

Rotherham Metropolitan Borough Council Home Enabling Service - Rotherham MBC

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 29 and 30 June 2016 and was announced. The provider was given short notice of the visit. This was because we needed to be sure key staff would be available at the office. The service was previously inspected in February 2014, when no breaches of legal requirements were identified.

There was a registered manager who managed the day to day operations of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Home Enabling Service is a domiciliary care service, providing care to people in their own homes across the borough of Rotherham. Support packages are designed to be short term, typically to assist people regaining independence after an injury or illness. At the time of the inspection there were 61 people using the service.

We received some very good feedback from people we spoke with. They told us that the service was reliable and the staff were caring and respectful. One person said, "They saved our life. We were lost and did not know how we were going to cope. They [the staff] came, asked us what help we needed and it was there when we came home from hospital."

People told us they felt safe knowing that they [the staff] would do their best to enable them to become independent again. We saw there were robust systems in place to manage risks to people. For example, the service organised for a key safe to be fitted which meant staff could gain access and the person did not have to leave their door unlocked. This demonstrated that they had acted on the information gained at the assessment to ensure the person was safe when they returned home from a stay in hospital.

The service actively involved people in their assessment which enabled them to make choices about the support they needed to help them back to independence. The service was flexible which meant times of visits could change if people had to attend hospital or any other health related appointments.

The registered manager told us that all staff were trained to undertake risk assessments which meant there was no delay in identifying equipment to help re-enable people who used the service. The staff were able to liaise with people's GP's and occupational therapist to make sure people obtained the equipment required to keep them safe while maintaining their independence.

A continual review of people's support meant that the service could change the length of the visits as required to enable people to reach their full level of independence. Support staff were also able to signpost people to other agencies if they felt a person needed ongoing support once the programme of re-enablement was complete.

People were supported to take their medication safely and the care records identified the level of support needed for each person. The service ensured that priority for visits were given to support medication calls to ensure that people's medication needs was given at the time prescribed. For example, Parkinson specific medications which may be needed to kick start people's mobility. Also people who were required to take their insulin at a specific time.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. People told us that they had contacted the office and found staff were helpful when dealing with any questions about the service.

People told us that staff were very professional and always respected their dignity when undertaking personal care tasks. Staff we spoke with were highly motivated to provide a good service to people they supported.

Staff working at the service had been recruited safely and were able to complete training to meet the support people needed. The service also enabled staff to undertake nationally recognised training to help them progress in their work. The registered manager told us that there was very little turnover of staff and most staff had worked for the organisation for a good number of years.

The registered manager was very committed to continuous improvement and feedback from people, whether positive or negative, and was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout 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?

Good ●

The service was safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process. People were involved in the assessment process which enabled them to describe the support they needed to help them retain their independence.

Enablers [staff] had the knowledge, skills and time to care for people in a safe and consistent manner. There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

The support people needed with medication was well documented and times of visits were scheduled for those people that required their medication early, such as diabetics dependent on insulin.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received and they gave us good feedback about their care and support.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

Staff were trained to a good standard which included nationally recognised qualifications. They also received service specific training which enabled them to rehabilitate people back to their own level of independence.

People were supported to access healthcare professionals, such

as GPs, physiotherapists, opticians and dentists. This also included accessing other similar types of agencies if they required on-going support once the programme had finished.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

People told us they were happy with the care and support they received to help them maintain their independence. The short term enablement programme worked for people who used the service

People were involved in making decisions about their care and staff took account of their individual needs and preferences. The staff worked closely with people to ensure they were treated with respect at all times.

Is the service responsive?

Good ●

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's support plans had been updated regularly and were written in a format that was suitable for them to understand.

The service was responsive to peoples changing needs by adjusting visit times at a few minutes' notice. For example, for those people who were improving/ deteriorating health and required less/more time on each visit.

People had access to the services complaints procedure. People that had raised concerns told us that they were dealt with swiftly and fairly.

Is the service well-led?

Good ●

The service was well led.

Systems for monitoring quality were effective. Where

improvements were needed, these were addressed and followed up to ensure continuous improvement. People's views were continuously gained both while they were receiving support and again when they exited the programme. This helps to shape the service for the future.

Staff were motivated and understood what was expected of them. They told us they felt supported knowing they could put suggestions forward about improving the service and their suggestions would be listened to. Team meetings and continuous observations of work practice ensure staff provided the best possible service for people on the programme.

The service worked in partnership with other organisations to ensure people received the care and support they needed.

Home Enabling Service - Rotherham MBC

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.

