

Durham County Council

Reablement South and Extra Care

Inspection report

The Coulson Centre
Spennymoor
County Durham
DL16 7RS

Tel: 03000269062
Website: www.durham.gov.uk

Date of inspection visit:
14 March 2016
15 March 2016

Date of publication:
19 April 2016

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

Reablement South is designed to help people recover from a period of serious illness or injury which may have resulted in hospital treatment. The service provides a range of rehabilitation, care and support services for up to six weeks. The service operates throughout the south area of County Durham. Extra Care works with housing providers in seven housing schemes in County Durham. All the schemes provide different numbers of flats within each site with 24 hour help for older people being available. Extra Care staff provide assistance with personal care, bathing, meal preparation, supervision and assistance with medicines.

We carried out this announced inspection on 14, 15 and 16 March 2016. We met with the registered managers and staff on 14 March and also spoke with people using the service and we looked at records on the 15 and 16 March.

We met with both registered managers of the Reablement South and Extra Care service. Both had been in post since the services began and had many years of service with in the local authority. 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.

For the reablement service, a team of supervisors and support officers were based in the office location with team leaders and reablement workers providing the direct service in people's own homes.

For the Extra Care Service supervisors were employed at all seven of the service's schemes around County Durham and they facilitated the day to day running of the extra care services and liaised with the housing provider where needed.

People we spoke with who received personal care felt the staff were knowledgeable, skilled and the care package met their needs. In the Extra Care service staff knew the people they were supporting well. People who used the told us they felt comfortable with the members of staff who were supporting them. Staff told us people received good care and support.

Staff undertook the management of medicines safely. There were procedures in place to support staff and staff we spoke with told us they were trained and felt confident in medicines management.

People told us they felt confident that should concerns be raised these would be dealt with appropriately. People told us they could contact the registered managers or staff at the service if they needed to discuss anything. People said they had the opportunity to talk about their opinions of the service during reviews and through meetings.

People were supported to maintain good health and had access to healthcare professionals and services.

Where needed people were seen or referrals were made to the GP, district nursing service, occupational therapist, community physiotherapist and dietician.

People told us they were supported to prepare food and drinks of their choice. This helped to ensure that nutritional needs were met. People told us they were encouraged and supported to be independent with meal preparation.

People told us staff respected their privacy and dignity. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

The registered managers and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

Records we saw confirmed Durham County Council had effective recruitment and selection policies in place which ensured staff members were of good character and had the required skills to perform their work.

Staff we spoke with told us they felt supported and they spoke highly of the training provided by the service. We saw that meetings with staff both individually and collectively were positive and well recorded.

We saw support plans and risk assessments were developed with the person and staff were able to show us that they were clear and easy to follow.

There was a robust quality assurance process carried out by the service and registered provider as well as close monitoring of accidents and incidents. We saw the service had responded to any learning and improvements it needed to make to its service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

Staff at the service enabled and supported people to take responsible risks.

There was enough qualified, skilled and experienced staff to meet people's needs. Robust recruitment procedures were in place.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good ●

This service was effective.

Staff were trained and supported to deliver the care and support people required. Staff were knowledgeable about the care that people received.

People told us they were supported to prepare food and drinks of their choice which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. Where needed people were seen or referrals were made to the district nursing service, occupational therapist, community physiotherapist and dietician.

Is the service caring?

Good ●

The service was caring.

People and relatives told us they were supported by caring and compassionate staff.

People we spoke with said they were happy with the care and support provided and could make decisions about their own care and how they were looked after.

People told us staff respected their privacy and dignity. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs had been assessed before the service began.

Care records we looked at detailed people's preferences, goals and needs and these had been recorded in their care plan. Staff and people who used the service spoke of person centred care.

The service responded to the changing needs of people and reviewed their care and progress with them regularly. We found effective processes were in place for listening and learning from people's experiences, their concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

Staff members and people told us the registered managers, supervisors, support officers and team leaders were accessible and supportive.

The service has a robust quality assurance process that focussed on continuous improvement.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified.

Feedback was sought from staff and people using the service and used to make improvements.

Reablement South and Extra Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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 inspected Reablement South and Extra Care on 14 and 15 March 2016. This was an announced inspection with 24 hours' notice so we could meet with the registered managers at their office location.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed all the information we held about the service such as notifications and complaints and we contacted the local authority commissioners to find out their views of the service. We spoke with one commissioner during the course of our visit. No concerns were raised with us about the service.

