Devon County Council

Social Care Reablement

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?	Good
Is the service well-led?	Good

Overall summary

We undertook an announced inspection of Social Care Reablement on 2 and 3 November 2015. We advised the registered manager two days before our visit of the dates we intended to carry out the inspection. The inspection was announced because we wanted to be sure that the information we needed would be available. We also wanted to give the service enough time to contact people who might be willing to allow us to visit them to find out if the service met their needs.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Social Care Reablement provides personal care services to people in their own homes in the Exeter and Exmouth areas. The provider also carries out similar services in

Summary of findings

other areas of Devon and these services are separately registered. At the time of this inspection the agency provided two different services. One service known as Social Care Reablement supported people who had recently had a period of illness or injury to help them regain confidence and learn, or relearn skills such as washing and dressing. The other service – the Community Support Team - supported people living with dementia to enable them to remain living safely in their own homes. At the time of our inspection approximately 23 people received support from the Social Care Reablement team and 21 people received support from the Community Support Team.

Every aspect of the service had been carefully planned to make sure each person received a 'bespoke' service tailored to meet their individual needs. The service was flexible, and staff were able to spend as much time as necessary on each visit without feeling rushed or under pressure to reach the next person on time. Staff took great care to make sure the aims of the service were achieved for each person. People who used the Social Care Reablement service were consulted and involved from the start of the service to agree their goals and how these should be met. Quality audits carried out by the provider showed the service had a high level of success. People who received support from the Community Support Team were also consulted and involved in reviewing their support plans. The support plans were well laid out, easy to read and contained all of the information staff needed to ensure they provided a consistent, responsive and effective service to each person.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a reliable service. Staff were flexible and able to adjust their daily rotas according to the needs of each person at the time of their visit. This meant people were not rushed, and staff had time to make sure people were safe and received the support they needed. Comments included "I am more than happy with the service. Every one of them has been excellent."

Staff received regular training on topics relevant to the needs of the people they supported. They were competent, well qualified and suitably experienced. Staff knew the people they were supporting and provided a personalised service.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People were completely satisfied with the service. Comments included "They are wonderful, every one of them," and "I can't fault them."

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Medicines were administered safely. Staff had received training on the safe administration of medicines and we observed staff taking care when administering medicines to ensure no mistakes were made. Staff were knowledgeable about the medicines prescribed to each person. There were effective systems in place to make sure medicines were clearly recorded each time they were administered. There were audit systems in place to make sure each step of the process had been carried out safely.

People told us the service was well-run. Staff and people who used the service praised the registered manager and team leaders saying they were approachable and supportive. There were opportunities to provide regular feedback on the service. There were good systems in place to regularly monitor the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from abuse and avoidable harm. Care was taken when recruiting new staff to make sure they were suitable for the job.

Risks were identified and managed in ways that enabled people to remain safe while at the same time maintaining their independence.

The agency had a range of procedures and checks in place to make sure people received visits from staff as agreed, and visits were not missed.

Good

Is the service effective?
The service was effective.

People received support from staff who had the skills and knowledge to meet their needs effectively. Staff were experienced, well trained, and received regular supervision and support from their line managers.

The staff worked closely with other professionals to make sure each person's individual goals and support needs were met.

The service acted in line with current legislation and good practice recommendations to ensure consent was gained before care or treatment was provided.

Good

Is the service caring?
The service was caring.

The service had been carefully planned to make sure each person received a 'bespoke' service tailored to meet their individual needs. The service was flexible, and staff were able to spend as much time as necessary on each visit without feeling rushed or under pressure to reach the next person on time.

People were treated with kindness, dignity and respect. Staff listened to people and gave them time to express their needs and to agree how they wanted to be supported.

People were supported to maintain family relationships.

The service was flexible and provided support to people in a range of activities both inside and outside of their home to help people regain confidence and independence.

Good

Is the service responsive?
The service was responsive.

People and their relatives were consulted and involved in drawing up a plan of their goals and support needs. Staff responded promptly to people's changing needs. Staff worked closely with other professionals to ensure people received the treatment, advice and equipment they needed to regain or retain independence.