The provider was given short notice of the visit. This was because we needed to be sure key staff would be available at the office. The inspection team consisted of an adult social care inspector. We telephoned and spoke with 14 people who used service and their relatives to gain their views and experiences of the service. At the time of this inspection the service supported 94 people with various care needs, from social support to maintaining people's independence with full personal care needs.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We had also received a provider information return (PIR) from the provider which helped us to prepare for the inspection. 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 spoke with the registered manager, an interim care co-ordination manager, an interim principle social worker, two care co-ordinators, a social worker and an enabling officer. We also spoke with five enablers on the telephone to assess how the service was delivered and planned.

We reviewed a range of records about people's care and how the service was managed. These included care records for three people, and other records relating to the management of the service. This included five staff training, support and employment records, quality assurance audits, and minutes of meetings with staff. We looked at the findings from questionnaires, accident and incident reports.

Is the service safe?

Our findings

People we spoke with told us that they felt the service had enabled them to regain confidence and helped them to retain and maintain their independence. Most of the people we spoke with told us they were apprehensive at first because they had not used any services in their own homes. One person said, "I had a fall at home, I didn't know about the service but they [staff] came and explained how they could help and it gave me confidence to get back to my old self. I could not have managed without them." Another person said, "They were there for me when I needed them. They helped me with dressing and having a shower. I felt safe in their hands."

We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to their line manager or the registered manager. Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, everyone we spoke with said that they felt fully involved in developing their support plan which included identifying if they were at risk of falls. One person said, "I was having falls at home they [staff] organised for me to have assistance getting up and down stairs. They made me feel safer and my confidence has grown and now I feel I can manage on my own again."

Staff were trained to undertake risk assessments on the environment, taking into account the wishes of the person. Staff told us they consulted with the person to address risks such as moving safely around the person's home. One relative said, "The staff helped me to get a frame so that my [family member] could move around their home more safely."

The service had an out of hours system when the office was closed. The care co-ordinators told us that the office was open and staffed from 7am through to 10pm seven days each week. One enabler told us, "I will phone if I need help or advice, there is always someone on call." Enablers [support staff] told us this reassured them that someone was always available if they needed support. Most staff said they found the on call system effective. On call staff were able to send messages to staff via their work smart phone. This ensured calls were covered in the event of an emergency or a staff member phoning in sick.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. The registered manager told us that the service had not recruited any new staff recently; they told us that there was very little turnover of staff. We looked at several files and we could see that staff had been employed by the organisation for several years. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately.

Application forms had been completed, references had been obtained and formal interviews arranged. The registered manager told us that all new staff completed a full induction programme that, when completed, was signed off by their line manager.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by the service.

We found there was enough skilled and competent staff to ensure they could safely support people who used the service. Teams were divided into geographical areas each with enabling officers and care co-ordinators. They had responsibility to ensure staff were deployed to meet the needs of people who used the service. We saw how staff used a smart phone which identified when they arrived at calls and when they had left the person's property. This system could be checked to ensure staff working alone in the community were safe. It also alerted managers if call were not attended to in a timely way. The system was extremely efficient which meant there were very few late or missed calls. One of the care co-ordinators that we spoke with told us that during the 16 years that they had worked at the organisation they had never not managed to cover the calls within her case load.

The service had a comprehensive medicines management policy which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff received medicines management training which was regularly refreshed. The daily records and care plans around the management of medicines were accurately completed. The care plan had sufficient detail to ensure people received the support they needed.

We saw that staff managed supporting people to take their medication consistently and safely. We saw care records reflected the degree of support each person needed, and it was clearly recorded if the person could manage their medicines themselves. Most of the people we spoke with told us they were able to manage to take their medications themselves. Where people needed support this was usually managed by relatives.

Is the service effective?

Our findings

People we spoke with said that the service was effective and consistently delivered to enable them to be as independent as possible. One person we spoke with told us how they had not known about the service prior to having time in hospital. They described the enablers as like "A breath of fresh air." They said, "They [enablers] were there for you I trusted them implicitly, they have given me the confidence to get back to looking after myself." Another person said, "They don't come in and take over your life, they ask how they can help and that's exactly what they did. Now I am back to being independent again."

Most people we spoke with said they were very happy with the support they had received and did not want to move onto another care provider. However they understood that the programme was mostly limited to the six weeks period. The care co-ordinators told us that in most cases the package stopped after six weeks. However they told us about a person that was just not ready at the end of the six week programme and they held a meeting and agreed for the programme to continue for a further two weeks until they were able to reach their goal of being back to their level of independence.

