

Care Plus Group (North East Lincolnshire) Limited

Intermediate Care at Home

Inspection report

41- 43 Kent Street
Grimsby
North East Lincolnshire
DN32 7DH
Tel: 00 000 000
01472 256201

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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Outstanding



Is the service responsive?

Outstanding



Is the service well-led?

Outstanding



Overall summary

Intermediate Care at Home generally provides short- term personal care services to people in their own home for up to six weeks. The service focuses on promoting self-care, independence and enabling people to reach/regain an optimum level of independence. A crisis support service, lasting up to seven days, for people who require more urgent and immediate personal care support in their own homes is also provided by a specific team of staff. A new peripatetic team has been put in place to support the crisis team, where people require care support for longer than seven days. The service currently employs 77 care staff who can provide up to 1800 hours of care each week.

The service is part of Care Plus Group. Care Plus Group is a social enterprise and is contracted by the local authority and NHS services to deliver a range of adult health and social care services.

The service has a registered manager. 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.

Summary of findings

The last full inspection took place on 29 November 2013 and the registered provider was compliant in all areas we inspected. We undertook this announced inspection on 30 October, 4 and 11 November 2015.

We received some outstanding feedback about the service. Comments from people who used the service and relatives were very complimentary and consistent stating they were extremely happy with the care, treatment and support the service provided. People felt every opportunity was provided to safely maximise their independence. One person said, "The care has been first class. It's not just the practical help it's all the emotional support too. They have given me my confidence back."

People told us they found staff extremely kind, caring and supportive. They said their privacy and dignity was always respected during the delivery of personal care. People were supported to maintain their well-being and were signposted to access local community groups to promote inclusion, independence and a healthy lifestyle.

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. People's care plans detailed the type of reablement support they should receive. These contained agreed goals that people wished to achieve, which were reviewed and updated as support progressed. People had good access to a range of equipment to support their return to independence.

Through continuous review any changes in people's needs were quickly identified and their care package amended accordingly. The service was flexible and responsive, any additional support was provided where necessary. We found the service could change the length of the visits as required to enable people to reach their full level of independence. One person told us, "You couldn't fault the staff, when I needed more support in the beginning they arranged this. They knew when to scale things down. Very flexible in their approach."

Referrals were made to health care professionals for additional support or any required intervention when needed. People were supported to involve other agencies and services at an early stage if they felt a person needed ongoing support once the programme of re-enablement was complete.

The safety of people who used the service was taken very seriously and managers and staff were well aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. Staff understood the various types of abuse and knew who to report any concerns to. There were appropriate arrangements in place to ensure people's medicines were obtained and people were supported in their safe administration.

People received very consistent support from care workers who had the skills and knowledge to meet their individual needs. Staff were recruited in a safe way and full employment checks were completed before they started work in the service. There were sufficient staff on duty to meet the range of care and support needs of people who used the service. Staff were well trained and had supervision and support systems in place to ensure their practice was monitored and they were able to develop skills, knowledge and further qualifications. Staff told us the main focus of their training was on improving outcomes for people through compassion, respect, dignity and valuing people by using a person centred approach.

The registered manager told us there had been no formal complaints in the last 12 months. People told us they were very happy with the care provided and they had no complaints about the service. Many compliments had been received by the service about the support provided by staff.

People who used the service were encouraged to make their own decisions. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

The registered manager demonstrated an excellent understanding of the importance of effective governance processes. There was a quality monitoring system to enable checks of the service provided to people and to ensure they were able to express their views so improvements could be made. There was a high level of satisfaction with the service.

There was strong leadership which put people first and set high expectations for staff. There was an open culture and a clear vision and values, which were put into

Summary of findings

practice. Staff were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

Summary of findings

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. People had a lot of confidence in the service and felt safe and secure when receiving support.

Staff were proactive in reducing risk and promoting each person's safety within their reablement programmes. This included safe administration of medicines. People had confidence in the service and felt safe and secure when receiving support.

There were sufficient numbers of staff, with the right competencies, skills and experience available at all times to meet the needs of the people who used the service. Safe recruitment practices were followed.

Staff understood their responsibilities in protecting people from abuse and knew how to respond to any concerns appropriately.

Good



Is the service effective?

The service ensured that people received very effective care that met their needs and wishes.

People were supported by a team of well trained and skilled staff. Training was based on best practice and guidance, so staff were provided with the most current information to support them in their work. Staff were supported through regular supervision to reflect on their practice and a mentorship scheme was in place to help them to progress with their learning and development.

Specialist equipment had been provided to meet people's health care needs and to promote their dignity and independence. The staff had introduced more innovative ways of accessing useful equipment for people to assist with their reablement.

