

Optalis Limited

START (Optalis Limited)

Inspection report

Wokingham Borough Council
Civic Offices, Shute End, 1st Floor
Wokingham
RG40 1BN

Tel: 01189778613

Website: www.optalis.org/locations/short-term-assessment-and-reablement-team

Date of inspection visit:
11 August 2021

Date of publication:
31 August 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

START stands for the Short-Term Assessment and Reablement Team. START is a community reablement service, providing assessment and goal-based support to people living in their own homes. Assessment and support are usually provided for up to six weeks, often after a person is discharged from an acute hospital setting. The service supported 11 people at the time of inspection. The service sets their own limits about how many people they are able to support at any one time.

Optalis Limited (the provider) provides adult social care in partnership with the Royal Borough of Windsor and Maidenhead and Wokingham Borough Council. People's reablement packages delivered by START are entirely funded by the local authority. START only provides assessment and reablement services to people who live within the boundaries of Wokingham Borough Council.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks such as those related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Improvements to safety were made since the last inspection. People were protected against abuse and neglect. People's risks were satisfactorily assessed. Medicines were safely managed. Personnel files contained all the required documents and checks to ensure safe staffing recruitment. People are protected against the risk of infections, especially during the pandemic.

People's preferences were assessed and documented. Staff were well supported and the training, supervisions and performance appraisals were up to date. People's nutrition and hydration were monitored to ensure they received enough to eat and drink. People's healthcare or social care issues needing support were referred to external healthcare professionals, to ensure joined up care.

Staff identified themselves as kind and caring, and this was confirmed by people, relatives and community social workers. There was good engagement between staff and people who use the service. There was evidence of people's and relatives' involvement in the care planning. Reviews were undertaken in an ongoing manner. People's dignity and privacy was respected.

There were very detailed reablement plans, and these were person-centred and people's preferences were well-documented. There was a complaints system in place. Information is presented in line with the principles of the Accessible Information Standard. Some continued AIS work is required for people with learning disabilities, autism and dementia. We made a recommendation about this.

Improvements to governance were made since the last inspection. There was a positive workplace culture. The provider and the registered manager had robust quality assurance systems in place. Actions were taken

when improvements were required. There was good engagement with people, relatives and staff. The service has adapted their aims and objectives to ensure the focus is increasing people's independence. The staff and management team have embedded continuous learning and improving care into everyday practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 22 October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

START (Optalis Limited)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two 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.

Service and service type

This service is registered with us as a domiciliary care agency. However, it provides assessment, and reablement support to people living in their own houses and flats. Some people may receive assistance with their personal care needs.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 4 August 2021 and ended on 17 August 2021. We visited the office location on 11 August 2021.

What we did before the inspection

We reviewed information we held and had received about the service since the last inspection. We sought feedback from the local authority, safeguarding team and other professionals who work with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We asked the registered manager to send some documents in advance of visiting the service's office. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and five relatives about their experience of the assessment process and the reablement support. We spoke with the nominated individual about their oversight of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with provider's head of regulated services, the registered manager, the governance and quality assurance manager and one senior care worker. We received written feedback from six other care workers and four social workers. We contacted the local authority and received a further written reply. We reviewed a range of records. This included two people's care records and medicines administration records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested and received quality assurance and other governance records. We continued written communication with the provider's head of regulated services and the registered manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, neglect and discrimination.
- Everyone we spoke with told us the reablement support was safe. Feedback included, "I like that they have really encouraged me to regain my strength and to try to do things for myself where I am able to. When I can't, they are very supportive and I always feel that I am safe and, like, when they are helping me to get in or out of bed, just that helping hand and guidance makes a real difference. They are also very patient, which is what I like. If I was worried about my safety at all I would phone the office and speak to somebody about it."
- Any allegations of harm to adults at risk were reported by care workers to the registered manager or senior staff member. The management team knew what action to take if such an incident was reported.
- The management team confirmed policies and procedures were in place which set out how to protect adults at risk of harm. Contact details for the safeguarding team were accessible.
- Staff had completed training to provide them with knowledge of how to report allegations of abuse. There were appropriate systems in place for whistleblowing.