Good

Summary of findings

People were encouraged to express their views and the service responded appropriately.

Is the service well-led?
The service was well-led.

People were supported by a motivated, positive and dedicated team of staff.

The provider's quality assurance systems were effective in maintaining and driving service improvements.

Good

Social Care Reablement

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 3 November 2015 and was announced. It was carried out by an adult social care inspector. This service was previously based at Bodley House, Exeter and was re-registered with CQC on 10 July 2014 when they moved to their current address. This is the first inspection of the service under their current registration.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also sent out questionnaires to people who used the service, relatives and staff.

During our inspection we spoke with the registered manager, their line manager, and nine staff. We also spoke with an occupational therapist who was a member of the staff team. We visited four people who received support from the agency and also spoke on the telephone with one relative.

We also looked at records relevant to the running of the agency. This included staff recruitment files, training records, medication records, systems for handling cash (for example when staff carried out shopping on behalf of people), complaint and incident reports and performance monitoring reports.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe from abuse or harm when staff visited them. Comments included "I am more than happy with the service. Every one of them has been excellent." We asked another person if they felt safe when staff visited them and they replied "Oh yes. I have no doubt about that!" A relative who lived many miles away and was unable to visit the person regularly told us how grateful they were to the small team of care workers who visited the person. They told us they trusted the staff and said "I can relax". They felt confident the person received the right care and support that enabled them to remain living safely in their own home.

Staff had received training and regular updates in safeguarding vulnerable adults. They knew how to recognise and report any signs of potential abuse. Comments included "I am pretty good at noticing the signs of abuse." Staff had been given written information during their training including pocket sized cards with contact details of the agencies they should contact if they suspected abuse. They told us they were fully confident they could approach the registered manager if they had any concerns that a person may be at risk of harm or abuse, and they would listen and take the right actions.

Detailed risk assessments were carried out at the start of the service and these were constantly reviewed by the staff. The risk assessments covered environmental risks and also personal risks such as health and mobility. The assessments were undertaken by a member of staff during the first visit to the person and were checked a few days later by their line manager. Staff kept the assessments under constant review. Information about risks such as allergies was printed in bold red type in the person's care plan to make sure staff did not miss important information.

The focus of the risk assessments for the two services was very different – the aim of the Social Care Reablement service was to encourage people to gain confidence to carry out actions they may initially feel are unsafe. Whereas the aim of the Community Support Team was to support people whose dementia may have impaired their ability to recognise risks. The aim of this service was to support people to remain living in their own home as long as possible, and as long as it was safe. The staff in each team were skilled in recognising and understanding each person's strengths and weaknesses and how to support them to remain as safe and independent as possible. For example, staff in the Social Care Reablement team told us they had authority to order a small range of equipment such as trolleys and perching stools to help people regain independence and carry out tasks safely.

Staff in the Community Support Team showed us how they monitored people for a range of risks including weight loss and malnutrition, dehydration, choking, falls, and pressure sores. Records provided evidence of how they monitored any changes. For example, staff used digital scales to weigh people regularly and weight was recorded and monitored closely

A person who had been assessed as being at risk of skin damage had pressure relieving cushions and mattress in place. A member of staff explained how they monitored the person's skin closely, for example, they had noticed a red mark on the person's leg that morning and they were about to inform the community nurse about this.

Staff also recognised the importance of making sure elastic support stockings prescribed by GP's were applied safely. During our inspection staff attended a training session given by a community nurse on the use of support stockings. Staff told us they welcomed the training and felt it helped them understand how to put them on safely, and the risks associated with the stockings.

A health professional we contacted after the inspection said they felt the service was safe. They told us "The clients remained the centre of any assessment or service and their safety was seen as paramount. For example the team leaders would complete a risk assessment and use their knowledge and experience to highlight any risk factors within the home environment such as loose rugs, which might cause a trip hazard."