People were supported to make their own decisions and when they were assessed as unable to do this, staff worked within the mental capacity legislation framework.

Good



Is the service caring?

The service provided outstanding care and support based on people's individual needs.

People felt care workers always treated them with kindness, compassion and they were very patient and encouraging. This approach gave people the necessary support and confidence to regain their own level of independence, sometimes a lot earlier than envisaged.

Managers and staff were committed to a strong person centred culture. All staff were enthusiastic about their role and the quality of care they provided. Involvement, compassion, dignity, respect, equality and independence were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

People and their relatives were involved in discussing how they wanted to be cared for and the support they needed. People were fully supported to engage in their reablement programmes.

Outstanding



Summary of findings

Is the service responsive?

The service was outstanding in the way they responded to people's changing needs.

People's care was based around their individual needs, aspirations and planned proactively in partnership with them. Staff supported people to achieve their goals and optimum independence through individualised reablement programmes.

People's care and support needs were kept under continual review and the service was flexible and responsive to people's individual needs and preferences. Staff responded quickly when people's needs changed and could adjust visit times and support packages at very short notice.

Staff signposted people to community collaborative groups to support their inclusion, independence and well-being. People experienced very positive outcomes as a result of the service they received and gave us outstanding feedback about their care and support.

There had been no formal complaints received by the provider in the last 12 months and people told us they had no concerns about the service. We saw many compliments had been received.

Outstanding



Is the service well-led?

The service was extremely well- led which assured positive outcomes for people.

The leadership, management and governance of the organisation assured the delivery of high-quality, person-centred care. There was a culture of fairness, support and transparency.

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service. There was a focus on continuous improvement through regular assessment and monitoring of the quality of service provided.

Staff were highly motivated, they worked as a team and were dedicated to supporting people to maximise and achieve independence. Staff told us they were proud to work for the organisation and felt valued. They felt they could make suggestions about improving the service and these would be listened to.

Outstanding



Intermediate Care at Home

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 October, 4 and 11 November 2015 and was announced. The registered provider was given 48 hours' notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also contacted the local authority safeguarding team about their views of the service and they did not have any concerns.

We sent questionnaires to 66 people who used the service, and their relatives, 20 of which were returned. Completed questionnaires from staff and community professionals involved with the service were also received.

The inspection team consisted of one adult social care inspector. During the inspection we spoke with the Nominated Individual, Service Lead, Registered Manager, team leader, assistant practitioner, support officer, ten support workers, occupational therapy technician, two admissions and discharge co-ordinators, facilities manager and business administrators. Following the visit to the office, we telephoned twenty people who used the service and / or their relatives (who had not taken part in the surveys) to gain their views of the service.

We looked at care records for six people who used the service. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, induction and training records, supervisions and appraisals, the employee handbook, quality assurance audits, finance records and complaints management records.

Is the service safe?

Our findings

People told us they felt safe with the care staff and trusted them. Relatives also echoed this view and felt staff were always kind and courteous. They were positive about the service provided and felt it was delivered by regular staff who had time to provide all the care needed. People we spoke with said, “Always felt safe with all of them, they were a lovely group of ladies”, “I feel he’s very safe”, “I felt very comfortable with the carers, I was never worried about their visits”, “I liked all the carers and trusted them in the house and with all my care”, “We had the same care staff throughout the visits; always came on time and stayed as long as they needed to” and “The visits towards the end were more checks to see if I was safe, it was reassuring they kept an eye on me and didn’t just pull out.”

Surveys returned to the Commission by people who used the service told us 100% of respondents felt safe from abuse and or harm from care and support workers.

The service had policies and procedures which covered how to safeguard vulnerable people from abuse and how to ‘whistle blow’ if necessary. We saw safeguarding training was considered essential by the registered provider and all staff completed this and regular refresher courses. The training records and discussions with staff confirmed this. Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager or others within the organisation.

We saw assessments were completed to help staff support people who used the service to minimise risk whilst ensuring they could make choices about their lives. The risk assessments included: mobility, nutrition, risk of skin damage, medicines and falls. There was a detailed environmental risk assessment completed of each person’s home when the service commenced, this identified potential hazards and any steps required to minimise them; records we viewed showed where staff had taken action in respect of the person smoking and arrangements for their pets.

