

Southend Care Limited

# Complex Intervention Service

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Complex Intervention Service is a domiciliary care agency providing personal care, reablement and rehabilitation to people living in their own homes following discharge from hospital and to those with complex needs. This can include stroke survivors, people with unstable fractures, admission avoidance and crisis intervention. The service provides short-term specialist support, through rehabilitation and reablement programs to assist people to achieve and maintain optimal independence, health and wellbeing.

### People's experience of using this service and what we found

People received exceptional high-quality care that met and exceeded their individual needs and expectations. Without exception, feedback was overwhelmingly positive from people, relatives and professionals about the extremely compassionate and caring approach of dedicated and motivated staff, who repeatedly went the extra mile to enable people to do things for themselves and to regain their independence as quickly as possible. Through the diligent care and support provided many people were able to resume their previous lifestyles.

People praised the way staff were proactive in checking if there was anything additional they could do to assist them in their daily lives. People told us they felt safe and were supported by skilled staff who ensured their needs had been met as they preferred.

People felt valued and respected by staff who consistently promoted their dignity and wellbeing. Staff had received training in equality and diversity and were knowledgeable about protected characteristics identified in the Equality Act 2010.

Staff were exceptionally responsive to changes in people's needs and circumstances, adapting the service to ensure people were provided with individualised, person centred, high quality care.

People were supported to maintain their health and to access relevant services. Staff were knowledgeable about people's risks and how to care for them safely. They understood how to protect and safeguard people and had a positive attitude to reporting concerns.

Staff were extremely motivated and passionate about their role and understood their responsibilities. They actively involved people and their relatives in the ongoing design and delivery of their care in line with their identified needs, which assisted them to make a quicker recovery.

Feedback was actively encouraged, valued and acted on. People, relatives and professionals expressed confidence that they could raise issues or concerns with any member of staff or the management team and that these would be addressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was extremely well-led. Robust quality assurance systems had been established to ensure the service succeeded in delivering positive outcomes for people. A visibly person-centered culture had been firmly embedded, with a clear commitment to delivering high-quality person-centered care which reflected people's aspirations, hopes and needs. This was reinforced by the provider's principles, values and expectations of staff. This underpins the characteristics of an outstanding service.

#### Rating at last inspection

This service was registered with us on 10/10/2017 and this is the first inspection.

The provider previously operated a service that was rated Outstanding (published 08 October 2016). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the date from their registration.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was extremely caring.	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> The service was extremely responsive.	<b>Outstanding</b> ☆
<b>Is the service well-led?</b> The service was extremely well-led.	<b>Outstanding</b> ☆

# Complex Intervention Service

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector.

#### Service and service type

Complex Intervention Service is a domiciliary care agency providing personal care and rehabilitation to people living in their own homes following discharge from hospital and to those with complex needs. This can include stroke survivors, people with unstable fractures, admission avoidance and crisis intervention. The service provides specialist support, through rehabilitation and reablement programs to assist people to achieve optimal independence.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 15 August 2019 and ended on 27 August 2019 when we gave feedback. We visited the office location on 15 and 21 August 2019 and met with the registered manager, staff and reviewed care plans and other records.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We visited people's homes on 21 August 2019 and spoke to four people who used the service and three people's relatives. We carried out telephone interviews on 23 and 26 August 2019 and spoke with five people who used the service and two relatives about the care provided.

During our visits to the office we spoke with the registered manager, assistant manager, resource planner, three seniors and four care staff.

We reviewed a range of records. This included nine people's care records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received verbal and electronic feedback from two professionals involved with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People described feeling safe and secure using the service. One person said, "I have a regular team that come. I feel safer when they are here. They help me to manage, I don't feel it's all too much when they are here, my confidence is growing. I am making good progress, they go at your speed, never rush; good balance of keeping you safe but getting you to do a little bit more each time." Another person commented, "I feel safe and totally at ease with all the carers that come. They make me comfortable and we have all got to know each other as it is the same ones that come. They understand me and that reassures me."
- Established policies and procedures in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.
- Staff understood their roles and responsibilities in keeping people safe from harm. They were supported by the management team to raise safeguarding concerns appropriately when they were worried about people's safety.
- People's records contained information about their care and support needs and the associated risks to their safety. These included risks associated with specific medical conditions, mobility, nutrition, choking and the person's home environment.

