BMBC Services Limited

Community Enablement Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
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 25 September, 1, 3 and 4 of October 2018 and was announced. We told the provider one day before our visit that we would be inspecting their service. This was to ensure they would be available at the office to provide us with the necessary information we needed to carry out the inspection. This was the first time this service was inspected under their new registration.

Community enablement service consists of two distinct service types: reablement service and shared lives scheme, provided by Barnsley Metropolitan Borough Council. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The provider told us that everyone using the service was being supported with 'personal care.'

The reablement service provided an enablement service to people in their own homes for a period of up to six weeks. The service offered support to encourage and enable people to live independently at home, often following a stay in hospital. The service also provided short term personal care support as a last resort for people that required domiciliary services while a private provided was being sourced. At the time of our inspection, 48 people were receiving the reablement service.

'Shared lives' is an arrangement whereby people either live or spend time with self-employed care providers who support them according to their assessed needs in a family environment. People receiving services from shared lives have the opportunity to live an ordinary life as part of the care provider's family. Placements can be long-term with the adult living with the care provider as part of their family, or as a respite care, day care or hourly sessional support. The shared lives service was providing support to adults and young adults with learning and physical disabilities, autism and mental health conditions. At the time of our inspection there were 189 people using the service; 54 of these were in a long-term placement. The service had 72 approved shared lives care providers who were supported by six office based shared lives officers.

There were two registered managers in place; one responsible for the reablement service and the other for the shared lives 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.'

This report covers both the reablement and shared lives services.

The registered provider wasn't fully working within the requirements of the Mental Capacity Act 2005 (MCA). The registered managers, staff and care providers were aware of the principles of the MCA and how to apply it in practice. However, the service was not routinely completing decision specific mental capacity assessments relevant to the care being delivered and was reliant on assessments from other professionals.

We also saw examples of documentation being signed by people without the legal authorisation to do so. There was no evidence people were being restricted or receiving care that was not in their best interests. The service was in contact with adult social services in relation to considering if some people required an application to the Court of Protection in relation to being deprived of their liberty as part of their care arrangements. We have made a recommendation for the provider to seek advice from a reputable source to work in line with the MCA.

Risks to people's care were identified and managed appropriately. Staff and care providers were knowledgeable about those risks and how to manage them. However, some documentation related to people's risks and needs lacked detail to evidence the care being provided.

People's records of care were managed safely but information in people's or care provider's homes did not always match the information that was available in the office.

People we spoke with told us they felt safe when supported by the reablement care workers and in their shared lives placement homes. The relatives we spoke with agreed. The reablement care workers, care providers and placement workers could describe the forms of abuse people using the service could be vulnerable to and said they would report any concerns immediately.

Some people using the services required support with their medication and the registered provider was managing this aspect of their care safely. There was a medication policy in place, staff had been trained, their competence to administer medication assessed and regular audits were conducted to ensure any issues were identified in a timely way.

The recruitment process for new care providers was robust; we saw all the required checks had been made and documentation was in place. No new reablement care workers had been recruited recently but we saw evidence that ongoing checks on the care workers' suitability to work with people that might be vulnerable were being regularly completed.

Each person's needs were assessed before their service began. Reablement care workers and care providers had the skills, knowledge and experience to meet these needs; they had an excellent understanding of the care and support needs of every person receiving the shared lives and reablement service. People had developed very positive relationships with those supporting them.

People were supported to have healthier lives and had timely access to healthcare services. People were supported to drink and eat enough to maintain a balanced diet.

People using the service were treated with kindness and compassion. People were supported to express their views and be actively involved in making decisions about their care and support. People were encouraged to be as independent as they could be; reablement care workers and care providers gave us many examples of how they promoted people's choices and independence.

People's dignity and privacy was respected and people's personal information was kept private.

People received person-centred care that was responsive to their needs. People's needs in relation to the protected characteristics under the Equality Act 2010 were taken into account in the planning of their care. People's communication needs were considered.

No one we spoke with had ever made a complaint and the registered provider told us they had not received

any complaint. The registered provider had a complaints policy in place and most people knew what to do if they wanted to make a complaint.

People had access to social interaction and a range of activities. People regularly went on holidays with the care providers and their families.

