Wigan Council

Wigan Reablement Service

Inspection report

Town Hall
Cross Street, Hindley
Wigan
WN2 3AX

Tel: 01942487904

Date of inspection visit:
27 March 2019
28 March 2019

Date of publication:
20 June 2019

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

About the service:
Wigan Reablement Service provides a stepping stone to independence, providing people with support to regain lost skills, learn new ones and adapt to the challenges that independent living can present. It is a short-term service of up to six weeks, which is implemented free of charge following a person's discharge from hospital or significant change in their ability to cope at home. Support is also used as an assessment to determine whether a longer term care package is required. At the time of inspection 114 people were using the service.

People's experience of using this service:

People spoke highly of the care and support they received from staff who were described as being "brilliant", "exceedingly helpful" and went "above and beyond expectations". Without exception, each person we spoke with said they felt safe, well supported and would recommend the service to others.

The service ensured people were central to the entire reablement process, providing exceptionally person-centred care, which was responsive to people's needs and wishes. Changes to support plans were both welcomed and facilitated immediately, to ensure people received support in the areas they both needed and wanted.

As well as supporting people, the service also provided support and advice to relatives, which was very much appreciated. One relative told us, "'They've been great. I'm his full time carer and they take the time to talk to me as well, which is really nice. They also give me little tips to help me improve the care I provide.''

The service had developed excellent links with a range of professionals and organisations, to improve both the quality of the service as well as the care provided to the wider population as a whole. The service volunteered to take part in a range of pilot schemes, to increase staff's skills and improve people's experiences.

Staff spoke highly about the training and support provided. Staff told us they felt valued as well as trusted and empowered to make decisions on a day to day basis, to ensure people received the most effective care and support possible.

People were encouraged to provide their views and opinions about the service, to help drive continuous improvement. The service used a range of audits and quality monitoring systems, to help support this process.

Both people and staff felt the service was exceptionally well run. The registered manager was seen as a positive role model, whose enthusiasm radiated throughout the service.

For more details please see the full report either below or on the CQC website at www.cqc.org.uk

Rating at last inspection:
This was the first inspection since the service had re-registered in December 2018, due to moving offices.

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Newly registered services are inspected within 12 months of registration.

Follow up:
We will continue to monitor information and intelligence we receive about the service to ensure care remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for outstanding services, however if any information of concern is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our Safe findings below	**Good**
Is the service effective? The service was exceptionally effective. Details are in our Effective findings below.	**Outstanding** ☆
Is the service caring? The service was exceptionally caring. Details are in our Caring findings below.	**Outstanding** ☆
Is the service responsive? The service was exceptionally responsive. Details are in our Responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was exceptionally well-led. Details are in our Well-Led findings below.	**Outstanding** ☆

Wigan Reablement 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of an adult social care inspector and an assistant inspector from the Care Quality Commission (CQC), who conducted telephone calls with people using the service and their relatives.

Service and service type:
Wigan Reablement Service is a domiciliary care service, who provide support to people who have just left hospital, or experienced significant changes in their ability to cope at home. Support is provided for up to six weeks, in order to assist people to regain lost skills, learn new ones and generally promote and improve their independence, allowing them to remain within their own homes.

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:
We gave the service 48 hour's notice of the inspection visit. This was to ensure the registered manager would be available to support the inspection and to allow time for people to be asked if we could contact them for feedback and complete home visits to speak to them in person.

What we did:
Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are details about changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked with the service.

We did not ask the service to complete a Provider Information Return, which is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. One had been completed prior to re-registering in 2018.

During the inspection we spoke with 12 people who used the service and four relatives. Feedback was gathered through both telephone calls and home visits. We also spoke with the registered manager and 11 staff members, which included five support workers, three reablement officers and three reablement managers.

