

Rutland County Council

# Community Support Services Micare




## Inspection report

Suite 7, Unit 16a  
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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Community Support Services Micare is a short-term integrated health and social care service, consisting of reablement, crisis response, discharge to assess, safety net, complex care support and end of life pathway with the aim of supporting people through a crisis or supporting individuals back to independence. The service provides care for people who need immediate support to live independently in their own home. This may be because of a crisis, illness, following discharge from hospital or to identify if people require a permanent care provider to meet their long-term care needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection all 14 people using the service were receiving help with personal care

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

People were at the heart of the service and received exceptionally responsive, person-centred care which enabled them to live a life of their choosing. A person had given feedback to the provider, "[The staff] were kind and efficient and very helpful. The team were instrumental to my recovery."

People and their relatives gave us very positive feedback about the service. We found the service to be exceptionally well-led. Staff and the registered managers had implemented systems and processes to create innovative solutions to help people to remain independent and living at home for as long as possible.

Staff and the registered managers spoke with passion and pride about their roles. Staff had been supported to develop and grow within their roles which gave them purpose. Systems and processes were implemented to make people's experience as positive as possible. Staff went over and above to support people to re-integrate into their communities.

There were systems and processes in place to protect people from the risk of abuse. When things went wrong there were effective methods to learn and implement improvements. Staff completed training about safeguarding and knew how to report abuse. Risks to people were fully assessed and measures were put in place to reduce them. Assessments contained enough information for staff to provide safe care. Staffing was assessed on a daily basis and packages of care were only supported when there were sufficient staff to meet people's needs.

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

People's needs, and choices were fully assessed before they received a care package. The care plans we

looked at were detailed and holistic, focusing on how people were supported to regain as much independence as possible.

Safe infection control procedures were followed. There were enough supplies of personal protective equipment (PPE) for staff.

There were enough staff to meet the needs of people using the service. The necessary recruitment checks were completed for all new staff. Staff received an induction and ongoing training which enabled them to build on their skills and knowledge to provide safe, effective care.

People were supported with their medicines and staff had been trained in the safe administration of medicines. People were supported to eat and drink enough to meet their dietary needs and staff provided support to assist people to regain independence with eating and drinking.

People were supported to live healthier lives and staff worked with a wide range of health and social care professionals to ensure good outcomes for people.

People and their relatives told us they were treated with kindness and compassion; their privacy was respected, and their independence was promoted. People knew how to make a complaint or raise a concern.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 20 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Community Support Services Micare

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that a registered manager would be available to support the inspection.

The inspection activity started on 11 January 2023. We visited the registered location office on 12 January 2023 and finished making telephone calls to people using the service and relatives on 6 February 2023. The inspection ended on 6 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people using the service. We received feedback from 8 staff and spoke with 5 external professionals that work with the service. We spoke with the 2 registered managers. We also spoke to 3 relatives about their experience of the care provided and looked at care records, recruitment information and quality assurance information.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Assessing risk, safety monitoring and management

- The provider used comprehensive risk assessments and care plans to ensure people with complex health needs were supported consistently and safely. These were reviewed regularly, this meant people received safe care.
- Relatives and people told us they received the support they needed from staff that knew them well and ensured their safety. One relative told us that staff had alerted them as they could not access their relative's property one day. They arrived and found their relative had fallen over and could not get up. Staff called an ambulance for them and stayed with them until the ambulance had arrived.
- Supportive work was undertaken by staff to support people to increase their awareness, knowledge, and safety skills. For example, a relative told us how staff had showed them how to check their relative's skin for signs of developing pressure sores to reduce pain and infection.
- Care co-ordinator's undertook work with people to assess risks and monitor their safety. One staff member told us, "We are going to help people. Everyone has the right to try."

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them.
- People received information about safeguarding via the service's handbook. This informed people how staff could support them if they felt they or others were at risk of harm.
- Staff received training in safeguarding and information and guidance on safeguarding was accessible to staff in the staff handbook. Staff were knowledgeable about identifying signs of abuse and how to report any safeguarding concerns.
- The registered managers understood their responsibility to report safeguarding matters. Records showed safeguarding incidents had been responded to in line with the safeguarding policy and the registered managers worked with the relevant safeguarding teams to investigate the concerns.

### Staffing and recruitment

- Robust recruitment processes ensured staff were recruited safely.
- People told us they were very happy with the staff who came to support them.
- Staff responded promptly to changing situations and worked as a team. One relative told us, "[My relative] has found the care team really easy to work with. [My relative is] happy with [the staff]. [My relative] is a very difficult at times, but [the staff] have achieved very much."
- Staff were recruited safely. Pre employment checks such as references and Disclosure and Barring Service (DBS) checks were completed prior to staff taking up employment. DBS checks provide information

including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There were enough suitably qualified, experienced, and skilled staff to provide people with safe care and support.