We spoke with the registered manager about gaining consent to care and treatment. They told us that staff had received training in the Mental Capacity Act. However, they said most people that they supported had capacity to say how they wanted their care delivered in their own homes. Where people had limited capacity spouses and relatives were available to inform any decisions that may have been needed. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The staff we spoke with had a good working knowledge of the Mental Capacity Act, in protecting people and the importance of involving people in making decisions. They told us they had received training in the principles of the Act. The training records we saw confirmed this.

We looked at three support plans which were held electronically. The care co-ordinators told us that they were trying to become a paperless office. Administrators scanned all written documents onto the computer when staff returned things like daily notes. We found the assessments and care plans were detailed to ensure staff were able to deliver the support to people within a few hours. Staff had smart phones which held comprehensive data about the individuals that they supported. This included contact details and how to gain access to people's property. This meant staff had instant access to enable them to support people appropriately. Staff were also able to access their working rotas so that they could check if visits to people had changed. The provider had clear procedures that governed the devices use. This included a policy on maintaining confidential information in line with the Data Protection Act 1998.

People we spoke with told us that they had been part of the assessment undertaken and had agreed to share the information with the appropriate people, such as health care professionals. People told us that when staff were supporting them with personal care they would always ask for their consent before commencing the support. One person told us that although they saw different staff they always asked what

was needed and had time to read the care records before supporting them.

People we spoke with all said that they, or their relative, had received an assessment as soon as they arrived home from hospital, or very soon after, and shortly after that enablers began to support them.

People told us they had benefited from the programme. A relative we spoke with told us how the service "Had changed their lives." They said, "We were in a mess, we didn't know how we were going to cope when my [family member] was ready for discharge from the hospital. They [staff] came and asked us how they could help. They wrote everything down and they were waiting for us when we arrived at home. They helped with personal care and with the help of the physiotherapist they got us the equipment we needed and now we are safe. I would recommend them to anyone. They were marvellous."

Another relative described staff as "Wonderful," they said, "My family member had a heart attack they [enablers] came and helped them to shower and attended to other personal tasks. Nothing was too much trouble for the staff. We are much better now but it's down to them [enablers] they were there when we needed them and I can't thank them enough."

Care co-ordinators told us about the assessment process. They asked people's preferences about the times they would like their visit. This may include information about when they liked to get up and go to bed. Times of visits were then scheduled as near as possible to those times. Where the service was unable to meet a preference at the start of service a record was made of this and as soon as the preferred time became available the person would be allocated their preferred choice of time.

The service was able to respond quickly to the changing needs of people. For example, Where people had hospital appointments the service amended the time of the visit. This ensured where needed the support was provided prior to people leaving home for their appointment. The service responded to emergencies such as if a person had an accident [falls or illness] the service would identify and send an enabler to assist as soon as it was possible.

People we spoke with told us there were suitable arrangements to ensure they had sufficient food and drink to meet their nutritional needs. This ranged from support from staff to reheat meals in the microwave, or to reheat meals provided by family and friends. Some people told us they were able to manage meal preparation themselves.

Staff were able to sign-post people to obtain ongoing care packages and also to support any medical intervention they may have required such as district nursing services or ongoing hospital appointments. Staff also worked very closely with other support agencies like occupational therapists and social workers. Social workers based within the service were able to carry out best interest meetings which ensured people wishes and decisions were respected.

Records we looked at confirmed staff were trained to a high standard. Managers, care co-ordinators, enabling officers and enablers had obtained nationally recognised certificates to levels two, three, four and five. Staff we spoke with told us that the training opportunities were very good. Most staff referred to undertaking moving and handling [practical] training and completing e-learning courses.

The registered manager told us all staff would complete a comprehensive induction which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were then expected to work alongside more experienced staff until they were deemed to be competent.

Staff we spoke with told us that they had worked for the organisation for a number of years. They said they enjoyed supporting people in their own homes. They told us they liked being part of people's re-enablement and got a great deal of satisfaction from being part of people's return to independence. Staff received guidance and support from the managers and other support staff. Staff told us they worked mainly in geographical teams and found managers were available whenever they needed to contact them.

We looked at formal supervisions and appraisals which were undertaken at the office. They were completed to a good standard. Observations of work practice also take place in people's own homes. We looked at records which confirmed when observations had taken place.

Is the service caring?