The registered provider had completed a registered provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed this with the registered managers during the course of the inspection and used the information to inform our inspection.

Following the inspection we spoke with ten people who used the service and one relative. During the inspection we spoke with the registered managers, five support managers and eight care staff.

We looked at eight of the people's care records, four at each service, six recruitment records for staff providing personal care, the training matrixes and training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

We spoke with five people who used the Reablement South service and three people who lived in the seven housing schemes across County Durham and used the Extra Care service. The people who used the personal care services told us that they felt staff delivered safe care. One person said, "The staff all put me at ease," and "I have total confidence in the care I receive." Another person told us; "Yes I feel totally safe, I'd press my buzzer if I needed any help and they'd be here straight away."

All staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence the registered managers, support managers and team leaders would respond appropriately to any concerns. Care staff told us; "I have had a concern reported to me regarding someone's family and I reported it straight away," and "If I thought there were alarm bells I'd ring the supervisor straight away. You don't want to document it in the person's file [which is in their home] as family or visitors may see it, so we come to the office and report it on SYD [online reporting system]. The team leaders and registered managers told us that abuse and safeguarding was discussed with staff during supervision and staff meetings and records confirmed this to be the case.

Incidents where safeguarding concerns had been raised in the last 12 months had been thoroughly investigated and actions taken to ensure people were protected. The registered manager for the Extra Care service told us; "We have worked with the police and safeguarding following a spate of thefts. We have put CCTV in corridors with the permission of people who live at the scheme and we encourage people to keep their valuables safe." We saw that the service had reviewed its procedures in light of these events and put in additional measures to ensure financial transactions on behalf of people were as robust as possible.

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed safeguarding training within the last three years. The service had a safeguarding policy that had been recently reviewed following the implementation of the Care Act in 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One staff member said; "The managers are open and feel very supported to raise any concerns."

The registered managers told us staff supported people to take responsible risks. One of the aims of the service was to enable and support people to regain their confidence, ability and the necessary skills to remain at home. The Reablement South team in particular worked with people to regain these skills. Care records we looked at during the inspection clearly highlighted any risks. We saw in another care plan one person had been highlighted at risk of falling and to help to reduce or prevent falls the person was to use a walking stick. Personal risk assessments covered areas such as moving and handling. The personal risk assessments provided staff with the guidance they needed to help people to remain safe.

We were shown records which informed that prior to the commencement of the service environmental risk assessments were undertaken of the person's home. We saw information to show individual safety checks had been carried out in each home setting for staff to be able to work safely. Staff we spoke with told us they felt safe and competent to support people at home and in the community. Safety checks looked at medicine storage, electricity points, where the stop cock was, equipment to be used, fire risk and slip/trip

hazards. The team leaders told us that equipment such as hoists would be checked to ensure that they had been serviced and were fit for use. This meant that the registered provider took steps to ensure the safety of people and staff.

The six staff files we looked at showed us the registered provider operated an effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw that interview questions were specific to the role the person was applying for.

Through discussions with people and staff members and the review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. The supervisors in the Reablement service told us they provided a flexible service in which to ensure that they met the needs of people. We were told and saw records which confirmed that people's needs were assessed on an individual basis. The supervisor told us that people and staff were provided with a weekly rota, which informed what time staff would be providing support and the names of staff. Staff told us any new referrals were confirmed to them by telephone or any changes to their rota. People that we spoke with during the inspection confirmed that the service employed sufficient staff to meet people's needs.

People we spoke with following the inspection said that the staff turned up on time and stayed for as long as they were expecting them to. Where staff had been delayed on a previous call they had been contacted to let them know that staff would be slightly late. One person we spoke with said, "They let me know if there were any problems or delays." People we spoke with who lived in the Extra care schemes told us their call bells were answered very quickly.

We found that all staff had completed recognised safe handling of medication qualifications. From the review of records and discussions with staff, we confirmed staff had undertaken refresher training and competency checks regarding medicines. One staff member told us; "We are used to dealing with medicines issues as often people come out of hospital with lots of different medication than they went in with so we support them in dealing with the GP and pharmacy." We asked staff what they would do if they accidentally dropped a tablet they were supporting someone to take. The staff all knew the correct procedures to follow to report and record this in line with the service's policy on handling medicines.

We saw there was a comprehensive policy and procedure in place for the management of medicines. We saw the team leaders and supervisors carried out regular observations on medicines practice of all staff.