People and relatives gave us very positive feedback about the management of the service. Reablement care workers and care providers told us the service was open, focused on providing high quality care to people and that they felt well supported by their managers. There was a comprehensive system of audits and quality assurance checks being done at the service. The registered managers had developed links with the local community and were involved in projects to increase the scope and quality of the services provided.

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.

Medicines were managed safely.

Risks to people's care were identified and managed appropriately but some documentation required more detail.

There were safeguarding systems to protect people from abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights under the Mental Capacity Act 2015 were considered by the provider however improvements were required in relation to completing decision specific assessment.

Staff had received the training and support they required for their job role and to meet people's needs.

People received support to ensure their healthcare and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were kind and caring.

People were treated with respect and their privacy and dignity was maintained by staff.

People were encouraged to be as independent as they could be.

Is the service responsive?

Good

The service was responsive.

People received person-centred care and were involved in meaningful activities of their choosing.

A complaints procedure was in place and people and relatives were confident if they had concerns these would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

Systems were in place to assess, monitor and improve the quality of the service. The service was focused on providing high quality care to people.

People, relatives and care provider's feedback was regularly sought and used to improve the service.

Staff were supported by an effective management team that was approachable, offered support and leadership.

Community Enablement Service

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.

This inspection took place on 25 September and 1, 3, 4 of October 2018. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had cared for an older relative and had experience of using services. We telephoned the registered managers the day before the inspection. This was to make sure they would be at the office during our inspection visits and to ask them to arrange visits for us to meet the people using the service.

On the first and second inspection days we visited the office to review records and we spoke separately with both registered managers; we also contacted people, relatives, reablement care workers and care providers. On the third day, we visited people using the service and we gave the registered provider feedback on the findings of our inspection on the fourth day.

Before our inspection the provider completed a provider information return (PIR) for the shared lives service only. Due to technical issues, the provider was not asked to complete one for the reablement service. The PIR 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 reviewed the information we held about the service. We looked at the statutory notifications the Community Enablement Service had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

We requested feedback from the local authority safeguarding and commissioning teams. They did not raise

any concerns about the service. We also contacted Barnsley Healthwatch; an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During this inspection, we reviewed care records of five people receiving the reablement service. We also looked at specific areas of care for a further three people, in particular manual handling and medication records. We visited one person in their home and also spoke with their relative during our visit. We spoke on the phone with five people using the service and two relatives. We spoke with three reablement care workers, four reablement managers, the performance audit and development manager, the registered manager for reablement and the director of the service. We reviewed three staff's files, policies and procedures, meeting minutes, audits and monitoring records related to the reablement service.

As part of this inspection, we looked at care records for seven people being supported by the shared lives service. We met five people using this service and six care providers. We also spoke with five people, two relatives and two care providers over the phone. We spoke with three shared lives officers, one assistant shared lives officer, the registered manager and the nominated individual. We reviewed three records of care providers' recruitment, training and monitoring logs. We checked the training and supervision matrix for office staff, meeting minutes and other records used to check and monitor the quality of the shared lives service.

Good

Is the service safe?

Our findings

People told us they felt safe receiving support from the Community Enablement Service.

People using the shared lives service answered positively when we asked if they felt safe. One relative from a person using the shared lives service told us, "They [care providers] have been fantastic to us. You asked if [person] felt safe – well [person] feels as safe with them as with us."

People using the reablement service told us, "Yes, very much so;" "I feel very safe, I know if something bothers me I can ask a support worker for help" and "I trust them [reablement care workers]." Relatives of people receiving support from the reablement service also felt their relatives were being safely cared for. A care worker said, "The safety of service users is our first priority, even from mental distress."

Risks to people's care were identified and managed appropriately but some documentation related to people's risks lacked detail to evidence the care being provided.

People who received the reablement service had relevant risks related to their care assessed and control measures put in place and staff from the office and care workers were knowledgeable about these. These included risks associated with moving and handling, health conditions including mental health and medicines management. Risks with people's home environment had also been considered and how to manage them. For example, one person required support from two people to use specialist equipment to help them stand up; their risk assessment and care plan clearly explained how this should be done and staff we spoke with were able to describe the correct procedure. However, we saw one person's skin was at risk of developing pressure areas due to the use of specialist postural equipment. There was no detailed information in their risk assessment or care plans about this. We spoke with the registered manager about this and they explained care workers had been instructed to monitor this person's skin integrity every time personal care was done and report any concerns to reablement managers. There had been no deterioration in this person's skin integrity. Another person had occasionally been supported by the reablement care workers with buying food. Records showed financial transfers were being recorded and receipts kept however, there was no specific assessment or plan for how risks related with supporting this person with their shopping should be managed. There had been no issues with this person's finances. We recommended the registered manager clearly evidenced in people's documentation how specific risks to people's care were being managed.