Staffing and recruitment

- The service operated a flexible rostering system with enough staff to be allocated in line with people's needs.
- People and relatives confirmed they were never rushed, and staff arrived within the designated time slot and stayed the time needed to support them in line with their reablement plan. This meant the duration of visits could fluctuate daily depending on a person's needs. For example, if a person was being supported with their mobility and progressing well the visit time maybe shortened. However, if the person was taking longer than expected staff would stay the time needed to ensure their needs were met and they were safe.
- Systems checked that the staff were of good character and were suitable to care for the people who used the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

Using medicines safely; Preventing and controlling infection

- Effective systems and processes were in place to make sure people received their medicines as they had been prescribed with clear records kept. One person said, "I can't manage my meds, I forget to take it and get in a muddle, they [staff] keep me on track. They write it all down [what medicines have been administered] in my folder, it is all done properly."
- People who were assisted with their medicines were supported by trained staff who had their competency

assessed.

- The registered manager ensured regular audits and spot checks of medicines were completed. Where an error had been identified there was a detailed procedure and follow up in place.
- Staff had access to protective equipment, for example, gloves and aprons, to reduce the risk of cross infection when providing personal care and support to people.

Learning lessons when things go wrong

- The registered manager responded appropriately when accidents, incidents or near misses occurred. They undertook detailed investigations to mitigate risk and reduce re-occurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before being supported by the service, with family members and significant others involved in the process.
- Assessments had been completed in line with current legislation and best practice guidance. The information was used to create a tailored person-centred care and support plan with people.

Staff support: induction, training, skills and experience

- People told us they felt their needs were met by staff with the right knowledge and skills. One person said, "I am very happy, more than satisfied, no issues with any aspect of the service. I love the carers, very good at their job, well trained and know their stuff."
- Staff were highly skilled and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualifications in care available.
- New staff completed a detailed induction and did not work unsupervised until they were confident they could do so and had been signed off by management.

Supporting people to eat and drink enough to maintain a balanced diet

- People were assisted, when required with their meal preparation and with the support they needed with their meals.
- People were assessed for the risk of poor nutrition and dehydration. Information about any risks associated with eating and drinking were clearly recorded with measures in place to mitigate risk.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received the care and support they needed. Staff supported people to access healthcare services when they needed them and made appropriate referrals or sought advice from a range of health and social care professionals where required.
- People's records showed that where other professionals were involved their input was acted on and incorporated into their care plans.
- People and relatives shared examples of how well organised the service was in arranging appointments when needed and for additional equipment to be delivered and collected as people's needs changed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People told us the staff consistently sought their consent before providing any care or support. One person said, "The carers always check I am ready before they help me, whether that is with [personal care and mobilising] to taking my tablets or applying my creams. Nothing is ever done without my say so."
- Care records showed that people had consented to their care and support when they began to receive the service and were involved as much as possible in their ongoing development.
- Our discussions with the registered manager and staff showed they understood the requirements of the MCA and the importance of people giving consent before providing personal care and support.
- Information to support staff about the MCA was visible in the office. There were designated members of the staff team who were 'MCA champions' who colleagues could approach for advice and guidance on this subject.
- At the time of our inspection no one was subject to restrictions that would amount to a deprivation of liberty requiring legal authority.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception people were extremely complimentary about the staff approach. They shared numerous examples of staff who were consistently kind, compassionate and 'remarkably caring'. One person commented, "I feel incredibly lucky to have them. I am truly very well cared for. They [staff] have helped me to get back on my feet in more ways than one. Yes, I can physically do more things now and each day I get stronger but mentally? Their patience and tolerance with me, constant encouraging has done wonders for my confidence and self-respect. You can't put a price on that. I wouldn't be where I am now without them."
- Another person told us, "They [staff] are all brilliant, amazing, unbelievably kind, got the sweetest nature and have helped me no end. They are ever so good, you're never made to feel like you're a problem. They come in and are a breath of fresh air, the highlights in my day. I look forward to them coming, we have a laugh and joke. They are intuitive to my moods, if they see I am sad they know how to cheer me up."
- Relatives were equally complimentary about the staff approach. Comments included, "Excellent service, wonderful carers, wouldn't change a thing, couldn't want for better, extremely compassionate and kind, they think of everything." One relative told us how they had been supported by the service as well as their family member, "They [staff] take an interest in the families as well. They recognise we [family member and I] are a team and they help us both. It is the little things they do that make all the difference, like asking how you are, to offering to make you a cup of tea or chasing up on the health things so you can have a quick breather. They have given us both our lives back."
- Another relative shared the positive impact the service had on their mood and wellbeing, "They [staff] have taken away all the pressure. I don't need to be constantly thinking of all the details, worrying I will miss something like an important medication. They have given me back quality time with my [family member]. For that I am most grateful."
- Our conversations with staff showed they knew people well, including their likes, dislikes and preferences and had used this knowledge to form positive relationships. They spoke about people in a caring and respectful manner and shared how they enjoyed the role they played in supporting people in their daily lives to achieve their goals. One member of staff said, "My job is so rewarding. I see people sometimes at their very worst, in deep despair. We support them to regain or maintain their independence, to have a quality of life again; live their best life."
- Enabling people to express themselves and participate in decisions about their daily lives was fully embedded into the culture of the service. Personalised communication plans were in place to support people who may have had difficulty communicating. This maximised their contribution and involvement towards their ongoing care arrangements.

