on the system and have access to health and social care teams. You always look for risks. If we see something we contact the office immediately and they respond and get it sorted quickly."

There was a 'duty on call' service, which was available for people and staff to call in emergencies outside of office hours. Senior staff took responsibility for the 'on call' duty and the registered manager was available for additional support in the event of an emergency. Staff told us access to out of hour's advice and support was timely and effective.

The provider had recognised the challenges of ensuring safe practice when staff worked out in the community as lone workers. There was a lone workers policy with procedures in place. This system required

staff to contact the out of hour's duty person at the end of the day to confirm they were home safe.

The service provided a fast responsive, reablement service, which benefited from a stable workforce with low staff turnover. This meant people received consistent care. One relative told us, "The staff turn up when you need them. They know what they are doing, are good at explaining things and communicating with you. If they are running late we know there is always a good reason why."

The service used an electronic monitoring system to help ensure that people received their care at the scheduled times. Staff used an application on their mobile phones provided by the service to record when they arrived and left their care visits. An alert system was in place, which notified the office or on call staff if a staff member did not use the application to record their arrival or departure from a visit. This enabled the service to monitor the whereabouts and safety of their staff whilst working in the community. We saw that this system also contained information about staff scheduled care visits, a summary of the care to be provided and included sufficient travel time in between visits. This information was updated on a daily basis. This system helped to ensure that people received their care visits as planned and significantly reduced the risk of late or missed calls.

The registered manager regularly monitored staffing levels according to people's assessed needs. This helped the registered manager make safe decisions about whether they had the capacity to take on new people's care packages or whether they needed to recruit additional staff.

The service's recruitment processes ensured that staff employed were of suitable character to work with people by virtue of their circumstances who were vulnerable. Recruitment files viewed showed us that appropriate checks had been carried out including gaps in employment identified, references from the most recent employer, identification checks and evidence of a Disclosure and Barring Service (DBS) check. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work in the care profession.

We saw from a review of medicines administration records (MAR) there were no omissions of signatures. The management team for quality assurance purposes regularly audited MAR charts.

The service had worked in collaboration with the council's other reablement services in developing a new medicines management policy. At the time of this inspection, the policy was being updated to take account of new national guidance for managing medicines in a domiciliary care setting.

A sensory team manager told us, "The reablement team are particularly good around supporting people to be independent in taking their medication. We find the referrals they send to be of a good standard. They demonstrate a good level of knowledge and are proactive in partnership working. They are a service who try very hard to support people to be independent in a challenging world of reduced resources and hospital pressures."

Infection control measures were in place with staff trained in effective hand washing and identifying risks of cross contamination. One person told us, "The carers always wear gloves and aprons and wash their hands." Regular hand washing competency checks were carried out on staff to ensure people were protected from the risk of harm. Staff told us they had access to plentiful supplies of personal protective equipment such as gloves, aprons and hand sanitiser.

Lessons were learned and improvements made when things went wrong. The registered manager had systems in place to monitor accidents and incidents including incidents of missed calls with action plans in

place to minimise the risk of re-occurrence. Staff demonstrated their knowledge of the provider's policy in reporting incidents and accidents.

Is the service effective?

Our findings

People, their relatives and health professionals told us that the reablement service was highly effective at meeting people's assessed needs. One person said, "They [staff] are truly wonderful. You couldn't fault them. They are competent and trained to an excellent standard." Another person said, "They have a high calibre of staff, all professional and good communicators."

All staff were provided with induction training which included working towards the care certificate. The care certificate is a set of 15 standards that new health and social care workers need to complete during their induction period. New staff also completed a period shadowing more experienced staff before they worked independently with people. Training was varied and comprised of face-to-face sessions as well as e learning. Staff were encouraged to gain recognised qualifications to further their knowledge and skills.

People benefitted from being cared for by staff who were supported in their job role. Staff had one to one meetings with their line manager as well as annual appraisals where their performance and training needs were monitored. In addition, observations of their practice were undertaken regularly to monitor their performance and provide support and guidance. Team meetings provided opportunities for staff to air their views. We saw from a review of staff meeting minutes that regular items discussed included safeguarding people from the risk of abuse and updates on health and safety matters. Staff told us there was an open culture where they could discuss any concerns and their views and ideas were sought and valued.

The service used technology and equipment to meet peoples care and support needs and to support their independence. Staff and people who used the service told us they had received timely access to occupational therapy and physiotherapy support when needed. Staff had access to on-site equipment stores where they had quick and easy access to equipment to promote people's independence. For example, cream applicators, perching stools and raised toilet seats.

People were provided with information to enable them to access assistive technology such as pendant and pager alert systems. There was also information provided to access medication reminder and dispensing systems to enable people to maintain their independence in managing their medicines.