We reviewed six care plans, eight staff personnel files, and other records relating to the management of the service and the care and support provided to people, including medicine administration records (MAR), audits and quality monitoring information.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong:
- Without exception, people using the service told us they felt extremely safe and well supported. Comments included, "Safe, oh very. Every one of the staff has been nice" and "Yes, I feel very safe and comfortable in their presence."
- The service focussed heavily on the prevention of abuse, which was evidenced by the specific safeguarding training and supplementary sessions provided to staff and the low numbers of incidents having to be reported to the local authority and CQC.
- Staff were very knowledgeable about the different types of abuse and knew how to identify and report any concerns. Staff were able to make alerts directly to the local safeguarding team, through the council's adult social care system, which they all had remote access to via laptops and mobile phones, provided by the service.
- The service had been commended by safeguarding for the work and subsequent presentation they had provided regarding problematic discharges. Comments included, 'The work you have done will help in identifying themes for the prevention of safeguarding following people's discharge from hospital.'
- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity. For example, staff were supported to write a reflective account when any issues or errors had occurred. This was reviewed with the staff member and lessons learned discussed, with the aim of reducing the likelihood of a similar issue occurring again.

Assessing risk, safety monitoring and management:
- Detailed risk assessments were compiled by reablement officers during their initial visit to each person's home. These were individualised and covered a variety of areas including risks due to medical conditions such as epilepsy and diabetes, medication, challenging behaviour and lone working. Staff were required to read and sign each risk assessment, to ensure they were aware of how to mitigate risks to themselves and the people they supported.
- Health and safety were also considered during the initial visit, including assessments of the internal and external environment, appliances, such as ovens, hobs and other equipment staff may need to support people to utilise, along with any medical aids currently in place.
- All staff, including reablement officers and support workers had completed 'trusted assessor' training, which meant they were able to assess for and prescribe basic pieces of equipment, such as grab rails or walking aids to keep people safe.
- Ongoing monitoring to maintain people's wellbeing and safety had been completed. Accidents, and incidents had been documented both in writing and electronically. A two part process was used, with managers having to complete a review section, including checking control measures were now in place and any required improvements introduced to reduce the likelihood of reoccurrence.

Staffing and recruitment:

● The service held assessment days, rather than traditional interviews. The registered manager told us, "This allows for a better look at people and to see if they demonstrate the BeWigan behaviours". These are expectations Wigan Council have for all of their staff, which are to be positive, be accountable and be courageous.

● Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, work histories and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions

● Sufficient staff had been employed at all levels, to ensure the smooth running of the service. Staff worked collaboratively with each other, to ensure all visits were completed, should a colleague have been held up supporting someone. Staff told us, "We have more than enough staff, there is always someone available. We work very flexibly."

● The service was task rather than time based, which meant staff did not have specific call times to adhere to. Staff rotas consisted of a list of people they needed to visit during each time period, e.g. AM, PM or evening. The only exception was when support was provided with medication. People welcomed this approach. Comments included, "There are no set times to stick to, I never feel rushed when they are here."

Using medicines safely:

● People spoke positively about the support they received, comments included, "I'm happy, very happy with how this is managed" and "The carers ask if I have had, well everything, including my medication."

● All staff had completed advanced medicines training and had their competency assessed at least three times before being signed off as able to support people with medication administration. If any issues occur, staff are removed from this area of support, until they have been retrained and assessed.

● Once a referral had been accepted, the service contacted the person's GP for an up to date list of all medication. This ensured staff knew what the person took and why.

● Functional assessments had been completed with each person to determine their ability to safely manage all aspects of medicine management. For those who required support with administration, plans had been generated to support them to progress to self-administration, either with or without prompts.

● Each time a new medication had been prescribed by the GP, we saw documentation had been updated the same day to reflect the change, including the completion of a new consent form.

● We found medication administration records (MAR) had been completed accurately and consistently. Alongside the MAR was a separate record sheet, on which staff recorded the date, time of visit and a signature to confirm medication support had been provided as per care plan.

Preventing and controlling infection:

● Staff had all received training in infection control and had ready access to equipment.

● People told us staff consistently wore personal protective equipment (PPE), such as gloves and aprons as required.

Outstanding ☆

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.

