

Leicestershire County Council

Homecare Assessment and Reablement Team (HART) Leicestershire

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection visits took place on 18 May and 23 May 2017. We gave the registered manager 48 hours' notice of our inspection because we needed to be sure they would be available.

Homecare Assessment and Reablement Team (HART) Leicestershire provides short-term personal care and support to people in their own home following discharge from hospital. At the time of our inspection 298 people were receiving personal care and support from the service.

There was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People felt safe with the support they received. Staff knew how to help people to remain safe and what action to take should they have concerns about a person being at risk of abuse or harm. Staff had assessed risks associated with people's care and support. These were monitored to make sure the measures in place to guide staff continued to help people to remain safe. Staff had guidance and procedures to follow to make sure people received support in the event of an accident, injury or emergency.

The provider had recruited a suitable number of staff to make sure that people received the care they required when they needed it. Where people required assistance with their medicines, this was completed safely by staff who knew their responsibilities.

People received care and support from staff with the necessary skills and knowledge. Staff received training relevant to their role which helped them to offer good support to people. Staff knew people's eating and drinking requirements and they took action where they were concerned about a person's health.

People were asked for their consent before care and support was undertaken. Their rights were upheld and staff knew the action to take should they have concerns about a person's ability to make decisions about their care and support.

People received care from staff members that was kind and supportive. People's independence was promoted and staff actively encouraged people to retain or regain their skills. Staff protected people's privacy and dignity and involved them in decisions about their care. Staff built relationships with the people they supported based on information they had gained about things that mattered to them.

People received care and support that was exceptionally well planned and carried out to meet their individual requirements. This included collaboratively working with other professionals to meet people's specific requirements. People's care and support was reviewed with them to make sure that their goals were

being met and that they were satisfied with their support. People and their relatives knew how to make a complaint and there were opportunities for them to provide feedback. The provider responded comprehensively to any complaint received and took action to make improvements where this was required.

People, their relatives and staff all highly commended the service. There were open channels of communication and the registered manager was supportive and available. The registered manager was knowledgeable about their role and helped to support the wider care sector to improve.

Staff were aware of their responsibilities which included working to the provider's aims and objectives. They received guidance and feedback on their work to make sure they delivered good quality care. The registered manager undertook their duties in line with their registration requirements with CQC. They had carried out or arranged for quality checks of the service to occur. This was with the aim of continuously driving improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who knew how to help them to remain safe and protected them from abuse.

The provider had safely recruited a suitable number of staff.

Where people required assistance with their medicines, this was undertaken safely by staff who knew their responsibilities.

Is the service effective?

Good ●

The service was effective.

Staff received guidance and training on their role so that they had the required skills.

People's rights and choices were upheld by staff who gained people's consent before undertaking care and support.

Where required, people received good support to prepare their meals and drinks. Their health was monitored by staff who knew the action to take should they have concerns.

Is the service caring?

Good ●

The service was caring.

People received support in ways that protected their privacy and dignity.

Staff knew the people they supported and involved them fully in decisions about their care.

People's independence was promoted and this was central to the support offered by staff.

Is the service responsive?

Outstanding ☆

The responsiveness of the service was outstanding.

People received a service that was flexible, centred on them as individuals and based on their preferences and things that mattered to them.

The service responded quickly and effectively to changes in people's support requirements by working collaboratively with professionals and agencies.

People had effective ways to give feedback to the provider.

Is the service well-led?

Good ●

The service was good.

People, their relatives and staff were highly complementary about the service.

Staff were aware of their responsibilities and received feedback on their work.

The registered manager supported the wider care sector to develop and worked in partnership with other agencies to look at ways to continually develop the service. They were aware of the responsibilities and had carried out quality checks of the service to make sure the care and support the service offered was of a high standard.

Homecare Assessment and Reablement Team (HART) Leicestershire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection visits took place on 18 and 23 May 2017 and were announced. We gave the registered manager 48 hours' notice of our inspection because we needed to be sure they would be available. The inspection was carried out by an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, we reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted health care professionals who worked closely with the service. We also contacted Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback about the service. We received feedback which we took into account when making our judgements.

We spoke with eleven people who received support from Homecare Assessment and Reablement Team (HART) Leicestershire. We also spoke with the relatives of eight other people. We spoke with the registered manager, a senior manager, two local area managers, three senior home care assistants, one community support worker, two occupational therapists, one programme arranger and 15 home care assistants. We received feedback from a learning and development professional who worked for the provider which we

considered when making our judgements.