#### Using medicines safely

- Medicines were managed safely by suitably trained staff. People had a detailed medicines assessment to support them to take any medicine safely in the way they preferred where needed. This included supporting people to progress towards goals to administer their own medicines as their confidence and skills grew.
- Staff received training in the safe administration of medicines and their competency to administer medicines was assessed. We saw the medicines administration records (MAR) were accurately completed and medicines audits took place.

#### Preventing and controlling infection

- People were protected from the spread of infection. The service had effective infection prevention and control measures to keep people safe.
- Staff understood their responsibilities for keeping people safe from the risk of infection. They had infection control training, which included the correct use of personal protective equipment (PPE).
- People confirmed that staff observed good infection control practices when providing their care. Staff had enough supplies of PPE.
- Policies and procedures were in place regarding infection control practices, including COVID-19, to ensure staff worked safely and in line with best practice guidance.

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. The registered managers and provider took on board learning from incidents. They fully embedded this and ensured staff were aware of the actions to be taken in future. For example, we saw evidence that the management team completed debriefs with staff following an incident, in order to offer them post-incident support.
- There was an effective system in place to ensure all accidents and incidents were thoroughly investigated and when needed with the support of healthcare professionals involved in people's cases. There was an open culture around reporting accidents, incidents and near misses.
- The management team continually worked to seek guidance and share information to ensure every opportunity to review, share and follow best practice was taken.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met. The assessments followed a holistic approach, covering health conditions, people's preferences and social circumstances, communication and lifestyle needs.
- A relative told us, "We were aware at the beginning it was a short-term care agreement. We know now, if longer term care is needed, we know what support is available."
- The provider had purchased all-in-one telehealth cases so staff could measure people's vital signs, perform multiple assessments using these to help identify if a person was deteriorating with the aim of carrying out early interventions to prevent hospital admissions.
- Other health and social care professionals were involved where necessary in people's care and this supported people to access the care they needed at the right time and improved their quality of their life. For example, staff received an out of hours call following concerns for a person deteriorating in the community. Community nurses had recommended the person be readmitted to hospital due to the complex nature of their medical condition, however the person did not want to leave their partner. Staff arranged for a local doctor to attend the care call together and encouraged the person to go into hospital to prevent any further deterioration of their health. Staff then put support in place for the partner.
- People's needs in relation to equality, diversity and protected characteristics were considered during the assessment and care planning process, to support people to work towards independence and their future quality of life. A relative said, "[The staff] are always trying new ways or finding what works [for my relative]." And "[The staff] accept [my relative] for being [them]."

Staff support: induction, training, skills and experience

- People were supported by staff who had the knowledge and skills to meet their needs.
- Staff received an induction period when they started in post and felt well supported. Staff completed training which enabled them to deliver high-quality care and support to people with a range of needs which at times were complex or challenging.
- Staff were supported through regular supervision with their line manager, where their own development and training was discussed as well as arising issues. Staff had 24/7 access to clinical psychology support, so they could receive support with their own mental health if they needed this.
- The service had not experienced any staffing issues throughout COVID-19. Staff told us this was because they were so well supported in their role and so invested in the service. Some staff have worked for the employer over 15 years.

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

- People's needs were assessed at the beginning of the care package to identify the level of support required to maintain a healthy balanced diet. Staff supported people who were required to follow specialist diets if appropriate to them.
- People were encouraged to prepare meals for themselves as part of their reablement plan. Staff supported people when necessary. Some people had family members providing meals for them. A relative told us, "[Staff] would encourage [my relative] to drink [their] tea."

Staff working with other agencies to provide consistent, effective, timely care

- Community Support Services Micare is a short term integrated health and social care service. It works together with other health and social care professionals to ensure people got the support they needed to reach their goals via 5 care pathways.
- The integrated health and social care is delivered by community-based nursing, therapy and staff to support people and their relatives when there is a change in need. This meant people received effective care from specialist staff in a multiple disciplinary team.
- The service was available 24 hours a day, 7 days a week with Community Support Services Micare staff working alongside health colleagues offering an integrated response within 2 hours (for crisis response cases only) or a same day response (where required).
- People had access to therapists including Occupational Therapists and Physiotherapists.
- Relatives were supported to access information and other community services, to look at the longer-term support people may need to remain as independent as possible in their own homes.