People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- We received a number of extremely positive testimonials from professionals and other organisations the service worked closely with. This included the integrated discharge team at the local hospital, occupational therapists and the district nursing team.
- Statements included, 'The work the reablement team undertakes, allows patients to go home the same day. The team act as a valuable resource in assisting with patient flow throughout the hospital' and 'The reablement team gives an outstanding effort each day to go over and above the expectations of the department and customers we support. Each of their staff members strives to achieve excellence for the people they support to improve their wellbeing. Some of the work they do goes the extra mile in achieving outcomes that are personal and meaningful to customers."
- The service had close links with the council's Integrated Community Equipment Services (ICES), which included staff spending time shadowing ICES staff, to develop a greater awareness of the type of equipment available. This relationship enabled reablement staff to identify, request and have equipment installed in an extremely timely manner, often the same day.
- We noted the service was working on a joint pilot with the district nursing team. This was based on pressure ulcer prevention and involved arranging joint home visits to share skills and identify people at risk due to reduced mobility or low motivation. Reablement support workers would then carry out visits to promote mobility and/or provide encouragement to remain active, with the aim of reducing the need for district nurse involvement to treat pressure related skin conditions. To date the pilot had proven successful and had improved joint working and communication.
- A member of the reablement team had been based in intermediate care settings within the local area, in order to support the transition process from this type of care setting to the person's own home. This helped ensure the person was prepared for the reablement process and reduced the amount of future input they required.
- The service tracked the success of the reablement process and whether this lead to people regaining independence or requiring longer term care. For the twelve month period up to April 2019, 72 percent of people who used the service required no further package of care.
- The impact the service had on the care sector within Wigan was reported to us by a senior member of the contracts and commissioning team, who stated, 'The development of the service has correlated with a real term reduction in overall home care expenditure through improving outcomes for individuals, maximising independence and reducing dependency on long term care.'

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

● We saw the service had requested specific training be provided by an Advanced Practioner (AP) and best interest assessor in relation to the MCA, their role in assessing people's mental capacity, making best interest decisions and recognising when someone might be being deprived of liberty in their own home and what to do about this. The course also included information of Lasting Powers of Attorney (LPA). Within their testimonial, the AP stated they were impressed with the fact the reablement service had recognised this as a training need and that the course would now be provided to all new staff as standard.
● Staff we spoke with had a clear understanding of the MCA, importance of seeking people's consent along with people's right to refuse care and support.
● Where people lacked the capacity to make their own decisions, we saw the service had taken part in best interest meetings, involving professionals and relatives to ensure the care and support recommended was in the person's best interest. These decisions had been clearly documented. For people who could consent, signed consent forms were present in their care files.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
● An information pack about the service, along with other things they may require following discharge, had been compiled for people currently in hospital. This ensured people were aware of the support options available to them upon discharge.
● When people had been referred to the service, reablement officers carried out a visit to review the purpose of the referral and discuss goals and outcomes with the person, to ensure the support met their needs and wishes.
● People we spoke with were positive about this process. Comments included, "They discussed things with me, sought my consent, excellent, can't fault them" and "They went through the assessment with me to see what I expected. The staff were exceedingly helpful."

Staff support: induction, training, skills and experience:
● Staff spoke positively about the training provided and the support they received to ensure their knowledge was up to date and they had the skills to meet people's needs. Comments included, "We do lots of training, mandatory sessions as well as stuff on top", "They provide specific training to ensure we can meet people's needs. For example, we went to the hospital to do some stoma training, we did catheter training too" and "The managers are so supportive, if we discuss something during supervision we would like to do, they will get people in to run a training course."
●Staff training included a detailed six-week induction programme, covering training the provider considered to be mandatory. All staff were also supported to complete a NVQ Level 3 in Health and Social Care as well as being enrolled on the Care Certificate.
● The reablement service worked closely with Occupational Therapists, to ensure staff were competent in specific areas, such as the completion of stair assessments and supporting people to ascend and descend stairs safely. Staff being competent, reduced the need for other professionals to carry out these assessments.
● Staff shadowed other professionals during their induction, to develop their skills and knowledge, including social workers, physiotherapists and occupational therapists.
● Supervision, referred to as 'my time' had been completed quarterly, in line with the provider's policy. Staff

were expected to prepare for the meetings in advance, considering any goals, wishes and needs. Annual appraisals (my time extra) had also been completed consistently.