We looked at the care records of 13 people who used the service. We also looked at records in relation to the management of the service. These included training records, policies and procedures and quality checks that the registered manager and senior staff had undertaken. We looked at three staff files to see how the provider had supported and recruited care workers.

Is the service safe?

Our findings

People felt safe with the support they had received from staff members. One person told us, "I certainly wouldn't have been safe enough to come home had it not been for the support I've been having over the last few weeks from the carers. Unfortunately, having a shower every morning is still quite a challenge for me and I don't think I would be up to trying that, were it not for the fact that there's a carer here while I do it." Staff knew how to support people to remain safe and what action they should take if they had concerns. A staff member said, "If they didn't speak or were quieter than they usually were or if there was a lack of food, those things would worry me. I would report all concerns to my manager. They have dealt with things in the past so I know they would." Staff knew the signs that might indicate a person was at risk of abuse. They were confident that the registered manager would take any required action such as alerting a social worker should it be necessary.

Risks to people's health and well-being were assessed and reviewed. We saw that staff had assessed the support people required to maintain their skin health as well as when they required assistance to move from one position to another. Staff had clear and comprehensive guidance about the support requirements of each person, such as the equipment required to undertake care tasks. This helped staff to reduce the likelihood of an accident or injury. One staff member told us, "The risk assessments and reablement plans are the first thing you look at. They have all the information I need. I've been to a new person today and all of the paperwork was in place." We saw that when a person started to use the service, staff checked their home for any hazards that may have caused injury and offered their support to minimise these wherever possible.

The provider had safe processes to handle any accident or incident that occurred that staff knew about. A staff member told us, "If there was no response when I went to a person's house and a key safe [to gain access to a person's home] was in place, we know we can go in. If no-one was there then straight away I'd inform the office." Staff knew how to handle emergency situations. One staff member said, "If a person had a fall and we thought they were injured, we are not allowed to get them up. I would call 999. If it was a minor incident I'd report it to my manager and they could get a district nurse involved if needed. Equipment is put in if it's needed as well." We saw that the service had a continuity plan. This detailed the plans the provider had made to respond to untoward events, such as a shortage of staff. This was so that they could continue to meet people's care requirements in an emergency.

Staff were safely recruited following the provider's procedures. One staff member told us, "It was an internal job so I had to provide just one reference. They did the DBS [Disclosure and Barring Service] check, I had to have a new one as it was a new job." Another staff member said, "The recruitment was very thorough. They do police checks, you know the DBS, and get two references." We saw records that showed these checks took place for each new member of staff that was recruited. We found that the provider had recruited a suitable number of staff to make sure that each person's care calls could be met. People told us that they had not experienced any missed or significantly late calls and this helped them to feel safe.

Most people that we spoke with did not require support from care workers to take their medicines. Where people did require this, it was carried out safely. The registered manager told us that staff only reminded

people to take their medicines and did not administer it. Staff knew the limits of their role. One staff member said, "I've had training but I don't have to deal directly with medicines." We saw that staff recorded when they had prompted people to take their medicines. The reasons why they had not completed this task were also recorded. For example, if a person had taken their medicines before the care call. Staff knew their responsibilities for assisting people with their medicines as they had received training and on-going guidance from a manager. They knew what to do should a person make an error with their medicines. One staff member told us, "If there was an error I would report it straight away to the manager. There are risk assessments in place if people do it for themselves." In these ways people could be assured that staff knew how to handle issues they faced with their medicines.

Is the service effective?

Our findings

People were supported by staff members with the required skills and knowledge. People confirmed that the care staff who visited them had good communication skills and that they were confident being supported by them. Staff received on-going support and guidance on their work which included a comprehensive induction that equipped them with the knowledge they required. One staff member told us, "The induction was okay. I worked for a private agency previously but I did the refresher training again when I joined." We saw that new staff completed the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

We saw that staff routinely met with a manager to discuss their work. A staff member commented, "Supervision with a manager is every three to six months. It's fine. You have a talk with the manager about how I'm getting on and any training needs. We go through the service users and how they are getting on." This meant that there were opportunities for staff to reflect upon their work to make sure they supported people well.