- Staff received equality and diversity training to ensure the individual needs of people were met. Where required staff received information and guidance about people's specific religious beliefs and customs to aid greater understanding and awareness of any sensitivity surrounding each person.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- Without exception, people, and their relatives where appropriate, told us that they were fully consulted in their care and ongoing arrangements. One person said, "They [staff] and I talk about how things are progressing, what needs to change, am I comfortable with what is in place? We talk about my goals and what it is I want to achieve, and they advise me of what is realistic, and we work towards this. I think of it as a true partnership. They are very good at managing my expectations and making sure I don't overdo it."
- People were empowered to make their own decisions and shared numerous examples of this with us. Their preferences and goals were incorporated into their bespoke care records and respected by staff.
- Staff were skilled at supporting and enabling people to take informed everyday risks without compromising their safety and wellbeing. Where needed staff signposted people towards advocacy services, so they could access independent advice and support.
- People had copies of their care plans in their own homes, so they could access them, and check information was accurate. Where appropriate these records had been signed by the person or their relative.
- Where required people's care records were provided in accessible formats such as easy read or using pictures so that people could understand the information about their care arrangements.
- Staff were skilled at enabling people to regain and or maintain their independence whilst providing the level of care needed to ensure they remained safe. One person said about the staff, "They encourage me to try, to take baby steps, to go at my pace. This has helped my confidence. At first, I was scared but they have been so good, very patient and understanding. I trust them totally. When I get frustrated they remind me of how far I have come and how much I can now do for myself. With their help I am getting better and my independence is coming back."
- People and relatives shared examples of how the staff consistently respected people's dignity and modesty. This included during personal care by ensuring that people were covered up as much as possible and their privacy upheld. One person said, "I have always been treated with the utmost respect and in a caring and appropriate manner."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Without exception people told us they received an exceptionally high standard of personalised care that was receptive to their individual needs and respected their preferences. One person said, "I am at the centre of all decisions about my care. I have been included from the start and everything is discussed fully with me." Another person commented, "My needs change very quickly so my care package adapts accordingly. Sometimes extra visits are added sometimes less depending on how I am. It is incredibly flexible." A third person said, "The care is excellent, the support fantastic. They [staff] are never clock watching, you get their utmost attention and at each visit they check if there is anything else you need help with. They are very attentive and thoughtful, in passing I mentioned I needed to find out the number of a [meals replacement service] and they got it for me then and there."
- Relatives described collaborative working with the staff regarding ongoing care arrangements for their family members which led to positive outcomes. One relative commented, "It is an exceptional service. The staff can't do enough for people to help them get better. They know what they are doing and provide a fantastic support to the families too. I have learnt a lot, really shook me up how much the staff knew and how little I did. They anticipate [my family member's] changes in mood and health and act straight away. They are firm with [family member] and as a result [they are] more independent. Before [they] would let me do it all and I see now how that doesn't help in the long run. They showed me how to let [them] decide and how to respond by following [their] lead."
- Another relative shared the positive impact the service had on their mood and wellbeing, "One minute I was fine and then I was struggling to deal with everything, think it was delayed shock of what had happened. I was on auto pilot and couldn't see I wasn't coping. As [family member] started to improve I started to wobble. They [staff] saw this and quickly stepped in and took over. They took the pressure off by sorting out all the details for [family member]. I have quality time with [family member] now. I am not worrying about chasing medicines /equipment it is all in hand."
- The responsive approach to people's needs and circumstances by the management team, office staff and care staff was outstanding and contributed towards people living as full a life as possible. There was a shared ownership and commitment across the workforce to ensure people received high quality personalised care in line with their individual needs.
- Highly effective communication systems were in place to support people in the planning and delivery of their care, giving them control. Staff had a comprehensive knowledge and understanding of people. They adapted their communication and approach to meet the individual needs of each person.
- The management team held meetings twice a day to review the planned delivery of care for people. Notes entered by staff onto the system from visits that had occurred that day provided a real time overview of