There were safe systems in place to make sure people received visits from staff close to the times they needed assistance. In the agency office there were large wipe boards that were updated each day showing the people who received the Social Care Reablement service and the team of staff allocated to support them. A few days before this inspection staff had been given mobile phones which were used to inform them of the people they were expected to visit each day. The service was 'non time specific', meaning people were not given a specific time staff would arrive or leave. This gave the staff team flexibility to give each person the time they needed without

Good

Is the service safe?

feeling pressured to leave at a specific time in order to reach the next person. Staff were salaried and given autonomy to plan their visits to each person. This meant that if a person wanted support with an activity that may take longer than other visits, for example going for a walk, catching a bus, or going to the shops, staff were able to use their knowledge of each person to plan their daily rotas.

There were sufficient numbers of staff available to keep people safe. Staffing arrangements were determined by the number of people using the service and their needs. Staff turnover was low, and many of the staff had worked for the provider in similar roles for many years. This meant people received support from a consistent and suitably experienced staff team.

Before any new staff were appointed the agency followed safe procedures to check that applicants were entirely suitable for the job. Application forms were completed showing previous employment history, training and qualifications. At least two satisfactory references were obtained and checks were carried out with the Disclosure and Barring Service (DBS) before new staff were confirmed in post. Interviews were carried out and any questions regarding the applicant's suitability were checked.

The agency used a system known as CM2000 which required staff to log in when they arrived at a person's home, and then log out when they left. The system allowed the agency to monitor each visit and make sure visits were not missed. Staff told us this system worked well and the close contact with the agency office and with the other members of their staff team meant they were constantly able to adjust the service to meet each person's needs on a daily basis.

Some people who used the Community Support Team service required assistance with medicines. Consent had been gained from each person to carry out the administration. The administration process had been carefully assessed and tailored to meet each person's individual needs. We observed two staff handling and administering medicines to people and saw they carried out each stage of the administration process very carefully by checking and re-checking the medicine administration records (MAR) and the pharmacist packaging to make sure they were giving people the correct medicine, the correct dosage, at the correct times. Tablets were supplied by a local pharmacist in monitored dosage packs where possible. The correct tablets were placed into a pill pot and staff observed the person taking the tablets before signing the MAR chart to confirm they had been administered.

Staff clearly recorded on the MAR chart when creams and lotions had been opened, and when they should be discarded. The care plans contained information about each medicine staff were instructed to administer, including any side effects or special instructions regarding safe administration, for example if they should be taken with food, swallowed whole, or if they should be taken with water. Staff reported any changes in prescribed medicines promptly to the agency office and a new MAR chart was printed with full details of the new medications and this was put in place in the person's home promptly. Staff also arranged for new supplies of medicines to be delivered by the pharmacy, or they collected the medicines from the pharmacy where this had been agreed as being the safest method of obtaining new supplies.

Medicines were not administered to people who used the Social Care Reablement service as this service was aimed for people who already had sufficient independence to enable them to administer their own medicines. However, staff may initially prompt people to take their medicines where necessary.

Accidents and incidents were recorded and reported to the agency office. These were closely monitored to consider any further actions necessary to prevent recurrence. Medical treatment and advice were sought promptly where necessary and staff told us they had very good working relationships with local GPs and community nurses.

There were safe systems in place to record all instances where staff handled cash on behalf of people who used the service. This was mainly in place for those people who were living with dementia who received support from the Community Support Team, for example when staff went shopping on their behalf. There were clear records kept of each stage of the financial transaction. Receipts were retained and records of cash received and change returned were recorded.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff training was seen as a high priority, with a range of different training methods including classroom based and workbook courses to suit different learning needs. If a training need was identified and there was no training course available the management team designed the training themselves in liaison with the provider's training department. For example, they identified a need for training on writing care records but found there were no suitable courses available so they designed their own training workbooks. They have also drawn up a training course on mental health first aid through liaison with other professionals who have carried out a review of mental health services this year.

New staff were given a thorough induction programme at the start of their employment which gave them the basic skills to care for people safely. This included a period of shadowing experienced staff until they were competent to work with people unsupervised.