Risk assessments for people being supported by shared lived service covered a variety of areas of support, such as road safety awareness, money management and health issues. One person being supported by the shared lives service had a deterioration in their health; records evidenced that new risks had been identified and how they were being managed. One care provider we spoke with was able to describe to us how the person they cared for presented when they had an epileptic seizure and the support they required. When we reviewed this person's records held at the care provider's home, there was no detailed information about managing this specific health condition. We spoke with the registered manager about this and they showed us an updated risk assessment and care plan about managing this person's health and they reassured us

they would send a copy the care provider immediately.

The service had safeguarding policies and procedures in place and these were effective in keeping people safe from abuse. Reablement care workers and managers as well as shared lives care workers and officers had regular training and were knowledgeable about identifying signs and types of abuse and what to do if they identified abuse. They understood their duty to 'blow the whistle' about any concerns or issues of poor practice they were aware of.

People using the service were safely supported with their medication. Most people using the reablement service did not require support with their medication. Those who needed had the level of support they required clearly identified and the focus was on working with people so they could be independent in managing this area of their care. For example, one person needed assistance with their medication; medication care plan detailed which medication to be administered and the time this should be done. We checked this person's medication administration records (MAR) and we saw it was being completed appropriately. Some people being supported by the shared lives service also needed support with their medication. During our visits to people and care providers we saw medication was stored securely, stocks were appropriate and records evidenced support being provided. During one of our visits we noticed one person's medication box was not labelled; we shared this with the care provider and they told us they would contact the pharmacist and GP immediately. We also shared this information with the registered manager. There was a medication policy in place, staff had been trained, their competence to administer medication assessed and regular audits were conducted to ensure any issues were identified in a timely way.

During this inspection we found there were sufficient staff to carry out the various roles within the service. We saw that reablement care workers were supported by reablement managers and care providers by shared lives officers. There were on call arrangements in place to support staff and care providers if they needed support with dealing with a situation, for example an emergency. One care provider told us, "There is always someone on call which we have used, they gave advice and back up." Reablement care workers used handheld devices that allowed management to monitor in real time if care visits had been completed and if not, they would receive an alert. This enabled the service to make sure the risks of possible missed or late care visits were manage appropriately as well as managing the risks with lone working.

There was a robust recruitment process for new care providers. We saw all the Disclosure and Barring Services (DBS) checks were done and then repeated every three years. Other checks such as with the probation service, NSPCC (The National Society for the Prevention of Cruelty to Children), local authority safeguarding teams (children and adults) had been made and records were kept. The shared lives service operated an approval panel to formally assess the suitability of potential shared lives care providers; this panel added another level of scrutiny to the recruitment process. No new reablement care workers had been recruited recently but we saw evidence that ongoing checks on the care workers' suitability to work (DBS checks) with people that might be vulnerable were being regularly completed.

The service was managing accidents and incidents safely. The registered manager of the reablement service told us they had a spreadsheet where all accidents and incidents were recorded. This was reviewed monthly and included, for example, falls, clinical incidents and any medication errors. There had been very few accidents and incidents and the registered manager told us they discussed this trend within a sub group of the quality and governance committee and were reassured this was not due to underreporting but because risks were being managed appropriately. Care providers told us they had to complete a form to report on any accidents and incidents, we saw evidence this was happening and being checked by the registered manager.

Requires Improvement

Is the service effective?

Our findings

People told us they were supported by staff and care providers with the competence to meet their needs and improve their quality of life. One person using the reablement service said, "They seemed to be trained very well because they treat me very well." This person's relative added, "[Relative] had a colossal improvement." One relative of a person using the shared lives service told us, "We've been with shared lives for several years and it has really changed all of our lives."