Assessing risk, safety monitoring and management

- Improvements were made since the last inspection to ensure that people's support risks were assessed, updated and recorded in a timely way to ensure safe care.
- People's risks were assessed prior to commencement of their reablement. The service made sure they could care safely for anyone referred to them by the local authority.
- An assessment (or ongoing assessment) was completed for each person. This ensured the service was able to set realistic and achievable goals with people before, during and after their reablement package.
- Information was gathered from medical records, commissioners, social workers, the person (if possible) and their families or carers. Staff used all of this information to formulate the risk assessments. The registered manager explained a step-by-step approach to formulating risk assessments over a series of days.
- Risk assessments were updated with additional information as more details became available. The registered manager explained they visited people to ensure that risk assessments were relevant and up to date. They also received information from care workers which was used to update risk assessments.
- A range of risks were assessed. Examples included the person's home environment, moving and handling, skin integrity, nutrition and hydration and medicines management.
- A relative stated, "The carers have certainly allowed her [the person] to be at home much sooner after her hospital stay than she would've been able to without their assistance. I have found them to be very thorough and I certainly wouldn't have been happy if I had observed anything that I thought was putting my wife in danger at all. If I had any concerns, I would be straight on to the office to talk to a manager about it."

Staffing and recruitment

- There were enough staff deployed to safely meet people's needs.
- The registered manager said the reablement packages were completely flexible; they could be changed, support calls could be cancelled or altered to suit the needs of the person.
- A suitable rota was in place to ensure care workers completed people's support calls in a timely way. It was not always possible to have continuity of the same care workers, due to the type of service. People and relatives we contacted told us this, but understood the reasons why.
- Staff personnel files contained the necessary checks and documents to ensure only 'fit and proper' persons were employed. For example, there were checks of staff members' previous conduct in similar roles, enhanced criminal history checks were conducted and there was a full job history recorded. We asked the management team to review one staff member file, and they obtained further information to ensure it fully met the requirements of the relevant regulation.

Using medicines safely

- Improvements were made since the last inspection to ensure medicines documentation was clear and that care workers only completed the agreed level of support.
- The care workers aimed to promote people taking their own medicines safely. Not all people who used the service required support from staff with their medicines.
- People were protected from the risks of harm when they received supervision, prompting or administration of medicines by care workers.
- Appropriate checks of medicines storage were completed, both by care workers and the management team.
- Audits were completed to ensure that the service had ensured medicines were satisfactorily managed.
- Where needed, some body maps for creams and lotions were not in place. In addition, written protocols for 'as required' medicines (for example paracetamol) were not present. We signposted the management team to best practice guidelines for the management of medicines in community settings. We received written assurance and associated documents after the office visit that these processes were put into place promptly.

Preventing and controlling infection

- People were protected against the risk of infections. People and relatives told us staff used personal protective equipment (PPE) when they received support.
- The service supplied staff with the appropriate PPE. This included disposable gloves, aprons, eyewear or visors and masks. The service ensured enough PPE was available throughout the pandemic.
- Staff maintained hand hygiene by washing their hands or using alcohol-based gel which they carried with them.
- The service ensured they followed government guidelines regarding the COVID-19 pandemic. This included how to keep people safe, and how to work safely as a care worker. The management team kept themselves up-to-date by regularly reviewing any changes in government guidance.
- Staff completed regular testing for COVID-19 as part of the national programme, to ensure they were safe to work with people. The registered manager confirmed there was a record of staff test results.
- The management team described the pressures and difficulties of operating the service during the pandemic. They had robust procedures in place and people were still able to access assessment and reablement services throughout this time.
- Staff said, "We had challenging times with the pandemic but we pulled together and still provided our customers [people] with a great service. We have a supportive manager and seniors which helps us do our job" and "Support during the COVID-19 pandemic was good, plenty of PPE to use, lots of information on correct procedures and always someone to answer queries."