Records showed that all staff received supervision from their line manager every six weeks. Staff meetings were held monthly and appraisals were carried out annually. Staff were able to visit or ring the agency office or on call supervisors at any time for advice or support. Staff told us they felt they were very well supported and communication was good. They told us the recent introduction of mobile phones which gave daily updates on the people they were expected to visit were very efficient.

All staff received regular training and updates on all essential health and safety topics including 'people moving', infection control, 'save a life' (first aid), safe handling of medicines, food hygiene, and safeguarding adults. Dates when training was completed were recorded and there were effective systems in place to make sure staff completed all essential training and updates. Additional training topics were provided according to the needs of the people who received the service, for example staff who worked for the Community Support team had attended training on dementia and other associated topics such as dysphasia (a partial or complete impairment of the ability to communicate). Staff who worked for the Social Care Reablement team had attended annual training courses on enabling people to regain confidence and skills. During our inspection staff attended a training session on elasticated support stockings. We also heard about other training sessions such as techniques for 'one handed' dressing, for example when people had suffered a broken arm or wrist.

All staff were encouraged and supported to gain relevant qualifications such as diplomas or National Vocational Qualifications (NVQs) in health and social care. Many of the staff we met told us they held NVQ level 2 and were in the process of gaining NVQ level 3.

Staff told us the training was of a high standard, and was considered a priority by their employer. Comments included "The training is 'tops'", "We have lots of training. It is quite good. I am all up-to-date," and "The training we receive is much better than the training given to staff in other agencies." One member of staff told us the training was "Pretty hard work." They said it was sometimes difficult to complete all of the training and workbooks within their normal working week, and when this had been a problem their line manager had helped them to find a solution, for example by paying additional hours to complete the training. This showed the provider had taken care to make sure staff had the knowledge and competence to meet each person's needs fully.

The nutritional needs of people who received support from the Community Support Team had been assessed to ensure they received a balanced and healthy diet. A person we visited had been assessed as being at risk of weight loss and malnutrition. The staff knew the foods the person enjoyed and they understood their normal mealtime routines. During our visit the member of staff offered the person a choice of meals and then cooked the meal chosen by the person. The member of staff told us it was important to visit at regular times each day to encourage the person to eat healthy meals. They knew that if they were late the person may resort to eating less healthy foods and would then refuse to eat a cooked meal because they were full up. They liaised closely with a relative to let them know what food shopping was needed for the following week and the relative ordered the food to be delivered by a supermarket chain.

During a visit to another person we saw a member of staff supporting them with their midday meal. They checked the person's refrigerator and cupboards before offering several choices. The meal was served with care, and appeared appetising. The table was laid attractively with a serviette, a glass of wine and bread cut neatly into triangles on a side

Good

Is the service effective?

plate. The care taken by the member of staff to give the person a choice of food, and the care taken to present the meal attractively, made the person feel 'special'. They told us how much they enjoyed the meal, and added "They are all lovely. They look after me very well, I know that much!"

The registered manager told us they had recently implemented a new food and drink training programme through the use of training booklets. They said the training booklets gave the staff ideas on how to tempt people with healthy eating options and how to encourage people to eat a range of alternative foods to their usual diet. They also told us that Community Support Staff had received training on nutrition and the prevention of malnutrition as they recognised this was a potential risk for people living with dementia.

People who received support from the Social Care Reablement team were capable of making decisions about their nutritional needs. Where necessary staff encouraged and supported people to regain skills to make their own meals and drinks. However they did not prepare meals or drinks for people, or take responsibility for their nutritional needs.

During our visits to people we saw staff always sought the person's consent before they assisted them with any tasks. For example, staff offered assistance saying "Would you like me to….?" The care plans also contained evidence that consent had been sought from people to provide personal care, and to administer medicines, where this was appropriate.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The manager had sought guidance from professionals who specialised in the Deprivation of Liberty Safeguards (DoLS) on the possible need for authorisation from the Court of Protection. This was because some people were unable to leave their homes without support. The manager had been given assurance that neither DoLS or the Court of Protection rules were applicable to people who received their service. This was because people who received the service did not receive support from the agency 24 hours a day.