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 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. People who live with conditions such as dementia or those with learning disabilities may have a variable ability to make decisions; for example, one person may be able to decide what to eat or wear, but may not be able to decide how their financial or care and support needs are managed. Other people, including next of kin, cannot legally make decisions on someone's behalf unless they have a lasting power of attorney. 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 by the Court of Protection.

At this inspection, we found the service wasn't fully working within the requirements of the MCA. The registered managers, staff and care providers were aware of the principles of the MCA and how to apply them in practice. For instance, they told us they would assume people had capacity and knew, at times, best interest decisions had to be made on people's behalf. The registered manager informed us that the majority of people who were using the reablement service would have capacity to make choices about their lives. Both registered managers told us decisions made about a person's support and care were discussed with them and their relatives, where appropriate. However, the service was not routinely completing decision specific mental capacity assessments relevant to the care being delivered and both managers told us assessments of capacity would usually be done by professionals such as social workers or specialist nurses.

For example, one person who was using the shared lives service had a learning disability, was living with dementia and staff told us they would not be able to make an informed decision in relation to their care arrangements. We saw this person's shared lives agreement, which detailed the terms and conditions of the care being provided, had been signed by the care provider. We shared with the registered manager our concerns with a possible conflict of interests in this situation as well as the fact that the care provider did not have the legal authority to sign the agreement. The registered provider told us they would contact this person's family to confirm if they had power of attorney for health and welfare. We saw another person who we were told by the care provider did not have the capacity to make a decision in relation to their medication, did not have an assessment of their capacity or a best interest decision in relation to this. We spoke with the registered provider about this and they told us they expected this specific decision to have been assessed by the social workers organising this person's care package and the same applied for other people using the service. We did not find any evidence that people were receiving care that was not in their best interests. We recommended both registered managers to consult reputable sources of information in

relation to using the MCA.

The service was in contact with adult social services in relation to considering if some people required an application to the Court of Protection in relation to being deprived of their liberty as part of their care arrangements. During this inspection we found no evidence of people were being restricted as part of their care arrangements and this not being in their best interests.

Staff and care providers told us they received an induction and on-going training in order to ensure they had the necessary skills to meet people's individual needs. One staff member told us, "The induction was very good, I was quite surprised how thorough it was." The registered manager told us every new care provider had a period of induction that included seven days of class room training, complemented by additional online training. The care providers were then allocated a "buddy" who was a more experienced care provider that was available to support; this also promoted contacts between care providers. Care providers we spoke with confirmed this was happening. One told us, "I found the training fully understandable, done at your own pace; I enjoyed the training." Another care provider said, "I had a lot of support from the office [during induction], we did some buddying up and shadowing, it was good in two ways: to learn how to deal with a situation and networking." Reablement care workers also told us they had regular training and we confirmed this when we reviewed the training matrix. One said, "We have an annual refresher training."

Staff we spoke with confirmed they received regular one to one and group support. Reablement care workers were able to drop in or contact the office at any time on any day. Office based meetings were also held on a weekly and monthly basis to discuss any issues with care being provided and to hear any updates from the registered manager. The shared lives service officers and registered manager also meet regularly. One staff member based at the office told us, "They [supervisions] are good, you get to unload if there are any issues; the [registered manager] praises us as well." Care providers had eight monthly monitoring review meetings where they could discuss about the care they had provided, any updates and concerns, training and their records of care were checked. One care provider told us, "I look forward to them [monitoring review meetings], its about monitoring but also support."

The service provided people the appropriate support to meet their healthcare needs. Reablement care workers, reablement managers, shared lives officers and care providers worked with healthcare professionals to monitor people's conditions and ensure people's health needs were being met. There was input, for instance, from the occupational therapists, GPs, specialised nurses. We saw any communication between professionals was documented. One person receiving support from the reablement service told us, "When I was ill they called the GP and made an appointment for me which isn't strictly their jobs but they always go the extra mile."

We looked at how the service supported people with a healthy diet and found people were supported appropriately. People's dietary needs and preferences were assessed before commencement of the service and this was used in people's support plans. This included information about some people being at risk of poor nutrition or having swallowing difficulties due to their health conditions. For example, one person using the shared lived service required assistance with their meals; their support plan indicated, "[Person]'s food must be mashed up with lots of sauce to help it go down, [person] likes puddings and ice creams but must be mashed up as well." One person using the reablement service required support with buying the necessary groceries to prepare health food and reablement care workers were supporting with this.