Staff received training relevant to their role. We saw that this included training in topic areas such as food safety, specific health conditions that people lived with as well as training in how to complete risk assessments and emergency first aid. Staff were complimentary about the quality of the training they had received which helped them to support people well. One staff member told us, "The training is excellent. Everything is up to date. The dementia training was useful. I learnt to try to reassure people and to put things where they know where they are. To build a routine for them I also learnt was important."

People confirmed that they were asked for their consent to their planned care and support. We found that staff understood their responsibilities to consult with people. One staff member told us, "They can 100% tell us if they say they don't want something and we don't insist. We can't do it if people don't want it." Staff described how they listened to people's choices and respected these, even if they felt people had made an unwise decision. They told us that they offered advice and guidance but ultimately it was the person's choice as to whether they followed this.

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. We checked whether the provider was working within the principles of the MCA. Staff confirmed that people could make decisions for themselves. One staff member said, "The majority of, if not all, the people I support can make decisions for themselves. Because of the service being reablement, people need to have the capacity. I cannot force them to do anything if they don't want to."

We saw that people's capacity to consent to their care had been considered and recorded within their care records. Staff were able to describe their responsibilities under the act and senior staff knew how to assess a

person's mental capacity should it be required. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. We saw that no one using the service was deprived of their liberty and therefore no applications were required.

Where required, people received support to make a meal or a drink. People were satisfied with the support they received in this area. We saw that staff had guidance within people's care records about their preferences and how to help people to make choices. Staff knew the level of support they needed to provide to each person. One staff member told us, "One person needed a soft diet, it [dietary information] all comes through on the phone [electronic hand-held device containing key information on each person receiving support] and the reablement plan." Where there were concerns about a person's eating and drinking, staff knew the action to take. One staff member said, "We don't really need to monitor what people eat. But if there is a need we record it. We can spot if someone is not eating and I sometimes check the bin to make sure food isn't being thrown away if I need to. I share with colleagues and people's families if I have any concerns."

People's health was monitored and we received feedback about how the service worked with others to promote people's well-being. One person told us, "I have also had an occupational therapist and a district nurse here helping with everything." Staff knew the action to take when they had concerns about a person's health. One staff member told us, "Last Saturday I was concerned for a person's health. I got hold of the doctor and I contacted the office who offered step-by-step support. I got the person an ambulance in the end."

Is the service caring?

Our findings

People told us that staff members were kind, listened to them and had a compassionate and supportive approach. Care staff were described as exceptional, caring and patient. One person said, "I cannot fault them, whether it's been their patience, their perseverance or their encouragement." People's relatives confirmed this approach and one told us, "I have really been impressed with how all the carers have supported my husband since he came home. Unlike an agency we had in the past, who just used to breeze in, rush around completing things and then disappeared before you knew it, these carers are patient and take their time. They constantly encourage my husband to try and complete a task for himself."

People received care and support in ways that protected their privacy and dignity. One person told us, "I have a keysafe outside my door and the carer can let herself in with the code. She always rings the bell first so I don't worry about who is coming in while I'm still in bed and she also calls out hello to me once she is through the door." Staff knew how to maintain a person's dignity whilst undertaking intimate care. A care worker told us, "If I give a full body wash, I use a towel to cover them. I assist them to put clothes on as we go."

People received the information they required when they needed it. Staff described how they adapted their communication methods. One staff member told us, "People who have strokes can sometimes find it difficult to talk. We use other methods such as getting them to write things down so that they are involved." One relative commented about their experience of how information had been shared with them. They said, "Everyone has been very consistent with their information and if we haven't understood anything, then we've asked about it." We saw that a leaflet on the service provided was given to each person when they started to receive their support. This included information about key people that could be contacted, the aims of the service as well as how people could gain further information. People told us that they felt fully informed about the service and that any changes to their care and support were discussed with them.

Staff got to know the people they supported so that they could establish relationships with them in order to achieve the outcomes that people wanted. One staff member told us, "I get to know them. They tell me what they want and then I do it. There's a reablement plan and I read it every time I go in to someone's house." Another staff member said, "I get to know them by going in and asking them about their preferences. Sometimes I'll take guidance from the reablement plan as that sets out what we do." We saw that people's care records contained details about things that mattered to them and about their life history. This was important so that staff could develop good relationships with people.