Staff told us they worked closely with health and social care professionals. An occupational therapist was based within the Social Care Reablement team and worked closely with the support staff to make sure people received the right support to help them reach their goals. They met regularly with the staff to look at each person's goal plans, discuss any problems people were experiencing and help them find solutions. They told us an important aim of the service was to help people regain confidence. They had introduced a new tool called a 'confidence ladder' to help people identify the steps towards regaining confidence. Other agencies they liaised closely with included physiotherapists, hospitals and the speech and language teams (known as SALT).

Good

Is the service caring?

Our findings

Every aspect of the service had been carefully planned to make sure each person received a 'bespoke' service tailored to meet their individual needs. The service was flexible, and staff were able to spend as much time as necessary on each visit without feeling rushed or under pressure to reach the next person on time. Staff were salaried and this meant their travel time was paid. This meant the staff were relaxed, and had time to sit and listen to people, and gave them time to express their feelings and then offer support according to their needs at that moment in time.

The staff team were experienced, well trained and spoke passionately about the service they provided to people. They took a pride in their jobs, Comments included "You can't help but get involved. You are like a part of their family", "I treat my clients as if they were my Mum" and "The service is 'special all over'". Another member of staff told us "Respect, privacy and choice are drummed into us in team meetings." One member of staff summed up the feelings of the staff team by saying "I think we are the best service. We all enjoy our jobs. I can't think of any other job where I would get such a sense of achievement. I feel blessed to have this job."

The provider had recognised the need for people living with dementia to receive a consistent service from staff they knew and trusted, and who knew them well. The Community Support Team was organised to provide support to people by small teams of no more than three staff. The people we met, their relatives and the staff we spoke with told us how successful the service had been. At the end of each day the staff contacted the other members of their team for a handover session to make sure that each member of staff was kept constantly updated about each person's needs. This meant the staff team were able to adjust the service on a daily basis, and agree with each other how those needs would be met.

The staff told us there was excellent support within each team, enabling them to provide cover for periods of leave or sickness. In rare circumstances people sometimes received cover from staff from another team. When this happened they always made sure it was from a member of staff who had visited the person in the past and understood their needs fully. If a person needed a longer visit, for example if they needed to be accompanied to a hospital or doctor's appointment, the staff were able to plan this between themselves.

During the inspection we observed a member of staff supporting a person who was living with dementia. The person had poor verbal communication skills. The member of staff knew the person very well and understood what the person was saying. This gave the person confidence and reassurance. The member of staff was gentle, patient and demonstrated empathy and kindness. Before each action they sought the person's agreement and consent, and they offered the person choices. During our visit the member of staff supported the person to ring their relative. We heard the staff did this every day. The relative agreed to speak with us, and told us how pleased they were with the care the person was receiving, saying "They are brilliant! I am VERY, VERY happy with the service." They told us the small team of three staff were caring and provided exactly the right level of support to the person. They praised the staff who rang them every day saying, "The staff now feel like friends."

We visited another person who was living with dementia and observed them being supported by another member of staff. They demonstrated kindness, friendship, patience and understanding. When they spoke with the person they knelt down to speak with them face-to-face to ensure the person understood what they were saying. They offered choices and sought agreement before carrying out any action. The person told us "She is marvellous! She is so kind – absolutely lovely!"

We heard about instances when staff were able to react immediately to changes in people's needs. For example, staff responded quickly when the wife of a man living with dementia was admitted to hospital. The man became very disorientated but refused respite care. The staff team took it in turns to stay with the man overnight until they were able to organise a package of care that enabled him to remain at home safely.

A member of staff told us "The support workers in the Community Support Team who look after clients with dementia always go the extra mile. They always have the clients' needs at the forefront. The service allows people with dementia to stay longer in their surroundings, which is more beneficial to them."

Good

Is the service caring?