Our findings

Staff working with people in their homes ensured that they empowered them to live how they wanted to. We spoke with people who used the service and their relatives and they told us they were extremely satisfied with the care and support received. Comments included, "The enablers are very good, we came to an agreement about what I needed and I have not been disappointed." "The staff are marvellous, caring, kind and compassionate. They understand that I want to do things for myself and they give me lots of encouragement." "I just wish that I could keep this group of staff, they have been so good to me."

Staff we spoke with were able to describe in detail how they supported people who used the service. Staff gave examples of how they approached people and how they carried out their care and support so that they were respectful and maintained the person's dignity. One staff member said, "As an enabler we all want to do the best we can for someone and that means being respectful and listening to people's wishes."

A person we spoke with told us how they had used the service three times for three different spells in hospital. They said, "Each time they have helped me back to being independent following operations. They help me to put my socks on and they always stay and chat to me. They have made me feel that with their encouragement I can do things. With them [enablers] believing in me I have done it. I would recommend them to anyone. It's nice to see the same staff as they know me well."

Another person who used the service said, "They encourage me to be independent. The enabler will put everything ready for me but she encourages me to manage myself. I only used the service for a short time but it was worth it."

People told us they were involved in developing their support plans. One person said, "Each time they come they ask if anything has changed and they write down what they have helped me with." The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do.

Staff were able to describe in detail how they supported people using the service. Staff gave examples of how they approached people to ensure they respected the person's wishes. They said they always asked for people's permission before undertaking any personal care, and maintained the person's dignity. The care co-ordinators told us that they were dignity champions and they ensured staff were respectful when undertaking personal care. They said they always checked this when they carried out observations of staff while delivering care.

Staff told us about an event which took place in February 2016 to mark dignity action day. A 'Digni-Tea' party was held at the town hall. Staff said that the day was well attended and everyone really enjoyed the event. This shows the service has sound values and principles which enhances the service provided to people.

Care co-ordinators and enabling officers liaised with health and social care professionals to ensure that people received the best health and care they deserved. The service understood that when a request for

support was received it was important that they responded swiftly to ensure that the person's safety and wellbeing was not compromised. They told us that they tried to match the enabler with the person they would be supporting which helped to build up relationships and begin their journey of re-enablement or rehabilitation.

People we spoke with told us that they felt involved in the support package they received. They told us that enabling officers held a review of their progress after four weeks. This enabled staff to make adjustments to their support if needed. A relative we spoke with told us, "The whole programme has been so good; I can see how my family member has progressed. They are back to their old self."

Is the service responsive?

Our findings

People's care and support was planned pro-actively in partnership with them. Everyone that we spoke with said that when their care was being planned at the start of the service the enabling officer spent a lot of time with them finding out about their preferences, the support needed and how they wanted their care to be delivered. We found people who used the service received personalised care and support. One person we spoke with described the service as "First class." Another person said, "They [care co-ordinator] came and went through what was in the file and gave me time to ask questions. From the start to the end of the service the staff came on time, stayed for the time what was expected and I just want to thank them."

People were referred to the enabling service by hospital discharge teams, their own GP's and social services. Care plans were developed using the referral information and included detailed guidance for staff about how people's needs should be met. Multi-disciplinary meetings were held weekly. These meetings were attended by social workers, enabling officers, physiotherapists and occupational therapists. The purpose of the meetings was to assess whether people could safely discontinue using the service or if an on-going package of care was required. If a person required an on-going package of care the service made referrals to social services.

We looked at five support plans. It was clear that the plans were person centred and reviewed as the support needs changed. There was evidence that they were reviewed after four weeks and again before the programme was completed. Some people decided they did not need the support for the full-term of the programme and enabling officers were able to arrange for the package to stop. Some people required a little longer to reach their level of independence and this could also be negotiated extending the period of support.

People we spoke with told us they knew what was written about them by staff and staff always discussed how they could support them better. Staff told us that they had moved to the enabling service following working for traditional domiciliary care services within the same organisation. They told us they found this type of service more rewarding as they knew that at the end of the programme the majority of people were able to return to living without support as they had reached their own level of independence. We were shown a breakdown of the service which told us that approximately 76% of people the service supported regained full independence and did not required any on-going support.

People were provided with information about the service. This is called a 'Service user guide' which gave detailed information about what the person could expect from the service and how to access on-going agencies if required. This may have included advocacy services for those people who did not have any close relatives.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw the complaints leaflets in the support plans that we looked at. The registered manager told us they had received one formal complaint during the period from 1 May 2016 to 29 June 2016, and we saw evidence to confirm the actions

taken to resolve the complaint. The registered manager told us that minor issues were dealt with by the appropriate staff straight away. Staff within the teams met regularly to learn from any concerns raised to ensure they delivered a good quality service.