People's independence skills were encouraged at every opportunity. One person told us, "The carer will usually stand back and let me try and sort my morning shower out on my own. I can sometimes feel a bit unstable on my feet or I can't quite reach the backs of my legs so she will then ask me if I would like her help. I do try and see if I can do it myself before I ask her to help me as I really want to get to a stage where I don't need anybody coming in to help." Another person said, "The whole service is about trying to help you gain your independence again. They are so different to normal care agencies that I have used in the past as they really want to encourage you and help you to be as independent as you can be. They have been so patient

with me, I can't thank them enough." A relative commented, "I have been really impressed with how they talk to and encourage my husband to do as much for himself as he can. They don't get cross with him at all, but they cajole him by having a bit of a laugh with him." Staff knew how to help people to regain their skills. They described how people were involved in decisions about their care at every stage of their support. One staff member told us, "If they say they cannot do something we guide and offer reassurance. We make plans with them together." In these ways people could be sure that staff would support them to regain their independence wherever possible.

Is the service responsive?

Our findings

People received support that was agreed in partnership with them. Everyone we spoke with, without exception, told us that their care had been organised with their full involvement whilst they were still in hospital so that when they returned home, the support they needed was in place. The service was key to this success in that they had links with health colleagues to make sure that any hospital discharge was carefully planned. The registered manager told us how they attended ward rounds at the local hospital to discuss with health colleagues those people who were ready to return home. The registered manager told us that an assessment was completed with the involvement of people and their loved ones with key information that staff would need to support each person. A relative commented, "We sat down in the hospital and discussed what help [person] needed." This meant that people were empowered to make decisions about their own care and support.

We found that as soon as a person started to receive the support of the service, there were lines of communication open to them to change or slightly alter the agreed support. One person told us, "I needed to phone the office last week to ask if they could come earlier one morning because I had a clinic appointment at the hospital. They made no bother about it and were here at 7am instead of 8am. This allowed my daughter to come and collect me and get us up to the hospital in plenty of time." A relative commented, "I have only had to ring the office a couple of times to change the call times because mum had a hospital appointment and I have to say they couldn't have been more helpful and the times were changed." This demonstrated how the service was flexible and adapted to people's changing circumstances.

A visit to each person's house occurred from the outset of the support to identify with people the specific goals that they wanted to achieve as well as any immediate support or equipment they required. One person told us, "They came and did a home assessment the first morning I was at home and as a result, I now have some grab rails in the bathroom to help me." We saw that the provider had employed occupational therapists who arranged for equipment to be in place quickly so that people had the help that they needed. This enabled people to live full and independent lives wherever possible.

Managers told us about how they identified what people could do for themselves when they first assessed someone's abilities so that staff had the guidance they required. One told us, "We go into new people all of the time. I introduce myself and have a general chat and spend time getting to know them. If I feel they are able to participate in getting the breakfast I ask them to go into the kitchen to show me what they like. There might be a photo on the wall and I ask them about it to take an interest. It helps to build a relationship." People were supported to identify their own reablement outcomes to empower them to be in control of the support they received. These included one person requesting support to establish a routine whilst another person wanted to receive support to regain their mobility. We saw that people had reached these outcomes and they described how their lives had been enhanced by the support they had received from the service.

We saw that reablement plans were continually reviewed. A health care professional told us how the service was person-centred and continuously focused on people's specific requirements to help them to live as

independently as possible. They also described how the service worked with other agencies to enhance people's quality of life. They said, "They review service users' needs regularly throughout their re-enablement. If there are any medical issues they refer to appropriate agencies which facilitates a safer service". We found that the reablement plans gave guidance to staff on the type of support each person required. The registered manager told us that the length and time of people's calls was flexible as people regained their skills. A person spoke positively about the flexibility of their support. They told us, "[Staff member] did come and chat with me last week, as they thought I had improved sufficiently to not need their help anymore. I totally agreed with [staff member] and I'm much happier on my own again. They did leave me with the number to call if I do feel that I need help again in the future." A staff member commented, "We tell the office if we don't need all of the time allocated. So if a person has improved we agree with them and the manager to reduce the time." This therefore demonstrated that people were continuously involved in the planning and review of their support.

The service was very responsive to unforeseen circumstances of the people they supported. One relative told us, "Staff were here the other week and they offered to stay with my husband while I popped out to get some milk as with everything going on, I hadn't realised that we had run out. I can't leave him on his own so it was so thoughtful to offer."