People were supported to have access to healthcare services and receive ongoing healthcare support. People's health and social care needs, wishes and preferences were considered in the planning and ongoing review of their care. The service took responsibility for ensuring care and support was coordinated. People's care and support needs were discussed at weekly multi-disciplinary meetings. Reablement staff as well as health and social care professionals attended these meetings. This meant there was a thorough approach to planning and coordinating people's care including planning for people moving from one service to another.

One health professional told us, "We are all co-located at the Princess of Wales Hospital and this allows us all to have a collaborative relationship to discuss and care plan together those people with complex needs and who are known to multiple services. We have a communication book, which is checked regularly by a designated therapy assistant and we attend the reablement multi-disciplinary meetings weekly. They

approach us at any other time if the need is more urgent for advice. The nursing hub is in the main office also and reablement staff can refer and discuss any more specific nursing concerns in the same way. Our mental health colleagues are also located next door to the reablement office for formal and informal discussion. We complete joint visits when needed." Another health professional told us, "The level of care and attention to detail has been superb. The feedback I have received from patients and their relatives has been very positive. They demonstrate a passion for their work and provide an excellent service."

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 supported 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.

The management team involved people in the planning of their care. They ensured that people had read and signed their care plans in order to consent to their care. When necessary, the service consulted the person's representative, who had power of attorney for their health to make decisions in the person's best interests. An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. These actions were in line with the requirements of the MCA. Staff were knowledgeable about the need to obtain consent before delivering care. One person told us, "The staff will always ask me if I want a shower. They don't take over, they encourage me to be more independent. They respect my answer if I say no." The registered manager and staff understood their responsibilities and the processes required if any authorisation to deprive a person of their liberty was required.

People who received support with meal preparation and drinks were provided with choice as to what they ate and drank. Where people had specific dietary requirements or they needed support around eating and drinking, this was documented in their care plan. People told us and we observed during our visits that staff left food and drink within easy reach before they left and took time to ensure people had sufficient supplies to meet their needs.

Is the service caring?

Our findings

Everyone we spoke with, without exception was complementary about the behaviour and conduct of staff. People told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Comments included, "They don't rush me, they are patient and we move at my pace." And, "They are all wonderful, caring and kind." Comments from relatives included, "[Relative] has been receiving their service and as a family we couldn't be happier. It has helped [person] regain their confidence. They are all so helpful and professional and treat [relative] with respect."

Feedback from a community health professionals included, "I have personally found the reablement staff to be always kind and caring in their approach with people. We get such positive feedback about them."

Staff respected people's privacy and dignity. We observed a support worker enter a person's home using the key from their key safe. Before entering, they knocked and shouted to the person identifying who they were. The support worker also sought consent to enter the property before proceeding to do so. Comments from people included, "They respect my dignity and privacy and keep me covered. My generation can be a bit sensitive about these things but I am never uncomfortable with them. They are all caring and kind", and, "[Support worker] showers me and keeps me covered and chat away to me which helps me feel at ease with them. They always ask my permission to do things and check that I am happy."

Staff we spoke with told us how they encouraged people to maintain their independence and how people were actively encouraged to make every day choices about what they wanted to eat, drink or wear. One support worker described to us how they encouraged people to be independent by letting them do as much as they could and only assisted if it was "absolutely necessary."

People and their relatives told us they had been consulted in the care planning and decision making process regarding the reablement service. People were able to put forward their views and that these had been considered. In the homes we visited, we saw a copy of the support plan was present along with information about how to contact the reablement service and other sources of information and advice.

When we asked the registered manager in their provider information return (PIR) what improvements they planned to make over the next 12 months, they told us, 'We are in the process of establishing dignity champions in the team and staff will be provided with improved cultural competency training. We will continue to maintain a person centred focus always thinking of the person receiving the service first and will continue our focus on the use of language.'

Is the service responsive?

Our findings

People told us they had been provided with a "highly flexible" service, which quickly adapted to their changing needs. One relative told us, "They set up all the care in a matter of hours, quite remarkable." Another person commented, "They are well organised and efficient. The communication is second to none. The changes they have made to [relative's] life is remarkable. They have come on leaps and bounds." Other comments from people and their relative's included, "You couldn't improve the service. They are very good, it is fantastic", "I am a new [person], You have no idea the difference they have made to my life" and, "They are great, we could not be more pleased. We have found there is no rushing, they are not confined by having to do everything in an inflexible time frame. They are courteous, respectful and very kind."