Learning lessons when things go wrong

- Accidents and incidents were reported and acted on. Transparency and accountability by the staff were displayed if things went wrong.
- Staff knew when and how to report incidents; any harm to people was properly documented in care records and reported to the service's office and management team.
- Lessons were learnt by the management team reviewing all of the incident reports, making their own notes and keeping the records. We suggested the registered manager kept all records about incidents in one place, to make it easier to track progress of any enquiry or investigation. They accepted our feedback.
- The head of regulated services supported the registered manager when required, if an incident occurred and further actions were needed.
- There was good oversight from the provider of all incidents and accidents logged at the service. The governance and quality assurance manager was available for advice and support with any incident or accident.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's likes, dislikes and preferences for reablement were recorded and respected by staff.
- In conjunction with the service's staff, people and families set clear goals for reablement. For example, this might include being able to perform their personal hygiene, or at least some parts of it independently.
- People's opinions were always considered when an assessment took place. These were clearly recorded in the assessment documentation.
- Where people wished to change their preferences, reablement package or other prior decisions, they were able to do so. The staff and management team were flexible enough to ensure the support for people was appropriate and met their needs.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to ensure people received effective care.
- Staff said, "I am very happy working for START (Optalis). I have been made welcome from day one and the training has been delivered well due to circumstances regarding COVID-19. I have had one [of] the better induction periods, which included shadow shifts that [were] allocated to me" and, "I can say I am still new to the service but I have given support really well through my entire probationary period. The START team supported me well during my induction. They have a proper and thorough process before signing me off and [allowing me to] work alone in the field."
- Records confirmed that staff had received a range of training, including the ongoing training they needed to meet statutory and mandatory requirements.
- All staff completed an induction similar to the Care Certificate and as part of their induction when they were first appointed. This is a nationally agreed set of modules for staff new to working in adult social care. Care workers then worked with and shadowed experienced staff members to become familiar with reablement and to learn about their role.
- Staff were well supported by the registered manager to develop advanced skills and knowledge in assessment and reablement processes. The support provided included supervision, teaching and team working approaches with other professionals to deliver support.

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

- People were assisted or provided with enough food and drinks to ensure a balanced diet was maintained.
- People were asked what they would like to eat and drink on a daily basis, ensuring they were provided choice. Not everyone who used the service required support with meals or drinks.
- Care workers knew people's dietary preferences. They were aware of any cultural or faith-based

restrictions for food and drink and respected them.

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

- Staff worked with the local authority, healthcare, and social care professionals to ensure that people received support in the right way.
- Appropriate health information was exchanged with stakeholders which fostered good health outcomes for people. This included on weekends when hospital discharges still needed to take place.
- A social worker stated, "They prioritise hospital discharge patients for their service which is excellent for my team, as this enables people leaving hospital to have a rehab focused service. The service appears well led by [the registered manager] and if I have any concerns I feel I can approach him. The support that they provide strikes a good balance between providing care and support whilst also encouraging people to regain independence by 'pushing' them to do as much as they can."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's consent was obtained for assessments and reablement support. Where needed, the service acted in people's best interests if valid consent could not be obtained.
- Feedback included, "They will always make sure that she [the person] is ready and happy to make a start, which I think is a much nicer way of doing it, rather than asking her a direct question like 'can I start please?'" and "If I don't feel quite ready particularly first thing in the morning, then they will just do some tidying up or make me a drink, by which time I've usually woken up sufficiently to be able to make a start properly."
- Staff received training in the MCA, and this was repeated at regular intervals.
- People and families said staff sought consent before completing assessments or undertaking reablement activities with them.
- People's care and support documents showed they consented to receiving care and support.
- The registered manager stated that some people who used the service may have an appointed attorney or attorneys (set out in a 'lasting power of attorney' document). We asked how they checked this. The registered manager stated they would ask for copies at the start of assessment and reablement, but due to the short timeframe of support the service did not always receive the documentation.
- We signposted the registered manager to the Office of the Public Guardian, where they could independently and quickly check whether there was a valid, registered 'lasting power of attorney' document which contained details of alternative decision-makers.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we contacted told us the staff and support was kind and caring. This included people, families, staff and community social care professionals.
- A relative stated, "The [person's] dementia really does make it a bit more challenging for the carers. However, they are polite and have a strong professional approach to their work and they take it in their stride...any particular challenging behaviour that is presented to them!"
- A person stated they appreciated the support from their reablement package. They commented, "That's what I like about having the carers coming in at the minute as it's so nice to be able to chat with people. It's been such a long, lonely time with all this pandemic going on that I've really enjoyed just having some company during the day."
- People and families told us they were treated well and staff knew their needs. They confirmed that staff were friendly, patient and did not rush people during their reablement.
- Staff completed training in equality, diversity and human rights so they could ensure care was provided in the right way. People's unique differences in their reablement packages were met by staff who were knowledgeable, skilled and experienced about respecting differences.
- The registered manager demonstrated they understood the importance of maintaining human rights and the provision of compassionate support. Their philosophy was also shared by the head of regulated services for the provider. These values were reflected in the way the service was both carried on and managed.