There were weekly meetings where each person's unique progress was discussed and monitored and reablement plans were then reviewed. Any changes to support were agreed with the full involvement of each person receiving the service. One person told us, "I feel as if I've been totally involved with everything to do with my care. My views have been listened to." A relative commented, "Since we've [person and relative] been home, it's been our decision when the calls have been reduced. No one has forced anything on us." The service worked and linked with other agencies to make sure that any on-going care after the service concluded was in place. One staff member told us, "We do handover calls to other agencies where we visit the person with them." A healthcare professional told us, "They have communicated effectively with me as a professional informing me of new referrals for patients that are accessing the scheme and arranging visits to see patients to review their needs."

As a result of being central to their care and support, people received excellent person-centred outcomes. One person told us, "If you'd have told me whilst I was in hospital that after six weeks at home, I'd be able to care for myself, I wouldn't have believed you." Everyone we spoke with told us that by the end of their support from the service they had been empowered to live their lives as they had hoped to and credited this with the flexible and creative ways that the staff had supported them. We received positive feedback from a healthcare professional about how the service had jointly worked with them. They told us, "They will ask carers to support families in terms of collecting prescriptions from the GP which can relieve the person's stress during difficult periods."

We saw that staff were kept up to date about people's changing support requirements in an innovative way. They carried an electronic hand-held device that was updated by the managers when necessary about changes to the timings and duration of each person's care calls. When we visited the office, we heard many conversations about changes to people's support requirements. As a result, a person's GP was called during our visit because of their changing health needs.

We saw that the service was able to respond to emergencies that people faced that aimed to prevent people being admitted into hospital. The provider had developed a Crisis Response Service that was available seven days a week. This service received referrals from doctors, other health care professionals and social care practitioners. The registered manager described how this support had helped people to remain in their own homes in the event of a crisis.

People received care and support based on their preferences and that was consistently delivered in a person-centred way. One person told us, "I did tell them that I would prefer female carers, which I've had every time." Another said, "I have really felt as if the whole service is here to help me, rather than having everything organised at their convenience." A healthcare professional told us that the service continuously focused on each person's choices and that support was delivered in line with people's preferences. People told us that they did not experience any missed calls and that staff arrived at the times that were agreed. One person commented, "Remarkably, they are extremely good time keepers." Another person said, "The carers come at a time that's right for me."

We found that the service worked creatively and had divided people's calls into key areas of the county so that staff were not travelling long distances to support them. This meant that staff were on time and that people were supported by a consistent staff group. Staff told us that travel times were suitable and that they had sufficient time to spend with people. One staff member said, "We have enough time. The line manager is excellent if we need more time we get it."

The people we spoke with, without exception, told us that they were extremely satisfied with the support they had received to help them to avoid social isolation where this was important to them. They told us this had increased the quality of their lives. One person commented, "I am so pleased because I can now get out and about with my family which I haven't been able to do for months whilst I've been waiting for my operation and then recuperating." A staff member described how they had supported a person to regain their confidence to leave their house. Although this was not a specified aim of the service, they had gone above and beyond their duties to provide assistance. They told us, "One person had a skin condition and they were worried about going to a hairdresser. We researched options and arranged a taxi and gave lots of encouragement. They went and absolutely loved it." This demonstrated that the service was delivering support in an exceptionally person-centred way.

Staff worked in innovative and creative ways. As a result of this, each person's care and support was tailored to them. We saw that an occupational therapist (OT) employed by the service had supported a person to change their equipment as the original item was uncomfortable for them. Through discussion with the person, and assistance from other health care professionals, an innovative solution was found to the satisfaction of the person. We also saw that an OT had researched on behalf of a person details about their condition. This was with the aim of finding creative ways for them to have an improved quality of life. Although the person was not eligible for the service, the information provided was welcomed by the person so that they could manage their own condition.

The service was flexible and adaptable to meet people's requirements where they had a long-standing disability. We saw that people were offered assistive technology where this would benefit them. Assistive technology is equipment which can help people to remain independent. A staff member told us, "One person had dementia and the family put a diary in place. But it was not working as the person was getting confused with dates. So I went out and put a flip clock in place which flips automatically every day. The person is now remembering to turn the diary over now. The diary shows when carers are coming in and for appointments so they know when people are coming." The staff member told us how the person was now able to see who was due to visit each day and that their confusion had reduced.