Clear and robust arrangements were in place to ensure staff supported people to take their medication consistently and safely. The service had a comprehensive medicines management policy which ensured staff were aware of their responsibilities in relation to supporting people with medicines. Robust systems were in place to check medicine administration records to ensure people received their medicines safely. Daily records and medication administration records were accurately completed. There was no incidence of medication errors in the last 12 months. All staff received medicines management training which was regularly refreshed and their competence was assessed by the assistant practitioner. Where possible, people who used the service were encouraged and supported to take responsibility for their own medicines. The risk assessments and care plans had sufficient detail to ensure people received the support they needed and this was reviewed regularly.

We found there was enough skilled and competent staff to ensure they could safely support people who used the service. Teams of support workers were divided into geographical areas which were overseen by assistant practitioners. The admissions and discharge co-ordinators had responsibility to ensure care staff were safely deployed to meet the needs of people who used the service and there were suitable arrangements in place to cover any staff absence. We saw how staff logged in via the person’s phone to confirm they were attending the call and logged out on departure. The allocations team constantly checked the system which confirmed all calls had been made. The system was very efficient which meant there were no missed calls. This system also enabled the managers to monitor the length of the calls and to ensure staff were safe while lone working. If a care worker forgot to log in, the office staff would contact them by telephone to ensure they were safe.

There were three teams of care staff to support service delivery throughout the area. A range of therapy staff employed by the organisation included; physiotherapists, occupational therapists and technicians. This meant an effective staff team were available to provide holistic care and facilitate people’s treatment and rehabilitation programmes. The community social workers also worked in the same building and were easily accessible for contact and discussions.

Is the service safe?

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. Checks on the recruitment files for four members of staff evidenced they had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The organisation also completed DBS updates after the initial check. The records we looked at confirmed all staff were subject to a formal interview which was in line with the registered provider's recruitment policy.

The registered manager was aware of the need to maintain confidentiality and ensure people's information was safely held. Information about people's care support and staff personnel information was held in computer files.

Computers were password protected and the registered provider had completed registration with the Information Commissioners Office [ICO] in line with requirements when maintaining computerised records.

Staff were provided with mobile phones so they could call the senior staff or registered manager for advice if required. They had name badges to ensure people could check who they were. For those staff who did not drive, there were electric bicycles available to assist them in travelling to their calls. Other items of safety equipment provided to staff included: torches, personal alarms, high visibility vests and a first aid kit. One member of staff said, "They definitely give us the equipment we need and make sure we are safe; we have the on- call telephone numbers and there is always someone around for advice."

We saw the organisation's facilities manager ensured equipment and service utility checks were completed for the building, such as fire safety equipment and alarm checks. A security officer was employed in the evenings and overnight as the building was open 24 hours per day.

Is the service effective?

Our findings

People who used the service told us they were happy with the care, support and treatment they received. They spoke very highly of the care staff that supported them. People's comments included, "Excellent staff. They were all very well trained and gave such good advice and support", "The physiotherapist comes and checks on my mobility, I've made such a lot of progress thanks to them, they've done a good job with me", "I've had my own carers for some time and was sceptical about the need for additional help, but it worked very well and my old team are back in place now", "They always ask me about my care and how I like things done" and "We are in such safe hands, the staff are marvellous, I'm going to miss them." One person's relative told us, "From the outset the care and support has been spot on. My relative was very reluctant to have them in the beginning but quickly understood how lost she would have been without their care and probably wouldn't have been able to come home so quickly. We are very grateful to them all."

We also received positive feedback from people who used the service from the surveys we sent out. These indicated that 100% of respondents received care and support from familiar, consistent care and support workers. 94% of respondents considered staff had the necessary skills and knowledge and 100% of respondents would recommend this service to another person.

Feedback from surveys issued to professionals detailed the assessments and care plans were clear and informative and identified unmet need very well. Respondents had also identified the service worked in partnership with other agencies and achieved positive outcomes for people. An area of improvement was identified with a suggestion for consideration for the use of more assisted technology where appropriate. This was passed on to the registered manager to look into.

We saw people's nutritional needs were assessed and kept under review. People we spoke with told us there were suitable arrangements to ensure they had sufficient food and drink to meet their needs. This ranged from assistance from staff to reheat meals in the microwave, make snack meals and hot/ cold drinks. Some people told us they were able to manage meal preparation themselves and others confirmed they had received support from staff to regain independence in this activity.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff had completed training in MCA. In discussions staff were clear about how they gained consent from people regarding care and support tasks. Comments included, "We always ask them [people who used the service] about their care and involve them as much as possible" and "Most people are able to tell us how they like their care and make decisions, we always respect any refusal for support but we would inform the seniors."