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

- People were always placed at the centre of the assessment process and reablement support.
- One person we contacted was very anxious about their reablement ending and not being able to cope. We contacted the registered manager who liaised with the person and their social worker. This ensured that the person's fears about being left without support were addressed quickly. The registered manager wrote to us to confirm the positive outcome for the person.
- People had an active say in their everyday care. They were able to express this to their care workers, or call the service's office and speak with a senior staff member. Where necessary, the service asked friends, family or other professionals for their opinions to ensure people received the right support in the right way.
- Staff consistently reviewed people's needs, in both everyday practice and scheduled checks of the reablement packages. Packages were extended or additional support was obtained to ensure people received support for the right length of time.
- The registered manager stated people were treated as partners in planning their reablement. If a person was unable to make decisions for themselves, they were supported with choices and decisions. Suggestions

were offered to the person to guide them with difficult decisions.

Respecting and promoting people's privacy, dignity and independence

- People and families complimented the service for treating them with respect and the care workers' professionalism.
- The focus of the service was assessing, fostering, creating and reviewing people's independence with completing their activities of daily living at home and within the community.
- This was clearly set out in all of the documents about the service, and information accessible to the public, such as on the internet.
- People were expected to work as partners with the service's care workers to meet specific goals for independence. People's goals were adaptable, and changed if needed.
- Senior care workers could order basic mobility or moving equipment if they had been deemed competent to do so. Assessment for and provision of more complex equipment was completed in conjunction with occupational therapists. Both processes ensured a seamless journey of care for people. Support was therefore provided in a joined-up way.
- People's houses were prepared by the care workers to ensure that support took place in private. This included closing curtains and doors and ensuring that intimate support was provided in a professional way.
- People were asked to complete as many tasks as they could before staff provided support to them. This ensured that staff promoted people's independence, as much as possible.
- Relatives stated, "Unfortunately she [the person] is confined to bed at the moment, so when they come first thing in the morning, they give her a wash on the bed, change her night dress and her continence pad and settle her for the morning. They always make sure they shut the bedroom door so that she's not in full view while they are washing her, but they always reopen it and leave it open once they are done so that she doesn't feel stranded on her own" and "She [the person] will quite often spill things down herself these days, but the carers are good and will notice when she has done this and they will encourage her to change into something clean. I really appreciate that they think about her in this way."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Improvements were made since the last inspection to ensure that care documentation was detailed, individualised and contained up to date information about people and their reablement package.
- The type of service and support provided was short, and often changed quickly as people moved towards achieving their goals for independence.
- A staff member commented, "It is a fast-moving service with a varied customer [people] base. There are many different challenges; customers have a wide range of health conditions and abilities. In addition to the support that is available from the seniors and [registered] manager we have a really in-depth e-learning resource with optional units on most of the conditions we encounter as well as all of the mandatory units. The members of the team also have many years of experience in reablement and, more generally, in the care sector and I have always found that they are happy to share their expertise in team meetings or when we are on calls together."
- The registered manager explained the change of philosophy they had instilled in the staff service. This was to ensure the service was focused on reablement, not personal care. People were still supported with personal care if needed, but the focus was to encourage people to increase people's functional independence at their home.
- The care workers and management team understood how emotional and psychological challenges might impact on a person's reablement support package.
- People and relatives understood the purpose of reablement. Feedback included, "We were told from the outset that this was a time-limited support package that he [the person] would be provided with, so for us, it really didn't matter what times they came to help him, as long as they did! So no, we weren't concerned at all that we might have to change his routine slightly during this time."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service recorded people's communication preferences and any associated impairments.
- There was an appropriate policy in place for the AIS requirements which was regularly reviewed.
- The registered manager and head of regulated services understood the requirements set out in the AIS document. They were aware of different methods that could be used to ensure older adults received information in an accessible way.
- We asked what tools the service had ready and in place to ensure effective communication with people

living with a learning disability and autistic people. The management team stated they did not have any specific materials available to meet the AIS for these people.

- We suggested different strategies and equipment that might be used to ensure the principles of the AIS were available to anyone who used the service. These included symbols, pictures, communication boards and Makaton. Makaton is a type of sign language for people living with learning disabilities.
- The management team were fully receptive to our feedback. The head of regulated services pointed out that the provider operates care homes for people with learning disabilities and autistic people. They explained that there are already materials available at those registered locations. In addition, the provider had staff with the knowledge, skills and experience to teach START care workers how to communicate effectively with people who may have a disability or impairment.
- The head of regulated services wrote to us after the inspection. They stated, "We have staff trained in use of assistive technology...and alternative communication systems. To ensure the START team is fully aware of the above-mentioned resources, we will ensure this topic is addressed in a team meeting and resources available at [the] registered office."