people's needs, enabling the service to respond immediately to changes in needs. This included arranging moving and handling equipment, making referrals, facilitating extra visits and other changes to the rota.

- The service achieved successful outcomes for people that maximised their independence, choice and quality of life. For example, during the period of April 2019 – June 2019, 28 people out of 44 who received a short-term intensive service (up to six weeks care and support) were discharged as independent and 11 people with a reduced care package.
- The service had been successful in reducing hospital admission known as admission avoidance through several effective measures. This included responding to GP assessment requests within two hours, crisis intervention and the provision of low level moving and handling equipment such as commodes, transfer boards, slide sheets etc to support people in their homes. This equipment was available during both office and out of hours via an equipment van that staff could access when needed.
- Staff demonstrated in-depth knowledge of people's needs and preferences and cared for people in a way that valued them, gave them choice and control in their life and respected them for who they were.
- People's care records were comprehensive, regularly reviewed and updated. They covered aspects of an individual's health, personal care needs, risks to their health and safety and their reablement/rehabilitation goals.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was complying with AIS and where required information was provided to people in alternative formats such as pictorial format, large print, easy read to enable them to access the information in a way they could understand.
- People's sensory needs were known and understood by staff. They checked people's glasses were clean and their hearing aids were in working order.
- In addition, staff had access to aids such as pictorial cards they could carry on their person. This enabled them and the person to make themselves understood. A member of staff shared with us how they had used this effectively in an emergency to help a person.

#### Improving care quality in response to complaints or concerns

- People and relatives told us they knew who to speak to if they had any concerns and were confident they would be addressed. One person said, "I have never had any problems, and this is not my first time using the service. They [staff] are so capable that if I have any niggles I tell them then and there and its sorted straight away. In the unlikely event it wasn't, I would ring the office. All the complaints information is in my care folder; number to call, who to speak to, what happens next, it is all very transparent."
- Records showed that where complaints had been received these has been swiftly dealt with in line with the provider's complaints policy. Staff were accountable and took responsibility if there were errors or mistakes and reviewed how things could have been handled differently.
- Discussion with staff and records seen, showed that people's feedback was acted on and used to develop the service. For example, changes to documentation to ensure information was properly captured and sourcing training where learning needs had been identified.

#### End of life care and support

- No-one at the time of our inspection was receiving end of life care and support.
- The registered manager shared instances where the service had stepped in to provide short term support to people at the end of their life to enable safe discharge from hospital. They explained how staff had

received appropriate training in this area and the service had worked closely with relevant professionals before handing over to another care agency.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on their duty of candour responsibility, which is their legal responsibility to be open and honest with people when something goes wrong