Due to the multi-disciplinary team, nature of the support being provided, we saw that people's rehabilitation goals were an integral part of their individual support plan. Reviews of personal goal plans were completed throughout the period a person was in receipt of the service. We saw these were completed in consultation with people who used the service, their families and any other relevant professionals. People confirmed they had been involved in these reviews. One person told us. "They come round and chat to you and check you are having the support you need. They check to see what more could be done to help you improve and regain confidence to do more for yourself." Another said, "I have just finished with them this morning. They said I have improved enough to manage on my own now. I agree I am much more confident to shower on my own but I am going to miss them, they have become like family."

Whilst care calls were scheduled and allocated to staff on a daily basis, care was flexible according to people's individual needs. People told us this meant they were not rushed and staff supported them according to their personalised needs rather than a focus on as one person described, "Getting the job done in as short a time as possible and out the door...no they give you the time you need. They treat you as a person not as a care package."

Health professionals told us about the positive impact the reablement service had made in helping people stay in their own homes who would have otherwise required hospital treatment. One professional told us, "We see many cases where this service is responsive and works well with health colleagues to support people who would have otherwise gone into hospital. They truly are a responsive service, providing bridging care packages, helpful to avoid bed blocking in hospital. They get people back on their feet." This demonstrated an integrated approach to delivering care as the service maintained open communication with healthcare professionals, which in turn helped promote peoples' health and wellbeing.

We looked at how the service ensured information was provided to people in an accessible format. Information was available to people which set out the ethos, vision and values of the service. This information was available upon request in other formats such as braille, audio or in other languages. We saw the service had access to the council's in-house translation service, which meant documents, and information could be provided to people in alternative formats. The initial assessment would identify this type of support if needed which meant appropriate arrangements could be made before the person started to use the service.

The provider listened to feedback, complaints and concerns to make improvements to the service. There was a system in place to record complaints. The registered manager and staff reflected on complaints and used them as learning opportunities to improve the care provided. For example, one complaint related to missed calls. We saw this was thoroughly investigated with clear outcomes and actions taken to reduce the risk of recurrence.

People told us they knew how to make a complaint and we saw information about how to access the provider's formal complaints process or make comments and suggestions. This was provided in care folders in people's own home. People were able to make comments about the service in a variety of ways including by telephone, online and feedback forms were provided with stamped addressed envelopes within their care folders. Feedback from surveys was analysed and action plans produced in response, which outlined planning to improve the quality of care provided.

The service manager told us, "We introduced telephone customer reviews. This means we get feedback during rather than at the end of service, as with postal feedback. This was introduced when I noticed on feedback review that where staff had phoned service users for feedback they were getting more candid response."

Is the service well-led?

Our findings

The management team had a clear vision and promoted a positive, open culture, which achieved good outcomes for people.

People, their relatives and healthcare professionals told us the service was exceptionally well led. One person told us, "I have experience of other care agencies and this is the best I have ever experienced." Another person said, "The staff are amazing, I cannot speak highly enough of them. They are professional and know what they are doing. They have helped me gain back the confidence I lost." A relative told us, "They are a professional set up. They are clear about what to expect. There is strong management, very caring and professional. The experience of the care [relative] has received is exemplary. You would not believe what they have achieved with the support of these staff."

There was a clear vision and credible strategy to deliver high-quality care and support. A positive and sustained culture had been created that was open, inclusive and empowering. One healthcare professional commented, "I have found the service to be invaluable especially in circumstances where an individual only requires a couple of weeks care to get back on their feet and avoid being admitted into hospital." A social care professional told us, "They are totally committed to improving the reablement service by ensuring that staff are working towards the vision. I have observed the management team in different situations. The manager is an inspirational leader. They have supported us on several occasions to 'find a way' to assist in a solution focussed way with some very complex situations where high risks have been identified which has been beneficial for individuals. They are passionate about improving the service and getting good outcomes for people." Another health professional told us, "They are passionate about what they do, very flexible, very open and honest."

There was a clear management structure in place. The registered manager was also registered for another of the provider's reablement services locally. Each team had tiers of management with clearly defined roles and responsibilities, which helped to ensure that the service ran efficiently and effectively. A service manager had oversight of this service and the provider's other reablement services. They had been instrumental in developing the service's ongoing training and development programmes. They told us, "In line with the values embodied in the Care Quality Commission (CQC) fundamental standards we held briefings with staff about providing dignity in care and plan to have dignity champions. We continue this in team meetings and supervisions. Similarly, with equality and safeguarding, we have a social work safeguarding lead in the teams and we work together as part of the county council diversity group. I was instrumental in the introduction of a cultural competence course for our staff. It is currently a 'train the trainer' model but is just being rolled out more widely and many of our teams have attended."