The Social Care Reablement team was organised in teams of six staff who worked in geographical areas. Staff showed that they really cared about each person and wanted to provide a quality service that enabled them regain independence. Each team met once a week to discuss the support needs of each person, and they organised their weekly rotas according to the needs of each person.

We visited three people who received support from the Social Care Reablement team and observed staff interacting with them. Staff were cheerful, gentle and kind. They gave each person time to explain how they were feeling, listened, and showed they understood. They offered people choices, and also gave guidance. A member of staff told us "I like to see the end results. I am proud of our achievements." Another member of staff told us "Social Care Reablement is a reactive, goal–led, non-time specific service. The support workers try to prioritise client visits, taking client need and choice into account every day."

People praised the staff and told us they were caring. Comments included "They are wonderful, every one of them," "The care and attention I receive is first class," and "I can't fault them." Before our inspection we asked people and their relatives for their views on the service. Their comments were positive, for example a relative told us "Carers were professional and caring and worked well prompting my mother's mobility."

Healthcare professionals told us they found staff to be caring. For example a healthcare professional told us that staff were welcoming and very friendly. "I both observed and received positive feedback from service users. They reported on numerous occasions that the staff were helpful and caring towards them." The service had also received a letter of praise from a healthcare professional a few months earlier who had said "There is a sense of appropriate information sharing which allows patient's interests to be placed at the forefront of their care. I am always relieved to make a successful referral to CST for a patient's management and value the individual care they provide to a vulnerable population of patients enormously.

People's privacy was respected and all personal care was provided in private. During our visits staff took care to support people with personal care in a manner that respected their privacy and dignity, for example in the privacy of a person's bedroom.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. Questionnaires were sent out to people regularly and their comments were listened to and acted upon.

The service did not provide support to people at the end of their lives.

Good

Is the service responsive?

Our findings

People received a responsive service that was designed to meet their individual needs and preferences. Staff who worked in the Social Care Reablement team received training on how to identify and agree with people their goals and how people wanted to be supported to reach their goals. The goals were kept under constant review through daily discussion with the person, and through weekly staff meetings. An occupational therapist based in the team closely monitored the goal plans and gave the staff team advice, support and further training where necessary to make sure each person had a plan of support in place that exactly matched their needs.

Each person had a plan of their support needs in their home. The plans were neatly filed with an index and dividers that meant it was easy to find important information quickly. The support plan of a person we visited said their goal was to improve confidence and stamina. The plan set out each step towards achieving this. The person told us "I am happy with the service. I am getting much more independent. I can walk up and down stairs now, and I can make my own meals and drinks now."

Support plans contained good information about each person's daily routines and how they wanted to be supported. For example, one support plan contained instructions to staff such as "In the morning the support workers will open the blinds in my lounge" and "I like to put talcum powder on after my shower." They also explained what the person was able to do for themselves such as "I am able to…." and "I can…but I need help with…" The plans were kept under constant review and were up to date. A member of staff told us "If something alters we can change the care plan straight away. Then we go back to our team leader and tell them and they will send out a new support plan."

A health professional told us "I feel that the service was very responsive to client's needs and offered a person centred service which successfully 'Re-ables' client's to achieve personalised goals."

The staff responded to changes in people's needs. For example, a member of staff told us they had noticed a person's mobility around the home had deteriorated and so they had made a referral for grab rails to be fitted to help the person to move around more easily. Another member of staff talked about how they had supported people to relearn skills such as cooking, bathing and dressing, and their awareness of suitable aids such as stocking aids had helped people to use equipment to gain independence.

Staff had put a wipe board in the kitchen of a person who was living with dementia. They had written on the board in large writing 'Today is Monday 2nd November', and also gave details of the member of staff who would be visiting them that day, and when they would be visiting. This helped to orientate the person to the present day.

A member of staff told us they had taken a man to visit his wife in hospital. They also said they went with a person when they were admitted to hospital. This had given the person's family peace of mind knowing the person was not alone at a stressful time when they needed support. Another member of staff told us "It's a successful service." They said the feedback they received from families and people who used the service was very positive and showed they had helped people to regain confidence, for example to help people go out, catch a bus or go to the shops. We also heard an example of how staff helped a person to regain stamina to take their dog for a walk.