People's care needs were assessed to include their diverse needs arising for any protected characteristics under the Equality Act 2010. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion. We saw, for

instance, the reablement service was considering people's communication needs and religion preferences during the triage process. One person being supported by the shared lives service had a sensory impairment and it was clearly stated in this person's care plan what impact this had on their communication abilities and how staff should support them.

Good

Is the service caring?

Our findings

People and their relatives shared very positive comments about those who supported them. People using the reablement service said, "Staff are very kind and gentle and that makes me feel safe;" "Staff are very gentle and kind; when I just came out of hospital they sat with me every session before they helped me, that meant a lot to me, I really felt cared for". Another person commented, "They [staff] look after me all the time. Yesterday we were talking about a cardigan, we were looking at it online, this is kindness because I am an old lady and [reablement care worker] spent time with me." Relatives' views corroborated this; one said, "We're very happy with the service the girls are friendly and always on time."

People using the shared lives service and their relatives were equally complimentary of the support from their care providers and shared lives officers. One person said, "They [care providers] are my other family." One relative said, "They [care providers] are really friendly, I've known them for years, they have become friends, they make [relative's] life work and I owe them for that." Another relative said, "The people in the team [shared lives officers] really care about the young people, they know their names, their hobbies, what school they attended, the shared lives team is another family."

During our inspection we visited people using the service in theirs and the care providers homes. We observed positive interactions between the reablement cares, care providers and the people. They supported people in a kind and caring way and involved people as much as possible in day to day choices and arrangements. Reablement carers and care providers demonstrated a good understanding of what was important to people and how they liked their support to be provided. For example, two reablement care workers, we spoke with separately, told us how they supported one person to transfer using a mechanical hoist and how they communicated with them throughout the transfer because this was their preference. One care providers that we spoke with described us how they supported a person with their medication when their condition deteriorated and required close monitoring.

People who used the service told us the provider also promoted their independence and choice. During one of our visits we observed a reablement care worker was supporting and encouraging a person to do physical exercises to enhance their mobility. Another care worker we spoke with told us how they promoted one person's independence by verbally encouraging them and saying "Show me what you can do, if you can't manage, I'll help you." One person using the reablement service said, "I am in control, if I don't want to do something they may try and talk me round but won't force me to do it." One relative commented, "It is called enablement service and it has enabled [relative], for instance, to use the microwave." One person using the shared lives services told us they were given the choice of what activities they want to do and another person using the same service commented, "I'm given a choice of what to have for lunch and tea. And it's my choice. [Care provider] tells me if it is something sugary but leaves the choice to me. I go to bed when I'm tired."

The service involved independent advocates when people required information to help them make decisions. Both registered managers described to us when they would recommend people to use advocacy services and how to access these. The reablement user's guide had information about how people

could access advocacy services.

People's dignity and privacy were respected. Reablement care workers who we spoke with gave us several examples of how they promoted people's dignity while delivering personal care. One said, "I always make sure [people] are covered and I always say what task I am going to do." One person said, "The care workers always ask before helping you". One relative commented how reablement care workers had been "Approachable and professional even in more intimate situations."

People told us and we saw evidence they were involved in planning and reviewing their care. One person using the shared lives service said, "I was involved in writing my care plan." One relative of a person using the reablement service told us, "The initial meeting was really good, everything was explained. I think the service has been exactly what [relative] needed, it has really enabled [relative], the service has been adaptable to [relatives] needs."

During our inspection we checked how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to implement equality and human rights though good person-centred care planning. Support planning documentation that we reviewed enabled staff to capture information about people's needs, preferences, routines to ensure people received the help and support they needed and wanted to lead fulfilling lives.

Good

Is the service responsive?

Our findings

People who used the service confirmed they were satisfied with the service they received which was personalised to meeting their individual needs. People told us they were able to make choices and follow their interests.

People using the shared lives service told us about a variety of social activities they participated in. One person said, "I get to knit with [care provider] and I go shopping with [care provider] and watch true life films in the afternoon with [care provider]. I get to do lots of things, more than before." This person's relative shared with us, "[Person's] skills have improved, [Person] was quite shy with people, now [person] is much more confident, has developed new hobbies and interests. We feel that joining shared lives has opened the world for [relative]". Records of care we reviewed confirmed people were involved in meaningful activities, for instance holidays. The shared lives service had an annual activities plan that they organised for people, relatives and care providers, for example, the Christmas market, a barbecue and participation in the Mayors Parade. The reablement registered manager told us that although their focus was on providing a high intensity rehabilitation service for people, they wanted to provide a holistic service and were aiming to include goals related with promoting people's social connections during care planning and reviews.