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

● Due to the nature of the service, people could be supported to prepare their own meals as part of the reablement process. If this was not part of their care plan, family or relatives took on this responsibility.

● We saw one person was encouraged to make a drink, which they hadn't done for some time, as their carers always did this. The person was 'over the moon' and asked if they could move onto meal preparation next. Re-learning lost skills improved the person's self esteem and independence and will reduce future reliance on care staff.

● The service had detailed guidance available for staff about the different types of modified diets and thickened fluids. Where people had specific needs, this information had been included in the care plan.

● We noted the service was working closely with health professionals on a project entitled Paperweight. This involved the use of a non-clinical arm band to measure people potentially at risk of malnutrition. Support would be provided where needed, to enable and encourage people with their dietary intake.

Outstanding ☆

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.

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; equality and diversity:

● People and their relatives without exception, spoke of the excellent care and support they had received and the qualities of the staff who visited them. Comments included, "They were absolutely brilliant, helped me a lot, made me feel better, really they are that good", "They went above and beyond. I had care visits too [from a different provider], sometimes the carers were late and the reablement staff would help me to wash and dress, or do other things for me, which was really nice of them, as they were not here to do that" and "The staff are brilliant, they listen to me and encourage me. They are wonderful."

● We saw examples where staff had gone the extra mile due to their caring nature. For example, during an assessment, a reablement officer noticed the person had a lot of records so asked if they liked music. The person explained they used to be in a band in the 1960's and was then a country musician, however they said that they felt no one was interested in this or them anymore. After leaving the assessment, the officer researched the person, found references to them and people enquiring about their wellbeing on music forums, which he then returned and shared with the person. They also investigated local music groups the person could attend and referred them to a community link worker, to arrange for them to do some talks about their life, so they could 'tell their stories'.

● For another person, staff noted the person's heating was broken, so they contacted Age UK to request programmable oil radiators and a winter warmth pack, which were put in place the same day, to ensure the person was safe and warm, until they could get their heating fixed.

● Care files contained information as to whether people had any specific needs, whether these be spiritual or cultural. Although nobody currently using the service had any, we saw the service had previously used the services of an interpreter, to support a person for whom English was not their first language.

Respecting and promoting people's privacy, dignity and independence:

● People told us staff were very respectful and treated them with dignity. Comments included, "Oh yes, no problem at all with that" and "They explain what they are going to do and reassure me throughout. I'm very happy."

● Staff were mindful about the importance of maintaining people's privacy and dignity and ensured this was done consistently. One told us, "We check if they have a preference of carer [male/female], explain the task, if it involves personal care, see if they would like you to stay in the room or step outside."

● One of the main aims of the service was to support people to regain as much independence as possible. Staff told us this was achieved through encouragement, sharing tasks and gradually increasing the amount the person was responsible for and providing lots of praise.

● People we spoke with confirmed staff actively promoted their independence, but did so in a controlled way, working at their pace. One person told us, "I managed to have a shower on my own this week. However,

the support worker sat on the edge of the bed, so they were close by in case I needed them." Another person stated, "They helped me be able to wash myself again, went at my pace, till I could manage. I have asked if they can start to introduce some kitchen tasks, so this has been added to my support plan."

Supporting people to express their views and be involved in making decisions about their care:

● People received exceptional care and support in line with their wishes from staff who formed positive working relationships with people and knew how they wished to be supported.

● People were at the centre of their care and support plan and could make changes and suggestions throughout the six-week period of reablement. For example, people who had initially just wanted support with mobility, had requested help with either personal care; such as showering or bathing or meal preparation and this had been introduced by the next visit, with new support plans in place and any required equipment ordered and installed.

● People's views were sought both during and after the reablement process, through 'tell us what you think' forms and quality monitoring questionnaires. These asked people if they were satisfied with the service, if this had been fully explained beforehand, was what they expected, if they were satisfied with support they had and if there was anything they would change. We looked at 30 questionnaires and 50 'tell us what you think' forms, which people could fill in and submit at any time, each of which contained positive feedback. Comments included, 'Thank-you so much for your visits, it was like having friends stopping by', 'Thank you for your kindness and help, you have been wonderful' and 'Every one of you is brilliant, caring and very good at what you do."