All of the staff we spoke with told us they felt comfortable raising issues or concerns with the registered manager and that their concerns would be listened to and acted upon. One member of staff said, "We are in the office daily, we have easy access to the management team. I have always felt listened to. We work isolated but we don't feel isolated, I like it. We work well as a team and are well supported. I love my job." Another told us, "I have worked for other agencies and this is by far the best. We get a lot of training and I feel

valued and supported in what I do."

The registered manager was aware of the need to notify the CQC of significant events regarding people using the service, in line with the requirements of their registration. This allows CQC to monitor occurrences and prioritise our regulatory activities.

As a countywide service, the management group met monthly to share reflect on practice and plan development of the provider's reablement services. The service manager told us, "We care about the service and the people we provide a service for and aim to put people at the centre of what we do."

The registered manager and management team were role models for their staff and embodied leadership characterised by innovation, professionalism and creation of a culture focused on delivering high quality care. The registered manager told us, "We are passionate about providing the best quality of service. We have been through a lot of change moving from being employed from one authority to another but we are a good team that has coped with change well and we work together with the same aim, to deliver good care. This is a busy service, with a fast turnaround. We are a stable team with a focus on enabling independence and supporting people to stay in their own homes and out of hospital."

The service had produced a set of 'team standards'. These were standards which staff were encouraged to maintain in relation to care delivery and performance. These were discussed and reviewed in team meetings and staff supervision sessions with their line manager. For example, 'staff to manage own attendance levels, promote people's independence and demonstrate a consistent approach to supporting people to work towards their individual goals and review of their care planning.'

The service supported staff with regular opportunities to receive supervision, team meetings and newsletters to enable staff to discuss their training, develop needs and air their views. These were also opportunities to embed the vision and values of the organisation by asking staff to discuss and reflect how these could be integrated within everyday working practice. One member of staff told us, "We are a great team, we are flexible, support one another and passionate about the people we care for. We are listened to and valued by our manager and office team."

The registered manager and management team involved staff in assessing the quality of the service provided. This was evidenced from discussions with staff, the management team and a review of staff meeting records. The registered manager asked staff for suggestions and ideas in order to ensure they understood how the service could meet the required standards and how they could plan to improve it further. This helped to ensure that staff across the service had a shared vision of continuously planning for high quality, personalised care.

Staff told us their ideas were valued as were the views of people who used the service. Staff suggestion boxes and annual staff surveys had been carried out with action plans in place in planning responses to feedback received. The service manager told us, "We value ideas and feedback from people who use the service and staff. We have given support workers and coordinators immediate access to social work team support to promote good practice in relation to safeguarding people from the risk of abuse and raising awareness of diversity, protecting and upholding people's human rights and support staff good practice." They gave written feedback to staff from survey findings and suggestions with explanation as to what could and could not be achieved and why.

The provider's complaints policy and procedure was in place and this information was provided for people to review at the commencement of their care service. People and their relatives told us they were aware of

how to make a complaint if required. They told us they were confident to approach the management team and raise any issues or concerns and that these would be responded to appropriately and in a timely manner. Staff were aware of their role and responsibility in responding to concerns and complaints. We reviewed the complaints log and found that all complaints had been responded to in a timely manner and in accordance with the provider's handling complaints policy, having been thoroughly investigated and resolved. The management team considered complaints for themes and patterns and took appropriate action when complaints related to staff performance.

There was a strong emphasis on continuous improvement of the service. As well as regular reviews of people's goals and records, the views of people were at the core of quality and assurance monitoring with learning from concerns, complaints and incidents a key contributor. The registered manager sent regular satisfaction questionnaires to people, asking them about how responsive the service was in meeting their needs and where improvements could be made. Business support staff also carried out regular satisfaction telephone interviews. The results from both were analysed and collated into an action plan, which identified areas for improvement. The service then distributed a summary of the results and action plan to people and staff. The majority of responses we saw were positive.

The service had systematic approach and worked well in partnership with other agencies to build seamless experiences for people based on good practice. Weekly multi-disciplinary meetings were carried out and attended by health and social care professionals. People's care and wellbeing was discussed and multi-agency planning took place to provide a seamless service and ensure the health, welfare and safety needs of people were met.

Health and social care professionals, some located in the same building told us they valued the opportunities to have face-to-face conversations with the reablement team. They gave examples of how this arrangement benefitted outcomes for people. For example, support staff would speak directly with physiotherapy and occupational therapy support staff to enable people timely support when needed including access to mobility and falls prevention equipment. A senior hospital discharge planning social worker told us, "They truly are a responsive team. They bridge the gap, providing a service, which helps to avoid people staying in hospital longer than needed and avoid hospital admissions. The team communication is very good; they are not rigid but flexible in their approach and get people back on their feet. They are very popular. I share an office with them and I hear their conversations they have with people, they communicate well and follow up where needed. The people who use their service really are at the core of what they do."