During our inspection we found people's needs were assessed before they began using the service; this enabled the service to ensure they had the appropriate resources to meet people's needs. Most referrals to the reablement service came from the hospital and local authority staff. The registered manager and reablement managers told us how they completed their triage and checked their capacity to provide care to people. The triage document included information about people's health conditions, medication and capacity to make relevant decisions regarding their care. They then allocated the care visits to staff, visited people to carry out the relevant risk assessments and complete care plans. One reablement care worker told us, "Getting to know the likes and dislikes of clients is hard, it takes time and we are a short-term service but what really helps is when we are introduced to a new client we are given a briefing on their likes and dislikes and any key medical information-allergies, diabetes that type of thing. It is in the file but it helps to be walked through it by a senior care worker."

Referrals to the shared lives service usually came from the local authority social service. Prior to any placement being agreed, an extensive matching process took place to ensure care provider's skills, knowledge and experience were compatible with the person who was referred to the service. This process included facilitating meetings between people and their relatives with care providers, at a place of their preference. This enabled the service to ensure people's preferences were at the heart of choosing the care provider that would best meet their needs.

We saw in people care records that support plans had been developed and contained a range of relevant information and risk assessments to help reablement care workers and care providers to meet people's needs in a person-centred way. The service had adapted the level of detail and how much in-depth information people's care plans needed in accordance with the nature of the reablement and shared lives service. We found details about people's health and medical needs, support requirements and lifestyle

choices were recorded in their care records. People's care records included information about their likes and dislikes, routine and future goals.

For example, we reviewed a care plan of one person using the shared lives service and it detailed how this person had always taken pride in their appearance and how using the treadmill and exercise bike was important for them. One person using this service told us, "When I wanted to be at home because mum was ill they [shared lives officers] organised different times with my second family [care providers] so I could be with mum." One relative commented, "[Relative] was going through a period of refusal, it was difficult for us and the host family [care provider], a member of the shared lives team came out and spoke to us and the host family [care provider] about setting boundaries and other useful strategies." People being supported by the reablement service had a list of goals that them and care workers worked towards during the period they were receiving the service. The achievement of these goals was reviewed every week and any necessary changes agreed. One relative praised the service for its flexibility to their relative's improvement and change in needs, for example, by decreasing or stopping one of the care visits.

We looked at how the service managed complaints. There was an up to date complaints policy in place and people who used the service and their relatives told us they knew how to make a complaint. The service policy on comments, compliments and complaints provided clear instructions on what action people needed to take in the event of wishing to make a formal complaint. Information packs given to people and their relatives contained details about the service and how to make a complaint. The service had not received a complaint in the last 12 months but both registered managers were able to describe us the process they would follow to make sure every complaint was investigated thoroughly and fairly. A relative from a person using the shared lives service told us, "My relationship with the team is good but I once needed to be firm over a couple of points. It was not a complaint and we resolved the issues through a mutually respectful conversation."

At the time of the inspection, the reablement service was not involved in providing care for people who were at the end stages of life and due to the nature of the service, the registered manager told us it was unlikely they would support people with these needs. One person using the shared lives service had recently had a considerable deterioration in their health and even though they were not yet requiring end of life care, the care providers supporting this person had completed specific training in end of life care and were in contact with relevant healthcare professionals. This showed the service was adaptable to people's changing needs when people are approaching death.

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. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's communication needs were assessed during triage or assessment process and plans put in place to ensure staff were able to communicate with them as effectively as possible. We saw the service had identified who had requested easy read format and letters had been sent to them accordingly.

Good

Is the service well-led?

Our findings

People and their relatives we spoke with talked highly of the Community Enablement Service and told us they felt it was a service well led.