Outstanding ☆

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People received excellent care and support which was personalised and met their specific needs and wishes.
● People were central to the support planning process. Staff spent time discussing people's goals and generated specific outcomes with people which would enable then to become as independent as possible.
● A standardised assessment tool was used prior to commencing support, during and after completion of the package, to monitor people's progression and evidence their increasing independence. This helped people to see the progress they had made. Where improvements had not been noted, the service had supported people to explore longer term care options.
● The service was extremely responsive to people's changing needs. People's outcomes were monitored and reviewed regularly to ensure they were happy and making progress. If necessary, or if the person requested it, new outcomes and goals would be agreed and added. We saw examples of people requesting both a reduction and increase in calls which were immediately facilitated. A relative reported having issues emptying their loved one's catheter bag and asked if the service would be able to help, despite this not being part of the support package, as a result the service immediately amended the visit times, so they could support with this process.
● The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. This is legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Documentation was available in a variety of mediums including braille, audio and easy read.
● The service had access to specific sensory rehabilitation workers, who could provide support as and when required, to ensure people's communication needs had been met. Staff had also been provided with sensory impairment training, which included role play exercises to increase their understanding.
● We saw and were told about numerous examples where the service had been responsive to people's needs. One person had been referred specifically for support with personal care and meal preparation following a fall. During conversation with support workers, they identified an interest in working on their mobility, with a goal of being able to go into town. This was added to the support plan and the person was initially supported to mobilise indoors, and then into town using the bus, with support gradually withdrawn until they were able to make the trip independently.
● Another person was lacking in confidence about accessing the community and subsequently low in mood as they missed visiting the community centre. Although not part of their support package, the support worker, with whom they had developed a good rapport, discussed supporting this person to attend the centre with them via taxi, so they would not have to make the journey on their own. The person was overjoyed at the prospect and asked for this to be arranged. The support worker also liaised with the community centre to ensure support would be provided whilst the person was there and then accompanied

the person to and from the centre via taxi. After overcoming their initial anxieties, the person subsequently was able to attend unsupported.

● Support workers met with their line managers twice weekly, to provide feedback on progress and discuss if anything else needed to be done. This would then be discussed with the person.

● People's support plans provided clear details of the agreed area of need or outcome and how this would be achieved. Staff made hand written notes detailing each visit, so the person had a record to refer back to. Notes were also typed and submitted to the office for storage.

● Staff used the SMART goal setting framework when generating people's support plans, this ensured goals were specific, measurable, achievable, realistic and time bound.

● To encourage and promote social inclusion, the service both signposted and referred people to other agencies, such as active living, AGE UK, ring and ride and community connections.

● A staff member had also compiled an information booklet in their own time, which detailed leisure activities and clubs in the local area, which support workers could share with people.

Improving care quality in response to complaints or concerns:

● The services' complaints procedure was provided to each person upon commencing their support package. Each person we spoke with knew how to complain, but had not had cause to, due to their satisfaction with the support provided.

● Any complaints received were logged both in a complaints file and electronically via Mosaic. We saw no formal complaints had been received within the last 12 months, however when reviewing one person's 'tell us what you think' form, the registered manager had noted some comments about things which could have been better, which they treated as a complaint and addressed via the complaints process. This included carrying out a full investigation, creating an action plan to ensure similar issues did not occur in the future and amending internal procedures, so that all feedback forms were reviewed, signed and dated by a manager prior to being filed, so that any similar concerns could be addressed timely.

● People and their relatives told us staff had also helped them to address issues and concerns which were not related to the service. For example, one person told us they had a problem with the district nurse not visiting following discharge from hospital, the support worker rang and chased this up with the district nursing service. One of the reablement managers later rang the person, to check it had all been sorted.

End of life care and support:

● At the time of inspection, the service was not involved in providing care to people at the end of their life.

Outstanding ☆

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.