We recommend the service reviews AIS provisions for people living with learning disabilities and autistic people.

Improving care quality in response to complaints or concerns

- People and others were satisfied with the support provided by care workers, the office and the management team and expressed no complaints to us during the inspection.
- There was an appropriate complaints policy and procedure in place.
- Concerns were treated sensitively by the registered manager; records demonstrated that an inclusive, caring approach was used to manage any concerns.
- Formal complaints received by START were logged escalated to specialist staff within the provider. These colleagues managed any such complaint to ensure that it met the requirements set out in the regulation, and to attempt resolution with the complainant in the first instance. People or others still had the right to escalate their complaint to another body, such as the relevant Ombudsman.
- The local authority confirmed that the service worked with them if they became aware of any information of concern pertaining to people's reablement support.
- People and relatives confirmed they knew how to make a complaint if needed. They said, "It tells me in the folder how I can make a complaint and if I had any problems, I would probably phone the office and ask to talk to a manager about it. I certainly wouldn't sit and suffer in silence! Thankfully though, I've had nothing that I've needed to complain about so far" and, "I deal with everything on her [the person's], behalf so it would be me dealing with any issues that we had with the care she was having. I suppose I would phone the office and ask to speak to a manager. We've certainly had no problems that we've needed to address so far."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the registered persons had failed to ensure systems were robust enough to demonstrate clear oversight of operations. This placed people at the risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, we issued a requirement notice to the registered persons and required an action plan.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- A new manager was appointed and registered with us. They were a registered occupational therapist. They explained their clear focus of ensuring START was a people-based reablement service, and avoided providing only personal care to people. They understood their role well and were clearly able to explain the purpose of the service.
- Staff said, "[The registered manager] is a good manager and does not micromanage. [They have] good expectations and [have] put good systems in place and things run smoothly. I feel supported in the role and know who I can escalate things to if I had any concerns."
- Improvements were made since the last inspection to ensure that audits, their results or outcomes and oversight of them was robust and under continuous review.
- At the last inspection, audits of care files occurred only once a person was no longer receiving their reablement support. Since then, the service commenced auditing people's care documentation whilst they were actively receiving reablement support. This meant changes could be made at the point of the audit result. This also ensured any areas for improvement in a person's support package were identified more promptly. Any themes or trends found by the audit process could be used to inform the management of any changes needed to policies, procedures, processes or ways of working.
- There was a clear and robust plan for auditing and checking the governance of the service. This was set out to specify the type of audit required, the frequency, who was responsible and recording the results.
- Results were entered onto an electronic auditing system used by the provider. This indicated which areas of the service were fully compliant with the provider's standards and expectations, items that required actions and prior actions taken. An automatic list of actions was generated when items which required improvement were recorded in the system.
- The governance and quality assurance manager and head of regulated services regularly reviewed that audits were completed in the system, in line with the audit schedule. This ensured required audits were not missed. The registered manager regularly reviewed actions which were open, in progress or requiring further

review. The registered manager kept a separate record of actions completed so that they had a historical list of improvements, updates and changes they could refer to.