Systems were in place to monitor the service and identify where improvements could be made. The progress of people being supported by the reablement service was reviewed on a weekly basis to ensure the service was meeting their needs and any changes put in place. These visits were carried out by the reablement managers and included observing care and monitoring the quality of records of care. The shared lives service conducted eight weekly monitoring and support visits to the care providers, and service reviews of people to enable the quality of the service to be monitored. For example, records we reviewed showed regular financial checks were done when care providers were supporting people with their finances. Records we reviewed evidenced the shared lives registered manager frequently audited people and care providers' files, staff's training logs and the records of the monitoring and support visits. We recommended the provider to further improve the quality of some of their audits because the ones currently in place had not identified the issues we found at inspection in relation to risk management and compliance with the MCA.

People's records of care were managed safely but information in people or care provider's home did not always match the information that was available in the office. We found reablement managers did not always have the most up to date information in the office in relation to people's management of risks and goals. The reablement manager told us that one of the challenges they identified was the fact that they were working with paperwork that, "Sometimes we lack real time information." They told us that they were looking at digitalising relevant documentation related with people's provision of care. We found the opposite was happening with the shared lives service with records in care provider's home not being as up to date as the one available to shared lives offices. We informed the shared lives registered manager of the instances we found this was happening and they immediately took action to address them.

Feedback on how the service was managed and the culture within the team was also very positive and there was a clear focus on achieving the best outcomes for people. All of the different staff we spoke with said there was good teamwork and clear communication within the teams. One reablement worker told us, "It's a very supportive team, [reablement manager] keeps an eye on everyone and if you are struggling, [reablement manager] will find a way to help. Our priority is the service users and it feels really good to help people during this crucial period after being in hospital." One care provider commented, "Everyone is so good at their job that it makes my life really easy, the team is fantastic at what they do." One shared lives officer said, "I am quite positive about the success of the service, I really enjoy it, we communicate very well and help each other." The registered managers also expressed their confidence in their teams. One said, "I know care workers are very focused on doing it right for the people we support."

The registered managers were visible in their teams and proactive throughout the inspection in demonstrating how the service operated and how they worked closely with people, staff and other health and social care professionals to drive improvements in the service. The registered managers told us they

attended regular internal meetings to discuss and monitor the quality of the service and share relevant learning. Reablement staff were positive about the registered manager and reablement managers. One said, "[Registered manager] is approachable, whenever I want to speak, they [reablement managers] might not be available immediately but always call back." Staff working with the shared lives service were equally complimentary about their registered manager. One said, "[Registered manager] is brilliant, I know she is always there." One care provider said, "[Registered manager is good in communicating." Relatives comments included, "The manager of the shared lives team really keeps things working like clockwork." and "I've only had one set of problems and the manager just sorted it out with me on the phone and she had put the changes into place the next week."

We spoke with the nominated individual and they told us they were actively involved in monitoring the quality of both services, they met with the registered managers regularly for example during team and management meetings. They told us they were visiting people using shared lives service and care providers to have their feedback on how the service was running and what could be improved. We confirmed this was happening during our visits and telephone calls to people and care providers.

Surveys and questionnaires were issued to people who used the service, their relatives and care providers to enable their feedback to be provided about service. For example, following feedback from care providers the service started to allocate shared lives officers to care providers to promote consistency when dealing with issues related with people using the service and continuity in the discussions held during monitoring and support visits.

The provider had effective communication systems in place. Regular team meetings were happening and enabled staff to be kept informed of any developments, good practice issues and training opportunities, between other relevant themes. Staff told us they found these meetings were useful and helped them improve in their roles.

We asked people, relatives, care providers and staff if they thought anything could be improved. They consistently told us they felt the service was working very well and did not need improvements. One person being supported by the reablement service said, "Other than they [reablement care workers] staying with me 24 hours, not at all." One person using the shared lives service said, "It is all smashing." This person's care provider added, "I can't think of anything, I always fill in the feedback and this is one question that I always struggle with."

The provider kept close partnerships with organisations in the community and told us of pilot projects they were involved to broaden and improve the service they provided. We saw evidence of good working relationships with safeguarding teams, clinical commissioning groups and hospital multidisciplinary teams. The reablement team were piloting a project to use motion sensors to monitor people's use of equipment to assist them to move called Just Checking. This information enabled the multidisciplinary team assessing this person to have a clear picture of their routine and if the equipment prescribed was the most appropriate one. The shared lives service had recently won a bid to develop a project to support people being discharged from hospital.

Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The registered managers ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.