The registered manager gave us an example of learning from the comments raised by people who used the service. They told us that a person had raised a concern about staff leaving dirt on their carpets because they did not wipe their feet as they entered the property. Staff were sent a reminder on their smart phones about wiping their feet and also the message was reinforced on the monthly 'key message' newsletter. The person raising the concern felt that had been listened to and the problem was resolved.

People we spoke with did not raise any complaints or concerns about the care and support they received. Relatives we spoke with told us they thought the service was exceptional and they were very satisfied with the overall service provided.

Staff told us if they received any concerns about the services they would share the information with the enabling officers or care co-ordinators. They told us they had regular contact with manager both formally at staff meeting and informally when their manager carried out observations of practice in people's homes.

Is the service well-led?

Our findings

The service had a registered manager who managed to day to day operations of the service. The registered manager had a structure of interim managers which had specific roles within the organisation. We were told that the service was in the process of consultation which would shape the service in the future. Although this process had raised some anxieties amongst the workforce the staff we spoke with were very determined to ensure it would not have any impact on the service provided. When we spoke to people who used the service and their relatives it was clear to us that staff were acting professionally to ensure the quality of service was very good.

People who used the service praised the programme and told us how it had enabled them to return to their level of independence. People described staff to us as, "First class," "Wonderful," and "How they had saved their lives." Everyone we spoke with said they would recommend the service to other people faced with similar problems.

People consistently told us they could get in touch with the office and that staff were easy to get on with. People could recall their reviews and told us these were face to face meetings. The service had listened to feedback from people who used the service to improve how people could get in touch with the office. The registered manager told us that last year people were telling them that they had difficulty in getting through to the office. They said the phone was regularly engaged as they had only one telephone number for the 'Duty Desk' and callers found it frustrating when they needed to speak to someone in the office. In response to this they introduced a new telephone system in the office where calls were placed in a queuing system via the contact centre. Callers were greeted by a message to say that they would be put through to an officer as soon as possible. Calls were recorded for quality and training purposes, so if they received feedback from a caller they could listen to the telephone conversation and give feedback to the co-ordinator or officer on duty as a 'learning exercise'. They also had an 'emergency' number if an enabler needed to speak to a member of the office staff urgently. For example, a medical emergency although they told us this was seldom used.

We found a positive culture which centred on the needs of people who used the service. People we spoke with told us how valuable the service was. People said that the highly motivated staff were clear about the support they needed and were working to achieve the goals set at their assessments. The staff we spoke with told us how they got a sense of worth by seeing people achieve their goals and aspirations.

The service had a clear set of principles and values. These included choice, involvement, dignity, respect, equality and independence for people. We spoke with several staff during our inspection and they answered our queries in an open and helpful manner. They said the values of the organisation and of the service were clear and they demonstrated a good understanding of these values.

Staff told us that they felt part of a team which encouraged involvement in developing a good service. Monthly newsletters [key messages] were used to keep staff informed of important developments within the service. The registered manager told us in addition to the newsletters team meetings took place regularly to

enable staff to discuss on-going support packages. We saw minutes of several of these meetings. This meant people receiving the service could be supported to meet their goals and aspirations by using ideas and suggestions from the staff.

There were effective and robust systems in place to monitor and improve the quality of the service provided. The registered manager told us that computerised records were kept which showed staff attendance at visits. These records meant managers were able to confirm people received their calls in a timely manner to meet their assessed needs. Unannounced observations of staff delivering support to people were also used to confirm the service was operating to a good standard.

People were formally asked their views by completing quality assurance surveys. We looked at the most recent results for the period 1 May 2016 to 29 June 2016 which showed high satisfaction levels. 34 people had responded to questionnaires during this period and 31 said the service was either excellent or good.

We asked how the service worked in partnership with other health and social care organisations and the registered manager gave examples of working with other providers of care to ensure the persons whole care package helped them to remain living in their own homes. Social workers attached to the enabling service also contributed to providing a seamless service. They ensured any on-going support was obtained prior to the programme finishing. They also attended multi- disciplinary team [MDT] meetings to discuss the progress of people on the programme.

We saw records that demonstrated regular audits were being carried out. These included staff training, supervision and appraisals, and care file audits. We saw the service was also overseen by the operations manager who worked for the organisation. We saw completed reports which showed actions that were required by the registered manager. These were reviewed during the next audit of the service.