The staff we spoke with told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff we spoke with told us they had undertaken training in first aid. We saw records to confirm this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies. Reablement staff told us they were equipped with alarms and had training in lone working procedures. We discussed with the registered manager concerns raised with us regarding working late at night in vulnerable areas and the manager told us they would discuss procedures again with staff at the next staff meeting.

People told us that staff, wore protective equipment such as gloves when they visited and staff we spoke with were knowledgeable about wearing personal protective equipment and infection control procedures. The registered managers told us they provided staff with equipment to collect at any time or to use from stores within the services so they could maintain standards of good infection control practice.

We were told by the registered manager and a supervisor from the Extra Care service that the service had good working relationships with the housing providers so that any issues in relation to maintenance could be addressed directly with them.

There was a robust system in place for the monitoring and analysis of any incidents and accidents within the service. The registered managers told us their online reporting system meant that they received email alerts informing them they needed to review an incident or accident within 24 hours and the registered provider's health and safety department also monitored and provided detailed analysis on trends in incident or accident patterns. This meant that measures were in place to learn from events.

Is the service effective?

Our findings

The registered managers sent us contact information for the people who received personal care. We spoke with ten people across the Reablement South and Extra Care services, all of whom told us they had confidence in the staffs' abilities to provide good care. One person stated; "I couldn't do without them," and another said; "The girls are great, I have used the service before and I got over the last fall very quickly."

From our discussions with staff and review of staff files we found people had obtained appropriate qualifications and experience to meet the requirements of their role. All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to this and their training was up to date. Several staff members told us they had recently had training in first aid and moving and handling. One staff member who had worked at the service for many years said; "I've recently done infection control through college and that was useful." We found staff had completed mandatory training such as first aid, safe handling of medicines, moving and handling training as well as role specific training such as working with people who were at the end of their life and dementia care. Each month there was a particular training topic that was discussed through patch meetings across the service. Currently this was nutrition but other topics for forthcoming months included financial transactions and slips, trips and falls.

We saw induction processes were in place to support newly recruited staff. Staff completed this prior to commencing work. This included completing all of the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff. The service had a very low turnover of staff and any staff had worked at the service since it began across Reablement South and Extra Care.

Staff we spoke with told us they received regular supervision sessions. ". This included the supervisors, support officers, team leaders and the registered managers. One staff member said; "I have just had one of my direct observation sessions." Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The supervisor in their geographic area provided a plan for 2016, which showed that staff would receive regular supervision sessions, observations and an appraisal. One staff told us; "I have my supervisions but I can raise any concern with the team leader or supervisor at any time."

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. People they supported had varying capacity to make decisions and where they did not; action had been taken by the service to ensure relevant parties were involved in making best interest decisions. There were currently no

applications to the Court of Protection but some people in the Extra Care service were supported by the local authority in terms of acting as their Appointee for finances.

The Reablement South service did not cater for people with advanced dementia as they would not benefit from the service. The registered managers told us that where necessary other professionals involved in people's care would undertake assessments in relation to mental capacity. Staff we spoke with understood their obligations with respect to people's choices. Staff told us that people and their families were involved in discussions about their care. We saw consent was sought and specifically recorded in each care plan, covering decisions such as key holding. The service had also ensured that people's care plan and risk assessment were agreed and signed with them.

The service provided support to people at meal times. People were encouraged to be independent in meal preparation. At the Extra Care services, people could access the on-site restaurant for at least one cooked meal a day and staff would provide support for people at other mealtimes.

The service was not responsible for monitoring whether people's weights were within normal ranges but would raise concerns with visiting healthcare professionals such as district nurses or with the person's G.P when needed. A reablement worker told us; "If I had concerns about somebody eating I would record what somebody had eaten and what said they were having later and I'd often follow it up with a call to a colleague to check if that's the case."

All staff we spoke with during the inspection told us they worked very closely with other healthcare professionals to support the person to maximise their independence. We were told and saw records to confirm that the service worked closely with GP's, the district nursing service and social workers. At one Extra Care service, an advanced nurse practitioner visited five days a week and the supervisor told us this had led to decreased hospital admissions as people got quick intervention and could often stay at home if they became unwell. We saw that when needed, appropriate referrals had been made to the community physiotherapist, dieticians and occupational therapists. Staff spoke with knowledge and understanding about rehabilitation and people's individual needs. We found that changes to rehabilitation and needs were well managed. We saw that occupational therapists and other health care professionals were involved in providing the programme of rehabilitation to people. People were provided with the equipment they needed prior to the commencement of the service for example raised toilet seats and hoists. This meant that people were supported to maintain good health and had access to healthcare services to aid their recovery and independence.