The registered manager described that the service often gave people advice and guidance about services that they may not have been aware of. This was with the view of helping people to remain as independent as possible and to enhance the quality of their lives. One person described the support they had received. They told us, "The supervisor has just booked a visit from the fire service because I haven't got any smoke detectors at the minute." A staff member commented, "It's the chatting that's important as well. Making sure

people are not lonely. We're a lifeline. It may be that they are worried about something financial. We can phone into the office and they can help point people in the right direction. You can pick up on their body language or their facial expressions that something is wrong. We document it and report it and we can sort things out for them." This showed that the service was proactively working with people and other agencies to help people to remain independent, in control and to achieve a good quality of life.

Staff had an excellent understanding of people's social and cultural needs. They knew what was important for the people they supported. One staff member told us, "Sometimes we have to change our shoes at a person's door due to their religious needs." Another staff member said, "There are a lot of cultures when during personal care they don't like to be seen down below so I hold up a towel and look away." Staff were aware of local community activities that some people participated in and told us how people attended church or local community groups. They described how these met people's cultural and religious needs. They said that this was important to know as it sometimes affected call times which were rearranged if this was requested.

People and their relatives were encouraged to make a complaint, to raise a concern or to offer feedback about the service. Staff members reviewed people's care and support with them or their loved ones at least weekly. There were opportunities at these times for people to share their feedback. Staff described how this helped them to not only adapt the support if this was required, but to develop strong relationships with people to build their trust which in turn enabled better outcomes to be achieved. We saw that a quality assurance check was undertaken within four weeks of a person using the service. This asked the person to give feedback on the qualities of staff, the timings of their care and whether the service had helped them to increase their independence skills. The registered manager told us that this was crucial to make sure that people received care and support that was centred on them as individuals and that improved the quality of their lives. They also told us how they used the feedback to develop the service. For example, following the feedback staff worked hard to meet people's specific requests for the timings of their calls. Although the majority of people were satisfied with the timings of the calls they received, the service continued to look at how they could be even more flexible and creative to adapt their staffing rotas to make sure that every person was satisfied wherever possible. People received a review at the end of the support from the service. The registered manager described that this was important for people to evaluate if they required on-going support from another service. We saw that an information sharing agreement was in place that involved people as part of this review. This allowed the service to share information with other social care services. This was so that people would continue to receive the care and support they needed if this was required to further improve their quality of life.

People knew how to make a complaint as this was detailed in the service user's guide that people had been given when they started to use the service. One person told us, "I definitely know how to make a complaint because it was explained to me when I met one of their supervisors and there is information about complaints in the folder I have here." Another person said, "If I've needed to talk to anyone they have always come straight to me and I haven't had to chase them for a response." Staff knew how to support people to make a complaint or to raise a concern and they said they encouraged this so that they could continuously learn from the feedback received. All of the people and the relatives we spoke with gave exceptionally positive feedback about the service they had received. We saw that three complaints had been received in the last 12 months. The registered manager had responded to people in great detail. They explained the actions they were going to take to people to make any necessary improvements. They also apologised where the service had not met people's expectations. We saw that the registered manager had used people's feedback to continuously drive improvement. For example, they had issued reminders to staff about good record keeping so their records were always comprehensive should they need to be referred to.

Is the service well-led?

Our findings

People who used the service spoke highly of it and, without exception, would recommend it. One person told us, "I was very wary when I first went home because I thought they'd just be like all the other agencies out there, but they're not. They take their time, they encourage and support you to regain your independence and they're really interested in you as a person, so yes, I'd definitely recommend them." Another person said, "My sister was recently in hospital [other area] and she had nothing like this when she went home. She is very jealous of me!" People felt that the service was operating at a consistently high level. One person told us, "I honestly don't think there's a single thing they need to improve." A health care professional described how the service was well-led. They told us, "They communicate effectively with me and their management has worked hard to foster good working relationships with myself."

There were many opportunities for people to give suggestions for how the service could improve which included home visits and telephone calls. We saw that many compliments had been received praising the dedication and supportive approach of the staff team. The provider had issued questionnaires to people in the last four weeks. People were asked questions in topic areas such as the attitude of staff, if their dignity was protected and how they would rate the service. We read many positive comments in the feedback received. One person had commented, 'I feel so privileged to have been looked after by such a very professional and dedicated team of ladies.' Another person had written, 'I have improved greatly with the time they have spent with me.' The registered manager was making plans to offer feedback to people about the responses received with any action taken where required to make improvements.