Staff also told us the service could respond to changes of need such as the need to change bedding if the bedding was damp. If this meant their visit took longer than expected this was acceptable. They told us "As long as we document the reason it is Ok."

An occupational therapist told us "There has been a big shift in the last two years from 'doing for' people rather than helping people to do things for themselves. I think they have 'got it' now. Staff are much more able to stand back and encourage people now."

Each person received a copy of the complaints policy in their support plan file. People told us they knew who to contact if they wanted to make a complaint and they were confident they would be listened to and their complaints would be taken seriously. The registered manager showed us a record of the compliments and complaints they had received since the last inspection. They had received two complaints which had been investigated and resolved satisfactorily. They had also received 23 compliments in the last 12 months including a person who said "Just a note to say thank you for the wonderful attention and care received during the last few weeks, everyone has been

Good

Is the service responsive?

most kind and helpful. I don't know how I would have managed without you. …it made such a difference seeing a cheerful face each morning, and the help with chores etc. It certainly helped my recovery a lot."

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us the service was well managed. Comments included "Yes, the service is very well managed" and "The service is well organised". Staff told us the service ran smoothly, for example "Yes, things run smoothly. (The registered manger) is very involved and organised and interested in their work. She is a good link – very contactable." One member of staff told us "I believe we provide a good quality efficient service, supporting people who use our service, finding out what is important to them, promoting choice and respecting their wishes in achieving their agreed goals. This enables them to continue to live in their home."

The provider's quality assurance team carried out a range of checks and audits to monitor the effectiveness and safety of the service. The checks were in-depth and a detailed report was produced after each quality assessment process which gave evidence of their findings and judgements.

The aim of the Social Care Reablement team was to support people to regain independence, and the quality assurance team checked that the aim of the service was achieved. The checks covered day to day operations, safe working practices, hygiene and infection control, safeguarding and staff learning and development. Where they found that improvements could be made they made recommendations on how this could be achieved. Where actions were taken in line with the recommendations the quality assurance systems monitored progress and checked the actions had resulted in improvements.

Questionnaires were sent out to people who used the Social Care Reablement service and these showed a high level of satisfaction in the service across Devon. The quality audits also measured a high level of success, with 91% of people reporting that the service had helped them to regain as much independence as possible.

The aim of the Community Support Team was to support people to retain independence for as long as safely possible. The quality monitoring processes looked at what they were doing well and how they had improved since the last quality audit. They identified areas for further improvements, including any training that could be provided to help them achieve this.

The quality assurance system looked at complaints, compliments, accidents and incidents to look at patterns and any further actions that may be necessary to improve the service.

The staffing structure provided clear lines of accountability and responsibility. The registered manager met fortnightly with the county manager and managers of other services to set direction and look at development, in order to achieve consistency across all services.

Each member of staff was supported and supervised by their line manager. Staff told us they were involved and consulted through regular team meetings and through regular contact with their line manager. Staff were able to raise suggestions, ideas or concerns and felt their views were listened to. The registered manager told us staff innovation was encouraged by showing appreciation and recognition for daily work and outstanding performance. They also told us they promoted an open and honest culture to report concerns and errors with protection from recrimination. They apologised when errors were made, and took actions to learn from mistakes and prevent recurrence. There was a Wellbeing at Work programme to support staff well-being.

Spot checks were carried out by team leaders to check on staff practice and competence. The registered manager also carried out visits to people who used the service to check the quality of the service.

In addition to the audits carried out by the quality assurance team the registered manager also carried out monthly audits covering all aspects of the service including records based in each person's home, goal planning, training records, staff supervisions, medication administration and missed visits. Where shortfalls in the service had been identified actions had been identified to address the issues.

All accidents and incidents which occurred were recorded and analysed. All significant events have been notified to the Care Quality Commission

Good

Is the service well-led?

The registered manager kept their skills and knowledge up to date by on-going training, attending meetings, and reading.