- Feedback was exceptional; describing a bespoke care service that exceeded people's expectations and one they could trust and rely on. Comments about the leadership arrangements in the service included, 'Very well run', 'Extremely impressive, well organised and very professional', 'The manager leads by example, if they say they will do something they do and it's the same for the staff,' 'Never feel I will be let down, I trust this service no end.'
- There was dynamic leadership and effective management in place that continually provided people with responsive care and quality outcomes for people was evident in the service.
- Best practice amongst the work force was promoted and celebrated by the registered manager and provider. For example, acknowledgements of staff excellence in team meetings and individual recognition awards displayed within the office.
- Staff overwhelmingly described feeling supported, respected and valued by the management team and were committed to providing people with the highest standards of care. They shared the provider's values and understood the high standards expected of them.
- Staff were encouraged and supported to professionally develop within the service and the provider's organisation. Staff shared numerous examples of being respected and appreciated by the management team and were motivated within their roles. One member of staff said, "[Registered manager] encouraged me to become a champion in [specific area] as it was something I was really interested in. I have applied this learning to my job and shared it with the team, so we can all deliver the best care possible to people."
- An open and transparent culture that enabled learning from events and supported reflective practice was evident. The twice daily meetings with the senior management team which reviewed the visits planned and taking place that day ensured that any incidents or concerns relating to people's needs were discussed and strategies were communicated appropriately. This included feedback from staff, relatives and other relevant professionals.
- Root analysis of incidents were integral to the review and evaluation processes carried out by the management team and underpinned the continual development of the service. For example, food and fluid documentation was adapted to capture further information from relatives to support staff in the management of an identified risk.
- In addition, where incidents had occurred in other health and care services these were examined, and internal processes and documentation reviewed and amended where needed to ensure positive outcomes for people.

- Robust quality assurance systems underpinned the governance and oversight of the service. These had been embedded to monitor and assess the service in line with legal requirements and best practice. As a result, the service continually developed. For example, improvements to documentation and communication, streamlining processes and establishing staff champions to promote best practice and positive outcomes for people.
- The registered manager understood their responsibilities in relation to the duty of candour. This is intended to ensure providers were open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

Promoting a positive culture that was person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people who used the service, relatives and professionals involved with Complex Intervention Service was complimentary, describing a consistently high- quality experience. One person said, "Right from the off when someone came to see me before I started using the service to now, I can honestly say no detail has been overlooked. All the staff; the management, office staff and the carers are meticulous in their approach. I am at the centre of everything. They have my interests at heart. The care is first class, seamless, it all works so well, it is truly magnificent. I would 100% recommend them."
- The service had a clear ethos to providing short term care for people to enable them to regain and or maintain their independence and to assist them to safely continue to live at home. Staff were committed to delivering high-quality person -centred care which reflected people's aspirations, hopes and needs as part of their reablement/rehabilitation. There were many examples where people had regained their independence and families benefitted from the holistic service, not only improving the lives of people receiving a service but families' lives as well.
- People were fully consulted about their experience of using Complex Intervention Service and their feedback was used to enhance the service further. The service had exceptional relationships with all other professionals including local GP surgeries, district nursing and palliative care teams which meant that people received excellent personalised care that was responsive to their changing needs in effective timeframes.
- People were encouraged by the staff to be actively involved in their care and to express their views about the support provided. Overwhelmingly people said they felt listened to and able to share feedback. This was reflected in the positive outcomes for people in survey results and numerous compliments received about the service.
- People's needs in line with equality, diversity and human rights were recognised, valued and upheld. For example, documentation on the initial assessments forms and ongoing care reviews had been enhanced to reflect the protected characteristics and act as an aide memoire to staff to encourage further discussion with people in a sensitive way.
- In addition, staff and the management team were fully aware of people's individual diverse needs and did not view disability or impairment as a barrier to any goals or wishes people may have. They acted as a conduit to support people to access activities and opportunities in the local area such as community groups that maybe of interest and help to reduce social isolation.
- Morale was high. Staff enjoyed their roles and were proud to work at the service. One member of staff commented, "This is an amazing job, it is so rewarding. I love what we do. We often see people at their lowest and it is a fantastic feeling to be part of the solution to getting them well and back on their feet. It is more than supporting them physically to get back their independence. Sometimes it is about looking after their mental well-being as well, often the two go hand in hand."
- Staff feedback was frequently sought through surveys and team meetings and they were encouraged to make suggestions and share ideas. This included changes to documentation and communication processes

to be more efficient. Several of the staff champions shared how they had facilitated workshops or cascaded latest best practice and guidance in their team meetings to support learning and development with their colleagues. This has included moving and handling, MCA and continence.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with organisations within the local community to share information and learning around local issues and best practice in care delivery.
- Feedback from professionals cited positive and collaborative working arrangements. One professional commented, "I have worked alongside this team for a number of years and have always found them to be very patient focussed and responsive to demand. The registered manager invests in their team and encourages training and development. The team works very well as an integrated health and social care team managing the demands well from the system as a whole."