The registered manager told us most people they supported had capacity to say how they wanted their care delivered in their own homes. Where people had limited capacity, in most cases, spouses and relatives were available to inform any decisions that may have been needed. They confirmed they had where necessary arranged best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. The service provided long- term support for four persons. Records showed one person receiving long- term support did not have capacity and the service had involved the Court of Protection and the Office of the Public Guardian to ensure the care arrangements were in the person's best interests.

Care records contained consent records for people to complete in relation to: accepting assistance detailed in the support plan, permission for staff to hold a house key or have access to the key safe and permission for staff to use their telephone for the 'Freephone' logging in/ out system. We found people or their relatives had signed the consent records in all the files we checked.

There was an induction for new staff which included orientation, essential training, completion of workbooks, observation of practice, shadowing staff in a supernumerary capacity and mentoring from senior colleagues. During their probationary period they had

Is the service effective?

regular meetings with their line manager to check their progress. The advanced practitioner told us the induction programme had been revised earlier in the year to incorporate the care certificate standards, which new staff worked through to evidence competence. All staff were issued with an 'Employee Handbook'; this provided them with information about key policies and procedures, values of the organisation and how they were expected to carry out their role. One member of staff told us, "The induction was probably the best I've had in terms of the standard of training and support. They want new staff to be skilled, confident and competent; they give you all the support you need and don't let you work unsupervised until they are confident you are ready."

Staff received effective training and support to ensure they were skilled and competent to meet the needs of people who used the service. The training included: moving and handling; health and safety; safeguarding vulnerable adults from abuse; fire; infection prevention and control; dignity and rights; medicines management; dementia care; MCA; nutrition; information governance; equality and diversity; dementia; pressure damage prevention and falls prevention.

Training records confirmed staff completed some which was specific to the needs of the people they supported. Staff confirmed they had received training in catheter management, stomas, common conditions of the elderly, end of life care and some had completed more advanced courses on dementia. Some training had been facilitated by health professionals involved in specific people's care so

they could be sure staff had the right skills to support them. The therapy team were scheduled to provide training sessions on enabling support and exercise programmes in November 2015. We also found refresher courses on the use of continence products and continence programmes had been arranged for January 2016, following feedback in staff appraisal meetings. Most staff had attained qualifications in care.

Staff confirmed they had appraisal and supervision meetings and could approach the registered manager or senior staff for support on a daily basis. Checks on the supervision records showed discussions included topics such as training, performance and the importance of the six C's; care, compassion, competence, communication, courage and commitment, which are the values of Compassion in Practice, a national strategy for nursing and care staff.

Staff considered the training and support they received allowed them to deliver an excellent service. We received positive comments from staff which included, "The training we receive is excellent and the personal development opportunities are very good" and "We are well supported by our line managers. The teams are well trained and we have regular supervision / meetings and are provided with the latest information and guidance." Records showed some staff had completed Diploma courses and others were supported with studying at degree level. One member of staff confirmed how the management had supported their degree course by ensuring they were rostered to work around their college dates.



Is the service caring?

Our findings

All of the feedback from people was very complimentary about the staff providing the service and the way they delivered the care and support. People told us they were treated with dignity and respect at all times and felt comfortable and confident with the staff who supported them. Their privacy was respected and staff promoted their independence as far as possible. People's comments included, "Nothing too much trouble, very polite and understanding", "I was looked after very well by warm and friendly girls", "Marvellous care, just marvellous", "I was very impressed with the care and kindness the staff showed throughout their time with us; very respectful and considerate", "They are a very kind and helpful group of staff; at times I struggled to get back on my feet but they were always there with encouraging words and advice, they didn't rush me", "They are professional, reliable and understanding, words cannot express my gratitude" and "The staff are very kind and always respectful, I am extremely satisfied with the care."

From the surveys we received 100% of respondents told us they were happy with the care and support they received from this service. 100% of respondents also said the support workers always treated them with respect and dignity and the support workers were caring and kind.

The organisation had adopted the Dignity Challenge into its dignity in care policy. This ten point challenge is fundamental to the Department of Health Dignity in Care Campaign. Staff had been issued with the information on a small card and information was posted around the building. Staff told us how all aspects of the challenge were embedded in the service provision and discussed in staff meetings and training sessions. The registered manager told us, "The values within the challenge are integral to all aspects of our work and we do this well. We respect and value people's choices and work with them and their families to achieve positive outcomes. We get good results and that is very rewarding for all the team."

The registered manager explained how staff had been appointed to lead roles in dignity and respect, end of life and also dementia. Many of the staff had gained a vocational qualification in dementia care and they provided lead roles in caring for people living with

dementia when necessary. There were community resources staff could signpost and access for people, such as digital reminiscence devices and dementia specific sports activities.