Supporting people to live healthier lives, access healthcare services and support

- People were well supported to live healthier lives and encouraged to make their own choices to achieve this. Outcomes for people were positive, consistent and often exceeded expectations, which had a positive impact on their quality of life.
- A relative told us, "By the time [our relative] was finished with the care last time, [staff] would of supported and encouraged [them] back to their baseline, before [they] became unwell."
- Staff provided encouraging care which supported people to overcome long held anxieties to achieve better health outcomes. For example, staff helped one person to attend a medical appointment when they had previously had negative experiences in the past.
- Staff worked with external professionals to adapt care to meet people's individual need. For example, staff spoke with other professionals to find out if they could make changes to a person's medical appointment, so they could consider how to support a successful blood test.
- A relative told us staff had arranged a meeting with the local doctor to address access issues they were having with attending the doctor's surgery for regular appointments. The relative told us this resolved their issue.
- Where people required specialist assessment regarding their mobility this was arranged promptly. For example, a referral to the Occupational Therapists team was made when one person was identified as being at heightened risk of falling over. Advice from the team was recorded in their care plan and followed at all times. People's care records evidenced this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes. People and relatives confirmed the staff always asked for consent before they provided any personal care or undertaking any other tasks.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion. A relative said, "[Staff] are brilliant. They always say to [our relative] we will do what you want us to do. We will help you where you want us to help you. They are really very good. Very professional and very friendly and a very competent team. Very cheerful."
- Staff demonstrated a good understanding of the people they supported, including their personal preferences, likes and dislikes. One person told us, "[Staff] told us they did and asked us what we needed. They were kind. The care was very good."
- A professional told us, "When people leave the service they tell us how much they will miss [the service and staff]. [They] don't want to leave the care. It's a really big compliment the whole staff team." A relative said, "I knew [my relative] was happy as I could tell on [their] face and through [their] interactions with the care staff."

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

- Staff and were proactive and skilled at identifying and sourcing support and opportunities for people based on their views, needs and wishes. This supported people to lead fulfilling lives and achieve their goals.
- People were supported to make decisions about their care and support. People were involved in the development of their care and support plans, and these were amended and updated as people's experiences, preferences and choices changed over time.
- Professionals who worked with people using the service provided positive feedback about the service. One professional told us, "The [staff] go above and beyond." Another said, "This team of people are just so dedicated and determined to help people with what they need and when they need it. They always respond when we need them too, which is vital with when someone is in a hospital bed and no longer needs to be there."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. The assessment process focussed on what people could do for themselves. A registered manager told us, "We go in slowly and gentle with people. We start building trust and sharing information with other professionals [where we have permission to do so]." One relative said, "[The staff] encourage [my relative] to wash [themselves], be involved and participate."
- People's privacy and dignity was promoted and protected. A relative said, "It's very helpful, I always remain the [child] rather than have to do the intimate personal care of my [parent]. [Care staff] do a great job and are always dignified."
- Staff supported people to maintain and regain their independence. One relative told us, "[Staff] encourage [our relative] to do as much as [they] can for [themselves]."

- Staff respected confidentiality and ensured all records relating to people's care were stored securely.

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The provider went to considerable lengths to ensure people received personalised care that was transformative and empowering for people. Enhanced staff flexibility within the care delivery, meant staff responded appropriately, adapting to circumstances and the needs of people as they arose. The registered manager and staff told us about the diversity of calls the care co-ordinators responded to as part of their crisis response service. For example, urgent care was required for 1 person who had a live in care worker. The care worker requested help as the person had physically deteriorated rapidly and they could not manage to complete personal care and change position for the person single handed. The provider put in urgent support that evening and the next night, allowing time for the person's longer term needs to be assessed, whilst the person's physical and mental needs were supported.
- Staff knew how to meet people's preferences and were innovative in suggesting additional ideas that people or relatives themselves had not considered. For example, the registered manager told us about a person who walked to a local club every day. They had done so for many years and visited their friends there. However, the person's family became concerned when they were diagnosed with dementia. The staff introduced the idea of using a pendant alarm so the person could call their family to let them know they were ok, but also use it to request for help if they needed it. The person was happy to wear this and their family could be reassured. The person was able to continue to have their freedom at this time and independence whilst remaining safe, for as long as possible.
- As a result of the provider's principled commitment to maintaining staffing continuity, staff had a deep understanding of people's individual needs and preferences. Staff used this knowledge to provide exceptionally responsive, person-centred care. Staff told us about 1 person, the person's support was transferred to another care company as part of their planned long term care. Unfortunately, the new arrangement did not work out, putting the person and their relative in crisis again. The person's support returned to the service. Staff who had previously worked with the person, stepped in and delivered the care and support. This meant the person was able to engage in their daily routine again that gave them pleasure as they felt they were achieving again, with staff they trusted and felt respected them. The relative told us, "[Community Support services Micare] are really good. We had care previously from the service, and it has been the most beneficial [to our relative]."
- The registered manager told us about another example, whereby a person required a gradual/flexible introduction to support. Staff had worked with 1 person to first gain their trust. Whilst the person was waiting to return home from a hospital stay, the staff helped tidy up their home. We were told that from the moment the person walked back through their front door, they felt a weight lift off their shoulders. The staff had motivated the person and given them the confidence to do things and that they were very grateful for