- A social worker told us of positive changes since the last inspection. They said there was, "Better communication between START and the teams, regular weekly meetings happening with the operational team managers and the START manager which really helps with dealing with any issues with customers [people] quickly." They further stated the service was, "Accepting of the majority of referrals which are made into the service and [there are] lots more reablement packages of care being accepted now, not just assessments."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service operated in an open culture, which meant people's needs were appropriately met.
- Staff were described as proactive by people, families and social workers we contacted. They explained that staff ensured people's involvement in the reablement process.
- People, families, staff and external professionals could raise any feedback with the registered manager and head of regulated services. Feedback was taken seriously, recorded and acted on promptly. Staff were able to raise concerns without fear of bullying, discrimination or being treated unfairly.
- Monitoring calls to a percentage of people were completed weekly to check the quality of care and gather feedback. Recorded feedback included, "Now getting out from bed and sitting in my chair is good. I also get lots of encouragement from the [care worker]", "Having the help over the last week and a half has been very good as I have not been able to do things myself due to having COVID-19", and "Happy with staff. [The person] is happy that the issues previously discussed have been addressed. Both [people] are happy that call times [were] amended to better suit their lifestyle."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service and management team were open and transparent. This meant they fulfilled their duty to display candour at all times.
- There were no notifiable safety incidents since the last inspection. These are serious injuries that require investigation and other steps when things go wrong.
- The registered manager was able to explain the duty of candour requirement appropriately. They understood notifiable safety incidents and how they would be handled. There was an appropriate policy and supporting documents if they needed to manage such an incident. We signposted them to the duty of candour guidance on our website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All relevant parties were included in the day-to-day reablement and management of the service.
- There was an open, fair and inclusive workplace culture for staff. A team-based approach was developed and staff were committed to their roles and the people they supported.
- Staff said, "I love what I do. It's a great service for the customer [person] to be goal focused, with a flexible approach to extend if the customer had not quite achieved goals that have been set."
- Regular staff meetings were held to gather views and feedback, and for the management team to provide important updates. During the pandemic, the management team has used increased electronic messaging such as e-mail, chat groups and text messages to ensure staff had the information they needed to complete their roles effectively and safely.
- Annual staff satisfaction surveys were completed by the provider to measure various aspects of the service. The survey for 2020 showed a high response rate from staff, with 21 respondents completing the

survey. All respondents recorded, "I am satisfied with the chance I have to use my skills in my job", "I know what Optalis' values are" and, "I know the skills I need to be successful in Optalis." Areas identified for improvement included staff career progression opportunities, working hours and wages. The provider's senior management team had plans in place to address the areas for improvement.

- The registered manager attended regular meetings with other registered managers of the provider's services. These meetings were used for the provider to provide training, advice, information and to listen to the registered managers' feedback.

Continuous learning and improving care

- The staff, management and service were open to change and implemented new ways of working to ensure people's reablement was promoted and fostered.
- Feedback from the provider's annual audit of the service was positive and demonstrated continuous learning. The governance and quality assurance manager wrote, "This quality audit took place on two dates. The first date (22/04/2021) was a site visit, the second date (25/05/2021) involved analysis of data and contacting two START customers [people] for feedback and contribution. This was a successful audit, evidencing particularly good practice adhering to Regulation 18 (CQC regulation for staffing), specifically training and support for staff. Actions from the 2019 quality audit were completed within the set timescale."
- A 'You said, we did' program was implemented. This is a scheme where any feedback about possible improvements is used to empower changes. One example included, "Minutes of multidisciplinary meetings are recorded and shared. Care is reviewed by START seniors (care workers), managers, [the] occupational therapist and by physiotherapists to ensure reablement outcomes are being met."
- A 'collaborative reablement' project was introduced. The pandemic highlighted the need to provide a fast response to facilitate prompt hospital discharges to minimise stays, but to also maximise people's outcomes once home. A joint working party consisting of healthcare, local authority and representatives from the START team was set up to look at changes that could be made within current resources.
- Regular multidisciplinary meetings commenced and a project log was recorded. The log showed each progress step towards the goals of the project.
- The project is ongoing, but has already achieved significant changes for people and staff. This included certain care workers allocated to lead as 'trusted assessors' and working closely with an occupational therapist through their competencies. The registered manager also assisted START care workers in joint visits and clinical reasoning, in order to identify appropriate basic equipment for people and certain staff working closely with an occupational therapist to formulate SMART reablement goals.
- The number of people included in the project had achieved maximum capacity at the time of inspection. The project was in a review and evaluation phase to determine how it would achieve the best possible outcomes for people in the future.

Working in partnership with others

- The service demonstrated clear links of working with other agencies, including health and social care professionals in the community.
- Referrals were made promptly when additional services were required towards and at the end of a reablement package. For example, some people who used the service required domiciliary care, palliative care or more complex equipment. The service ensured they worked with others so people could access these.
- Regular written updates regarding COVID-19 precautions, changes in working and guidance were sent to the service by the quality assurance team throughout the pandemic. They collated information from various public authorities so that staff at the service received a single consistent message about how to ensure people's safety, as well as their own.
- One social worker said, "...managing discharges from hospital, I regularly make referrals to the START

team to provide care and support in the community to individuals leaving the wards. The team triage referrals with our duty worker and proactively identify cases that they can support with given their capacity. They work with a reablement focus and attempt to improve independence. A recent case that I worked with them on involved a service user [person] who had significant sensory needs. The service user's daughter was very pleased with the support provided and the way the team worked with her mother."