The service had a very strong, visible and person centred culture. This was reflected in discussions with the management, staff, people who used the service, relatives, health care professionals involved in the service and from records seen. The care plans contained information about preferences for care support including the gender of care support workers and how people wished to be cared for. Care plans described how people communicated their needs. Daily communication records demonstrated a very kind and sensitive approach from the care staff in the care delivery and support. The manager explained how the service prided itself on the provision of innovative and inclusive care and that the care provision was dependent on relationships built on trust, choice and control and absolute respect.

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up during personal care support and providing personal support in private. One member of staff described how they gave people time to complete their personal care themselves where possible, for example they waited outside the toilet or bathroom until the person asked for their support. Another member of staff told us how one person was reluctant to accept personal care from them due to their religious beliefs and the member of staff had suggested different, more sensitive approaches and ways to overcome this, which the person had felt comfortable to accept.

We found the service was caring and people were respected by staff, treated with kindness and were listened to. Staff spoke about the people they cared for in a kind and sensitive manner. One member of staff described how vulnerable and anxious many of the people felt when they first received support from the service and how they worked with people to build up their confidence and trust in them so they could fully engage in the enablement programmes.

Staff also described how they managed to develop very positive relationships with people and their families within the relatively short time-frames they were involved in



Is the service caring?

providing the service. This was echoed by people we spoke with. One person commented, “I received excellent support from a small group of staff, they were with me every step of the way, literally; their kindness and experience gave me confidence.” Another example of the staff’s very patient and supportive approach was described in a case study in the latest quarterly report. Staff described how reluctant one person had been to mobilise due to high levels of anxiety about falling and high levels of pain. The therapy team were not optimistic about the person regaining their independence due to their anxiety. Working with the family, the person’s GP and therapists the staff were able to ensure the person received appropriate pain relief and specific mobility equipment. They worked very patiently with the person providing lots of encouragement and praise so the person felt more confident and within a week the person had made a fantastic improvement and needed minimal observational support. The family called them the ‘miracle ladies.’

We saw people were provided with information about the service they were to receive. This included their assessments and risk assessments, contract, details of how they could make a complaint and their plan of care. Records showed one person with learning disability was provided with photographs of staff on their rota so they knew who to expect on which day. Their meal time planner was produced in pictorial format to assist their understanding. We saw task sheets were formulated and provided to staff by the admissions and discharge co-ordinators. Staff told us how they received as much information as was known prior to people’s first visit but this was always discussed in full.

Staff confirmed that communication was good within the service. They described how information was communicated effectively between staff via regular hand over meetings and telephone calls. One member of staff told us, “The office always ring us and let us know if there are any changes. We are getting new smart phones and we get sent texts and information is emailed to us. We also ring each other directly to pass on information and keep everyone up to date.”

During the inspection we sat in on the handover meeting the Crisis Team held each day, six support staff were present and the team leader. They discussed each person’s current care and enablement needs and the progress they

were making in achieving their goals. From the discussions held, it was clear staff had gained an excellent understanding of people’s health, wellbeing and the progress or difficulties they were experiencing. Support staff confidently appraised people’s current care needs and made judgements about the need for additional support or referral to community health professionals or the therapy team for their input. They also discussed any consideration for transferring the person’s care package to another team within the organisation or transition to an external service for more long- term support.

Comments from staff surveys included, “The small team I work with always give 100%. We discuss daily the needs of individuals that we support and adapt and change our ways of working to provide choice and to promote independence. We also provide information around other support that is available for when our service ends, ensuring that any planned service is in place before we close our own involvement. All the team are respectful, experienced and caring.”

A staff champion had been appointed taking a lead on promoting positive care for people nearing the end of their life. They attended end of life care link meetings arranged by the local authority and provided feedback to staff in meetings on good practice. The service worked proactively in partnership with other services to ensure people’s end of life care needs were met. The registered manager confirmed the crisis team often supported the local ‘Home from Hospice’ staff and Macmillan nurses in the community with people’s end of life care. Staff had completed palliative care courses and were experienced in this type of care. They gave an example of one person who wanted to return home from the local Hospice for Christmas to spend time with their family. However, the community hospice staff were unable to provide all the care package and so the service provided the additional support required to facilitate the person’s wish to spend their last Christmas at home.

If people wished to have additional support to make a decision they were able to access an advocate. The registered manager told us that they had helped people who used the service to access advocacy services in the past, but there was no-one in the service who currently required or had requested this support.



Is the service responsive?