Staff members were complimentary about the quality of the service. Some told us that their own family members had used the service and that they were impressed how well organised it was. One staff member said, "It's a wonderful service." Another told us, "It's an invaluable service to keep people like mum out of long-term care." Staff spoke highly of how the provider and the registered manager worked to continue to make improvements. One staff member said, "They are open to ideas. We network with other agencies. We work closely with health such as physiotherapists and specialists. We're working to work even better with each other."

Staff told us they felt supported by the registered manager. One staff member said, "I feel quite supported, I'm not on my own." Another said, "She [registered manager] is brilliant and very approachable. I had a situation I was struggling with. Having a chat with her she made a suggestion and thinks outside of the box. She resolved it."

Staff confirmed that they had the resources they needed to make sure that people received good care and support. We found that the registered manager was available for the support and guidance of staff when we visited and they had a calm and considered approach to find solutions to complex problems that were faced. This was valued by the staff team who told us they could approach the registered manager with any questions or concerns that they had. We saw that staff received incentives to do a good job and this included being nominated for a recognition award ran by the provider.

Staff were aware of the role and responsibilities. They had opportunities through both individual and group meetings to learn about developments within the service and also to be reminded about the provider's expectations of them. One staff member commented, "We get told everything. There are team meetings about every two weeks. We get information and memos and newsletters all of the time." We saw that staff attended meetings where discussions around people's needs were held. Staff were also reminded about key procedures to follow to help people to remain safe. We found that the provider's policies and procedures were understood by staff. This included what staff should do if they had concerns about a staff member's practice. One staff member told us, "If I went in with a carer and they didn't speak appropriately then I would have no qualms to report it to a manager. I could also go to the person above." Another staff member said, "I haven't had to deal with it but I know I can contact the CQC."

The provider had clear aims and objectives for the service. We read that people could expect to receive a service based on their individual requirements that was dignified and put them at the centre of their care. Staff were fully aware of the aims. One staff member told us, "Trying to establish what people's needs and capabilities are from discharge from hospital. Ensuring they are aware of the information about their care and given options and choices about all of it." We found that staff worked consistently to the specified aims when we visited and when we spoke with people, which meant the provider's vision was being achieved.

The registered manager supported their staff to help to develop the knowledge and skills of other agencies providing support in the care sector. A learning and development advisor told us, "The team have gone above and beyond to support the local authority in rolling out the training of the Care Certificate to the wider sector. They have lead by example and then promoted best practice, raised awareness and encouraged providers to implement the Care Certificate within their own organisations." The registered manager told us how they had worked with private home care agencies to encourage creativity when delivering care. They explained that they had helped to design and deliver training. They commented "The aims and objectives of the awareness courses was for the independent sector [private care agencies] to understand reablement, to help service users to meet their goals, think about the new approach to working differently, think about report writing and how to keep records and to understand the importance of everyone working consistently." In these ways the service was central to supporting other agencies to develop by sharing their knowledge and practice.

We saw that the registered manager was striving to improve the service. The provider had received the results of a workforce analysis which praised the service for retaining its staff so that people had consistency of staff who provided their care. The registered manager was considering how to use this report further to look at creative ways to reach out to prospective staff to join the service from different backgrounds and with different experiences. The registered manager also told us how they were working with commissioners and health professionals to look at the possibility of an accommodation provision to support people to remain in the community by providing short-term intensive support to prevent a hospital admission. The registered manager told us they were constantly reflecting on their practice and the service's achievements to constantly look at better ways to support people to be able to live in their own homes for as long as possible.

The registered manager was aware of the registration responsibilities with Care Quality Commission. They had submitted statutory notifications for significant events. This was important so that we could determine that the appropriate action had been taken.

The registered manager undertook or arranged for a number of checks on the quality of the service to take place. They told us this was important as they continually strove to make improvements. These included 'spot checks' on staff to make sure they were working in a caring and encouraging manner. Observations of

staff also occurred to make sure that they were following people's reablement plans and that they were supporting people professionally. We also saw that the registered manager analysed accidents and incidents to reduce the occurrence of one. People's care records were also checked by senior staff to make sure that risks assessments and people's reablement plans continued to contain the most up to date guidance for staff. This meant that people could be sure that they would receive a service that was striving to deliver high quality care.