One person told us; "I've had the physio here today and they've been really good, I have been outside with them and that's the first time since I have been home." Another person told us; "The girls have got the doctor out for me before when I have felt unwell, I know they look after me."

Is the service caring?

Our findings

People we spoke with said they felt staff were very caring and considerate. People told us; "All of the staff are fantastic," "The carers are all very kind," "They take great care of me and are very kind," and "They are all very friendly and considerate without exception."

The registered managers told us there was a person centred approach to the support and care that people received and this was very evident in the way the staff spoke about people who used the service. We found from our discussions with staff that people and their families were given the utmost priority. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Staff clearly knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions.

The registered managers told us staff induction and training, along with policies and procedures supported values and beliefs in the dignity and welfare of people. We saw the key policies and procedures contained information on the service's values and beliefs such as; privacy; dignity and respect; equality; independence; rights; and confidentiality. It was clear from our discussions with staff that these values underpinned the work they carried out with people.

We were told by people receiving reablement support about how the team leader had visited to check that they were receiving exactly the type of support they needed and to review their progress with them every week. We found a range of support could be offered, which could mean staff visited once a day or popped in several times a day to assist with personal care tasks, mobility practice or meal time support.

One person said, "I needed tender, loving care and that's what I get. They help me and treat me with dignity, they put you at ease. They look after me well and ensure my privacy and dignity."

When we talked to staff in the Extra Care services they could tell us about the care needs of individuals, and most had worked in the schemes for a number of years. The registered managers, supervisors, support officer, team leaders and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very positive relationships. One person told us; "The staff are always there if I need them," and another said; "They are fantastic, I have one pop in call a day and I can't fault anything, I know they are there if I need them."

People told us they were encouraged to do things for themselves to maintain as much independence as possible, for example, dressing themselves and making a cup of tea. One person said; "They give me help where I need it and let me get on where I don't." One supervisor told us; "One person is having difficulties at the moment managing their medicines as they aren't well, so we are supporting and monitoring. As soon as they are better, I'm sure they will take control again, I don't want to take their administering her medicines away just because they are poorly."

We reviewed eight sets of care records and saw people had signed to say they agreed with the care packages. The people we spoke with were readily able to discuss what type of support they received and how they had gone through with staff exactly what their needs were and how these were best supported.

People told us they felt involved in making decisions relating to their rehabilitation. For example, prior to using the service, people were visited at home by the team leader for an initial assessment. During this assessment people were asked what time they would like visits to take place and if they preferred a male or female staff. We were told and saw records to confirm that each person's rehabilitation package was reviewed on a weekly basis. This review was to monitor progress, review rehabilitation that had taken place and to determine if any changes needed to be made.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. One staff said; "I always cover people with a towel. You can tell if people are intimidated and it's about recognising those signs and asking people if they feel uncomfortable and they want you to withdraw."

The service had also recently supported people with end of life care working together with healthcare professionals. Staff told us about training and the support they had to do this. One staff member told us; "We sourced some specialist easy read literature about death and dying that we talked through with one person with specific needs." We saw compliment cards from relatives who were highly praising of the staff team enabling their relative to be supported in their own home at the end of their life.

Is the service responsive?

Our findings

People were referred to the Reablement South team after they had been assessed by a social worker often directly from hospital. The supervisors told us that referrals were acknowledged and responded to and the service could be provided within hours. Care records we looked at during the inspection confirmed this to be the case. The rapid response element of the service provided support to people who required immediate support to enable them to leave hospital and return home with reablement and other support. The service provided flexible care and support to people between the hours of 7am and 10pm. A team leader visited the person at home and agreed the goals the person wanted to work towards achieving. Each week the person's rehabilitation was reviewed to monitor their progress, review goals and plan discharge. At the end of six weeks or before the person was discharged people were reassessed to determine any future care needs.

The Reablement staff told us how the service responded to the changing needs of people. At each visit care staff documented what progress the person had made and achievements. This also included what the person had been able to do for themselves and the assistance required from staff. At weekly meetings each individual person was discussed. Where changes were needed this was actioned. For example, we saw that the call time of one person had changed from 5pm to 7pm to suit their needs. We saw that the call time for another person had been increased to allow more time to achieve greater independence in daily living tasks. We also saw that call times had reduced as and when a person became more independent. This meant that the service responded to the changing needs of people.

In the Extra Care service, a supervisor explained the referral system that could lead to a person meeting the eligibility criteria for an Extra Care scheme and then how the process of assessment through to support plan development would be carried out.