Our findings

We found the service was very responsive to people's individual needs. People said they were consulted about the care they needed and the way they wanted it provided. They felt they had been listened to and their needs were central to this process. Comments from people included, "The whole focus has been getting me independent again and I have to say they have done an amazing job. I'm extremely impressed with the agency and the help I've had", "Can't fault the approach from the staff; they've really listened to me and understand the difficulties I've faced. They have all being incredibly kind and sympathetic", "If I wanted them to do something they would, they are all very kind and willing to make changes where necessary."

Relatives we spoke with were also very complimentary about the support their family member received. One person said, "The staff have involved them in all the decisions and have been with them every step of the way. Sometimes they have needed more time and this has never been an issue, the service is very flexible and the progress they have made with their care has been remarkable." Another relative told us, "Since their discharge from hospital it hasn't always been straightforward, we've had to cope with a couple of setbacks and emergencies, but the staff were all just great and managed things smoothly as possible. Very impressed with the staff as individuals and the service, we couldn't have wished for better."

From the surveys we received from people who used the service, 100% of respondents told us they were involved in decision making about their care. One professional described the service as being, "Really responsive and well managed." A member of staff commented, "This is the first care agency I have worked where I actually have time to get to know the client without having to rush in, do the job and rush out again."

We found people who used the service received excellent personalised care and support. The assessment process and reablement programme related to individual needs and was centred on the person and the outcomes they were seeking. The care files of people who used the service showed that an assessment of their needs was completed by therapy and care staff at the start of the service, this included risk assessments. These assessments were completed in a person-centred way with the full involvement of the person. This included a discussion with

them to ensure they understood the reason for the involvement and support from the agency and their own and their families' expectations. Each person we spoke with confirmed they had been consulted about their care needs and had contributed to the assessment process where possible. The registered manager told us, "At the initial meeting with service users we ensure that time is allocated so any outcomes, dreams or practicalities are agreed with the person and anyone else that is involved with their journey."

The service had introduced the, 'Outcome Star' which is an assessment tool for supporting people's progress towards self-reliance, where people who used the service set goals and agreed outcomes. Records showed each person was supported to complete personal goals on admission and these were reviewed prior to discharge. Examples of these were, 'I want to walk unaided and feel strong enough to shower myself' and "To build myself up again and start putting on some weight as I've lost a lot of weight." Records showed the results were monitored through the service quality assurance programme and in September 2015, 79.5% of people had achieved their personal goals for that month.

The registered manager told us, "We have a highly motivated staff team; they get to know the people really well in the relatively short time our service is involved in their care. The staff have a 'can do' approach which is passed on to our clients. They achieve very positive outcomes for people." An example of this was the support provided to a person with learning disability to learn parenting skills. Staff provided an intense package of support which was monitored closely at regular multi-disciplinary meetings with the person's social worker, advocate, child care worker and housing officer. The person made significant progress and support was withdrawn over time as their confidence and competence in looking after their child grew.

Staff told us they asked people's preferences about the times they would like their visit. This usually included 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.



Is the service responsive?

The registered manager described how the service was responsive and flexible. They confirmed how people's needs were regularly reviewed and changes were continually made to people's care delivery, either increasing the number or range of visits or scaling back support as people progressed towards more independent living. 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 to ensure where needed the support was provided prior to people leaving home for the appointment. The service responded to emergencies such as if a person had an accident or fall the service would identify and send a care worker to assist as soon as possible.

A member of staff told us, "I've often had to stay with someone for longer than planned; it's never been a problem. We just let the office know so they can inform the next client or arrange for a different care worker to be allocated. Also we tell the assistant practitioner and they will come out and re-assess the person to see if the support package needs changing. This is what our service is about, making sure the care is right for the individual."

The assessment process included looking at any home adjustments or equipment needed to assist people with their comfort and independence. The service had good access to equipment and staff told us people were regularly assessed for and provided with items such as: safety grab rails, bath and shower seats, trolleys and mobility equipment. The registered manager confirmed the service had recently been successful in obtaining funds to purchase some equipment which they could then sell on to people who were not able to access the community or were not aware of the availability of the products. Equipment included long handled sponges for feet and back washing, urine bottles and cream applicators. This meant they could commence reablement programmes without any delay.

Goals identified with people included helping with personal care, medicines, mobility, meals and drinks and supporting them to be independent in these areas. We saw care plans and care delivery was reviewed on a regular basis. Multi-disciplinary review meetings were held daily for people receiving support from the Crisis and Peripatetic Teams which formed part of the service and weekly for people receiving support from the intermediate care at home team, to discuss each person's care, treatment and

discharge planning arrangements. This enabled a range of health and social care professionals to review people's needs, plan care and treatment in an integrated way and manage transition between services and agencies involved with the person's care package. Records and discussions with staff showed in some circumstances staff continued providing care and worked alongside the new care provider to allow for a handover and continuity of care.