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:

● People, staff and other professionals, told us the service was exceptionally well run and managed. The registered manager had been in position since the service started and had been responsible for recruiting each member of staff who currently worked there. Staff spoke highly of the registered manager and their impact. Comments included, [Registered manager] is so enthusiastic, her positivity feeds down from the top into us all" and "[Registered manager] not only knows everyone's name, but also a bit about them as a person, which she asks them about during conversation. Considering how many people work here, that's impressive and shows she cares."

● The service had a clear management structure, with the registered manager being supported by reablement leads, who in turn were supported by a team of reablement managers. Each staff member we spoke with was clear about who their immediate line manager was, but told us they were both able and felt comfortable going to any of the senior staff. Comments included, "I feel this is the most supported job I have ever been in", "All of them [senior staff] are very approachable and make time for you" and "Management are very approachable, you never feel you are on your own here. Definitely an open-door policy in place."

● Due to the provider being Wigan Council, the policies and procedures staff had access to were vast. To support the staff, the registered manager had taken and amended key policies particularly relevant to the service, creating step by step guides of what to do and how to deal with specific situations or events.

● The registered manager understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents and safeguarding.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others:

● People were at the centre of the service and their views and opinions sought regularly. Through discussions with support workers, people could alter and amend their care at any time. Office based staff contacted people by phone to check how things were going and people also had the option of submitting written feedback both during and at the end of their support package.

● The service also ran a service user forum, which was held quarterly and could be attended by people using or who had used the service to provide feedback on their experiences. Questionnaires were sent out in advance to gather additional views and help form the agenda.

● The service's interest and willingness to work with other services and professionals to help improve care standards both internally and within the local area was clear to see. We noted numerous examples of pilot schemes, information sharing sessions and attendance at committees and meetings.

● For example, the service was working with the local authority and a care provider to help improve people's

journey from reablement into long term care. They had provided support to another service, who wanted to adopt a reablement approach, sharing their expertise, collaborating in the design of the service, assessment process and support pathways as well as providing shadowing opportunities for the management team.

●The service had also worked with public health on a hydration pilot, which aimed to ensure people were getting enough fluids and help avoid admissions to hospital. Training had been provided to all staff around simple tests they could do during visits to check, so action to improve fluid intake could be introduced.

● Staff employed at the service were equally well supported. A good example of this occurred following the discovery of some minor discontent amongst support workers. The registered manager arranged a staff workshop to discuss what the service did well and where they needed to improve. Staff identified issues with problematic discharges from hospital which impacted on their role, for example people being sent home with either no or the wrong medication. The registered manager took positive steps to address the staff's concerns including meeting with senior staff at the hospital and regularly attending the hospital's discharge improvement committee, to feedback about the problems faced and any improvements noticed. They also arranged for the service to be able to report any issues with problematic discharges directly to the hospital via the hospital's electronic monitoring system. The hospital in turn send the service outcomes of any investigations along with lessons learned. Staff told us noticeable improvements had been seen as a result of the action taken.

● Regular meetings were held for different designations of staff. Monthly 'champions' meetings had been held, prior to which staff had been asked to supply any agenda items or issues for discussion. These had been raised on their behalf by the attendee's with feedback provided.

Continuous learning and improving care; planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

● The registered manager considered facilitating continuous improvement and striving to be better to be an essential part of their role. The need for people to experience the best care and support possible, was effectively communicated throughout the inspection.

● A driving improvement plan had been compiled, after researching and reading case studies on best practice and outstanding care. The plan focussed on areas in which additional support or work was required. An additional action plan for the year was also in place, which detailed all the specific areas each member of the team wanted to work on, the objective and required outcome.

● To ensure care and support provided was of a consistently high standard, a range of audits and quality monitoring processes were in place. A quality assurance dashboard for the reablement service had been added to the Council's electronic system, this provided ongoing performance data, which was consistently monitored. Each person's support package was audited, from referral through to discharge to ensure aims had been met. If they had not, action planning and lessons learned had been completed, which had been shared with all staff.

● Staff told us they were supported and encouraged to better themselves through training and career progression. We noted the service had an extremely low staff turnover, which staff attributed to the support and recognition they received. This included formal awards, provided by the service and provider to recognise either individuals or teams who had excelled.

● The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.