An Extra Care supervisor told us that following the assessment they wrote the support plan which described how people wished to be supported. We found that plans were very person-centred, reviewed and updated on a regular basis. Staff told us that each person had a pen picture in their plan. This is a document that highlights people's needs, communication methods and wishes in an easy read quick way. There were guidelines in place for each visit made to the person which ensured staff knew how care and support should be delivered. Staff told us; "The care plans are really detailed and have people's day to day routines, you can read them and go straight in and support people."

The format of the plans was consistent and had sections titled; 'Support objectives or goals' and 'Personalised risk assessment'. All care records were held at the office in files, on the computer and in the person's own home, we saw these were held securely and were structured and well maintained. We saw care records were regularly reviewed and amended where necessary to reflect the current and changing needs of the person. We saw that people had signed all relevant sections of their plans. This showed the service involved people in the planning of their care and support.

The people who used the service we spoke with told us they were given a copy of the complaints procedure when they first started to receive the service. We looked at the complaint procedure and saw it informed

people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the management team. There had not been any formal complaints made at the service in the last 12 months. People told us; "I have no complaints," and "I have been given the name of the supervisor if I want to make a complaint so it's there if I need it."

Is the service well-led?

Our findings

The service had two registered managers, one for Reablement South and one for Extra Care Both had managed their services for a number of years. The two registered managers worked well together and shared issues and learning with each other as well as supported each other. We spoke with supervisors across the two services who told us there were clear lines of management and accountability and all staff who work for the service were very clear on their role and responsibilities.

Staff told us that the registered managers and other senior staff had an open door policy so that staff have access to support at all times. From discussion with staff we found that the registered managers were good role models for staff and this resulted in good morale and strong teamwork, with a clear focus on working together. One staff member we spoke with said; "I feel really supported by [name] the registered manager, they keep me informed, they are always on the end of the phone and they visit me regularly."

The registered managers were supported by the operations manager and the wider organisation's departments, such as finance and human resources (HR).

We found there was a culture of openness and support for all individuals involved throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they have any concerns about the quality of the provision. We saw staff encompassed the values of the service when speaking about their work and these were clearly embedded in practice.

We asked the Reablement staff about the arrangements for obtaining feedback from people who used the service. They told us every person who used the service was asked to complete an exit interview at the point of discharge from the service to gather feedback on the care and service provided. Exit interviews asked people about any concerns, staff punctuality and how the service could be improved. We looked at the results of exit interviews and saw that people had been very happy with the care and service received with 95.8% of people being satisfied with the service. This information had been benchmarked against other comparative services within the country so the service was looking at where and how it could improve in terms of ensuring people were supported to meet their goals and people feeling able to do more for themselves after their reablement service ended amongst other areas.

We saw records to confirm that staff meetings took place regularly across both services in geographic "patches". We saw that open discussion had taken place about the organisation, working patterns, safeguarding, training, supervision, documentation, medication, and compliments. The staff we spoke with were proud to work for the service. One staff member said, "I want people to have the best life possible in their own home for as long as they can."

Staff told us the service listened to the feedback from people and staff and we saw this through surveys and via staff meeting minutes. One supervisor told us; "[name] The registered manager is very open to us making suggestions about what we could do better and we talk about this in staff meetings." Staff at all the services

spoke of good team work across all areas. They had a programme for "patch" meetings in each area and scheme and we saw how the minutes were shared with everyone including people who could not attend. Supervisors also told us how they met regularly with the registered managers and they had good peer support to share issues and problem solve together and share practice and issues between each of their areas across the Reablement South patches and seven Extra Care schemes. One supervisor told us; "I have good support from my peers. We know each other's job, we can see if someone is snowed under and we help."

The service had a clear management structure in place, which was led by the registered managers and supervisors; one in each area or scheme. The team leaders had very detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care that was responsive to their needs. Staff told us the registered managers were open, accessible and approachable. One staff member said; "I can talk to the team leader, supervisor or [name] the registered manager, there is no hierarchy just someone who can listen and help."

We found that the management team had a good understanding of the principles of good quality assurance. The management team had identified areas for improvement from their quality assurance audit programme. For example they had feedback from people using the service about the amount of paperwork in their homes. In response to this the service held a workshop and were working towards streamlining this so care files were not unwieldy and were pertinent to the person and staff. This showed the service was striving to improve the quality of the service it delivered.

Throughout the year the service had notified the Care Quality Commission of any events it was legally required to inform us of.