People's care plans were very personalised and tailored to their reablement programmes. For example, one person's nutritional plan detailed how staff were to support them to visit the supermarket of their choice to purchase some ready cooked meals as they used to do this before their illness. Staff told us how they tried to encourage people to resume their normal activities where possible as this tended to help them to regain their independence more quickly. Another example was the very specific support given to a person with autism to reable them to access transport to a day service facility. A small group of senior care staff provided short term support with train and taxi travel until the person regained their confidence to travel independently again.

The registered provider used an electronic recording system which enabled information to be shared amongst health professionals in different agencies when the person provided consent to this. The system meant other health professionals involved such as the person's GP would be able to access the information regarding their patient's support programme and progress made. Therapy and care staff provided information for a discharge record when people were discharged from the service or moved to another service.

Staff were aware of the issues related to social isolation and the need to support people who may be living on their own. They told us people were supported to be involved within their local community and encouraged to participate in local health and well-being collaborative groups such as luncheon clubs, walking groups, a sporting memories group and participate in activities such as curling, tai-chi and quizzes. Information on all these activities was provided in the service information booklet each person was given at the start of the service. Some people who had used the service told us the groups



Is the service responsive?

weren't for them but others had been interested. One person said, "I don't usually join groups but I thought I'd give this a go. I've tried some new activities and feel better for it. Pleased I was given the information by the staff."

The registered manager had introduced a system of reflective practice for staff to record "How have you made a difference to a service user?" They told us it was a way of capturing some of the excellent examples of care delivery from the staff which they used to share in meetings and for staff development. One member of staff had written an account of the support they had provided to a person who had sustained severe injuries following an accident. They wrote, "The results have already been amazing. We have reached the first goal set, weeks ahead of time. The results are obviously down to the determination of the client but

as they have stated they couldn't have achieved these results without our help. They have also stated we have been a great emotional support as all the trauma has been hard to come to terms with."

The registered manager told us there had been no formal complaints in the last 12 months. People we spoke with told us they knew they could contact the office if they had any concerns, but said they had never had to make a complaint. There was information about how to make a complaint contained in people's care folders in their homes. People told us, "I'm very satisfied with everything, no complaints" and "There were no issues or concerns about the agency. I'm very happy with the service and would use it again, but I'm hoping I won't need to."



Is the service well-led?

Our findings

All the feedback we received about the service was very positive and each person, without exception, told us how valuable the service was. People and their relatives considered the service was well-led and excellent standards of care were provided by a team of highly skilled and caring staff. One person summed it up with their comments, “It’s a very well-managed service, and the staff are professional, skilled and always encouraging. It was the best decision we made to accept their support.”

From the surveys we received from people who used the service, 100% of respondents told us they knew who to contact in the agency if they needed to and that the service was well managed. A professional commented, “It is a very well run service. The management are approachable and work with us to achieve the best possible outcomes for people.”

We found the leadership, management and governance of the organisation assured the delivery of high-quality, person-centred care. It also supported learning, innovation and promoted an open culture. The service had a well-defined organisational structure. This consisted of a Board of Directors and Council of Governors who delegated the operational management of the organisation to a Chief Executive (CE). There was a senior management team with heads of service and tiers of managers, discharge co-ordinators, support staff and business services. Staff were encouraged to attend the quarterly staff engagement events which were interactive and typically included an update from the CE as well as internal and external speakers.

We spoke with the registered manager and staff team about the culture of the organisation and discussed the vision, values and ethos of the service. These focused on delivering quality services, putting people first, working together, ensuring the care was person-centred and individuals being at the centre of their own care. The Intermediate Care at Home Service had also adopted their own vision statement, “No decision about me-without me” and a set of 10 customer standards. In discussions with people who used the service, staff and in records written about people we saw all these values and standards working in practice.

The service was well organised which enabled staff to respond to people’s needs in a pro-active and planned way. Throughout our inspection visit we observed staff working well as a team, communicating with people who used the service, other agencies and overall managing people’s support packages in an organised, calm and caring manner. All records we requested to see were easily accessible, up to date and provided straight away. This made information easy to find.

The registered manager had the required qualifications and experience and was competent to run the service. She had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. We received very positive comments from staff about the registered manager, which included, “The manager is excellent, she puts a 100% into everything she does” and “She is brilliant and really supportive, you can go to her about anything. She’s a really good manager and values the work we do.”

A range of meetings were held to discuss management of the service, service delivery, staff engagement, lead roles, share information and to prepare reports for board meetings. Weekly organisation newsletters were emailed to all staff. The registered manager confirmed new weekly surgeries had been recently set up in community settings so the assistant practitioners could provide more one-to-one support for the care staff.

In addition, an annual business plan clearly summarised the organisation’s aims and objectives, with well-defined forward planning strategies being implemented in line with local and national agendas. The registered manager told us they worked to continuously improve services, and examples of innovation were evidenced in the records we checked and from interviews with the staff team. An example of recent internal service improvement had been the development of the “Peripatetic Team” which had been set up to support the Crisis Team when people required some additional support, above the seven day service agreement. This was working well to improve outcomes for people. Also there had been successful application approval from the Change and Innovation Fund for a new scheme to obtain supplies of reablement equipment to sell to customers to facilitate shorter timescales for reablement support.

All the staff we spoke with were professional, open and enthusiastic about their role and working for the



Is the service well-led?

organisation. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with effectively and sensitively. They told us they felt proud working for the service and enjoyed coming to work. Comments from the staff team included, “I love working within the intermediate care at home team, I feel the quality of the care we provide is excellent. I feel we always strive towards excellence and where improvements are required in our performance we action them very quickly. I always get positive feedback about the service we provide”, “It is the best agency I’ve worked for” and “I am proud to say I work for my company and believe we deliver a very professional service to our customers.”

The registered manager described how staff morale had dipped in recent weeks due to some staff restructuring and how they had held extra staff meetings to support staff through this process and work with them to help understanding of the organisational changes and priorities. At the meetings staff had been consulted about service improvements and we found the suggestions staff had made had been actioned. One example was around some staff feeling a bit intimidated when they visited the office. In response, new chairs had been provided in the main office area, so staff had somewhere to sit when they arrived and each day a member of the office staff was allocated as lead person to welcome staff and deal with any queries they had. During the inspection we saw this in practice. Staff we spoke with said they appreciated the improvements made and that the management had listened to them.

We found the organisation encouraged good practice. For example, there was a system in the organisation to nominate staff for a STAR award for recognition of proactive work and ‘going the extra mile.’ Photographs of members of staff from the service who had won awards were posted on the staff room wall. Staff benefits included childcare vouchers, an advisory service and lease car schemes. The organisation also had gained ‘ISO9001’, which is a management standard accreditation scheme that focusses on the registered provider’s commitment to good business and people management.

We looked at the registered provider’s quality monitoring programme and found a programme of reviews and audits was in place. Assistant practitioners completed a programme of regular spot check visits where they reviewed the quality of care provided, infection control practices, medicines management and care records. We

saw records which confirmed this. Further checks were made on the care records and medication administration records by the registered manager and senior staff to review the quality and accuracy of the recording. We found that where shortfalls were identified these were followed up with the individual concerned through supervision and training where necessary.

The registered manager provided information to support the registered provider’s clinical governance systems. Detailed quarterly performance reports were completed which outlined areas such as: referral rates, length of service, discharge outcomes, incidents, complaints, compliments, staff sickness rates, staff appraisal and supervision programme completion. Achievement with personal goals through the Outcome Star process were also monitored and recorded; these clearly demonstrated people’s journey towards recovery from their perspective. The organisation issued regular satisfaction surveys to people who used the service. We reviewed the results from recent surveys which showed positive responses for all questions and indicated a high level of satisfaction.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. Staff we spoke with confirmed that following incidents or accidents they had opportunities to discuss any lessons learnt and were informed of any action taken or changes in care delivery. This meant incidents were monitored and management took steps to learn from such events and put measures in place to make them less likely to happen again.

The registered manager was supportive of other services and was involved in networking with them in order to provide services and promote best practice initiatives. Senior staff regularly attended conferences and other events in order to update their skills and knowledge base. Staff at the service had recently won an award at a national conference for their work in a community mobile technology project, which offered a more efficient way of working and reduced clinical risk by allowing direct access to the patient record.

We saw the service worked in partnership with other agencies such as North East Lincolnshire Clinical Commissioning Group to provide emergency support for services who may have experienced service delivery issues.



Is the service well-led?

In recent months this had included support for NHS palliative care teams and also independent care services where there had been staffing or safeguarding issues. The registered manager explained how the service had also had recent experience of working closely with Child Care Services and the Court of Protection to provide support to

people with parenting skills to enable the family to stay together. This demonstrated the versatility and quality of care provided by the experienced and competent staff at the service had been recognised by partner agencies and showed staff's willingness and dedication to ensuring people's health, safety and welfare was properly protected.