the help and no longer felt ashamed of their home. The registered manager said there was an amazing change in the person from having had the support from the staff.

- Staff demonstrated the importance of involving people and their family, friends and other health and social care staff in their care and support plans, so that they felt consulted, empowered, listened to and valued. For example, 1 person was able to choose their own care staff following a return to their home after a long term stay in hospital. Staff held discussions with the person, their family and health care professionals who knew them well. Staff had taken into account what the person needed to make them feel safe. This meant the person was able to maximise their independence by resettling in the community positively, as their needs and wishes had been met.
- People received a person-centred bespoke service that met their needs, which enabled them to live a life of their own choosing. We saw one of many compliments, that had been emailed to the provider from health professionals, complimenting the staff on how they had supported people during a difficult time. One professional said they had observed the way staff had interacted with a person. They went on to tell the provider how pivotal the skill of the staff was in the reason why the person then went on to accept and engage in the support. They added further, that 'Staff had shown initiative, personalisation with how they engaged with the person, where other professionals had experienced difficulties.' They praised staff for how highly they valued respecting the person's views and wishes on the way they wanted to live their life.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered during the initial assessment process and in the ongoing care reviews. Care plans included information about peoples' preferred communication methods. One relative told us, "[Staff] leave information in a care book. [Staff] record notes [about our relative] in a diary as we are not computer illiterate."
- Technology supported people's communication abilities and needs. For example, staff had used an app to help them communicate with one person who was hard of hearing. The app captured speech and sound, so the person was able to read the text on screen, allowing them to understand better what the staff were saying to them and reducing their frustration during their care calls.
- Staff involved family, friends, professionals like speech and language therapists to assess and develop plans communication to outline how best to support people with their communication.

#### Improving care quality in response to complaints or concerns

- The principles of the organisation's vision, values and behaviours were embraced and embedded throughout the service. The impact was that the service had received many compliments and a lot of positive feedback from people, their relatives and stakeholders. One example we saw, the person gave feedback, 'The staff were kind and efficient and very helpful. The team were instrumental to my recovery'.
- People and relatives had regular communication with staff and knew how to contact the management team if there was anything, they were unhappy with. A complaints policy was available for people using the service and their relatives. A relative told us, "We have the [service] telephone number in [our relative's] care folder in our home. The number is right across the front of the folder."
- The provider took complaints seriously and these were responded to in line with their policy and procedures. For example, we saw on the service's monthly quality questionnaire, that a person had feedback that staff hadn't given them information there were waiting on. Staff looked into this and found

out that they were on the waiting list for specialist equipment. Staff contacted the person to remind them this was still the case and made sure they had the equipment supplier's contact details so they could stay connected with them, so they could understand the timeframes involved.

#### End of life care and support

- People received continued care and support at the end of their life. We saw detailed care plans were available to guide conversations and care planning if people wished to discuss any aspect of their end of life preferences at any time.
- Staff had completed end of life training. A staff member told us, "We work with people usually for a short amount of time. It is best they have the same staff with them during this time. It can be the little things." Another staff member told us, "Being invited to a person's funeral is an extension of their end of life. Such a privilege."
- The registered manager told us, "Building a trusting relationship is vital to both the person and their relatives, so they don't have to explain all the details to new staff. We know at times this might not be possible, but on the whole, we strive to keep a consistent staff team." Feedback from relatives we saw confirmed this was the case and how much they very much appreciated this from the service. Staff told us they understood that their highest priority was to maintain as much dignity as possible, by being consistent for the person and for their family and friends.
- The management team valued staff being involved in debrief discussions following each end of life experience so they felt supported, but to also allow the opportunity to address any learning points for people or their relatives.
- Records reviewed showed us one example where staff supported 1 person to be more comfortable as they approached their end of life. Staff tried to arrange overnight staff, however on this particular night it was impossible, so three members of the team agreed to work together to ensure this person was supported during their last days, so it was dignified, pain free and they were not alone. The person had declined hospice or hospital care. The staff supported the person to advocate their end of life wishes to professionals.



# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Exceptional efforts were made by staff to support people to achieve excellent outcomes. For example, when a person had become isolated from their community staff worked to re-integrate them supporting them to access groups they had become disconnected from. This reduced their risks of returning to being socially isolated and made the person feel happy once more.
- Staff were able to share countless examples of instances where they supported people to re-gain their confidence and independence which enabled them to stay in their homes. For example, during the holistic assessment process, staff assessed people's wider support networks which included considering any support from friends and family, to ensure support networks were robust enough. For example, a partner was assessed as needing support to enable them to support their partner after hospital discharge. Staff sought the appropriate support to enable both people to remain at home in line with their wishes.
- People, relatives, staff and professionals all told us the way the service was led was exceptional. People and staff told us they felt they were at the heart of the service. Staff and professionals praised the quality of the leadership. All the staff we spoke with were passionate about their roles and improving outcomes for people. One staff member told us, "We have such a great team, we have a great dynamic with other professionals, as we can call them for any advice and they call us as well." They went on to tell us how staff came up with ideas frequently to improve how they cared for people. One example they told us about was having home starter packs made up for people, available in their cars, so they were at hand quickly for people when and if needed when they came out of hospital at short notice so they could feel at ease.
- The registered managers were passionate about people living fulfilled and meaningful lives supported by skilled and dedicated staff. They worked hard to instil a culture of care and good teamwork in which staff supported carers and everyone valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The management celebrated people and their successes at team meetings with all staff and completed debriefs with staff following any incident to ensure everyone was supported.
- The staff worked with people and professionals to ensure people identified goals to work towards. These were achievable but also positively challenged people and supported them to have confidence in their abilities to move on to full independence. One professional said, "The staff try all sorts of different ways to help."

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

- It was clear the registered managers and staff were very passionate about delivering good quality care.

There continued to be clear processes in place to ensure each staff member understood and fulfilled their roles. Managers completed regular checks with staff to ensure the service continued to develop and improve. This was demonstrated by the difference staff had made to people's lives, as managers regularly measured its success through its service outcomes, such as: people being able to remain living at home, people being able to improve their own quality of life and people maintaining control over their own lives for as long as possible.

- The staff team were passionate about ensuring the people they supported received the highest quality care. Each staff member knew their responsibilities and there were clear lines of accountability. Staff identified people who needed support and advocated on their behalf to make sure their lives improved.
- The whole staff team worked well together which facilitated a positive and improvement driven culture. They were happy in their work, were motivated and had confidence in the way the service was managed. All the staff we spoke with described being proud of where they worked. One staff member said, "We are efficient. The most important element is communication. Such a good thing in this team. I love being here and I love my job."
- Staff understood their role and what was expected of them. They were happy in their work, were motivated and had confidence in the way the service was managed. All the staff we spoke with described being proud of where they worked.
- There was a strong focus on quality review, monitoring and accountability. The registered managers used the provider's governance systems effectively to ensure any risks to the quality of the service could be quickly identified and addressed. This was done by identifying themes and trends, referring to best practice guidance, comparing against current research and involvement of people, staff and professionals.

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

- There were high levels of satisfaction across all staff. The management team had provided a working environment where staff were motivated and proud of the service. All felt they could build a meaningful career with this provider. Staff were supported and encouraged to work through the structured promotion scheme. Many staff had followed this process and reported significantly high levels of job satisfaction. This led to low staff turnover, consistent care for people and high levels of satisfaction with the care provided for people. Staff told us, "Staff are encouraged and supported to develop."
- People were able to feedback on the service through questionnaires. This feedback was collated by staff and reviewed by the management team. Feedback was positive, and where people had suggested areas for improvements these had been implemented. For example, following feedback, staff continued to check that people were clear about what reablement was and the aim of the service, so their expectations were clear from the start."
- The registered managers instilled an open culture where people, staff and professionals felt valued. The management team listened to and valued the feedback from staff, for example when discussing recruitment with the team, staff told them their job adverts were too corporate. The staff were asked to review the adverts, and these were changed.
- Staff felt the registered managers prioritised their wellbeing and in turn this meant staff felt confident to prioritise people's wellbeing. One staff member said, "We are really well supported and that helps us to do our jobs better, we are a really close and strong team." Another staff member told us, "I have never had a day where I didn't want to do my job. Working together, as one. Things have evolved. Everyone is doing absolutely fantastic jobs. We now have the opportunity to support people in different ways. We are always joint working and have really close links with other external health and social care teams. It is about what we can do as a team, supporting people."
- Rotas were planned in advance. This meant staff knew their future shifts. Staff told us they were able to plan their lives, and this led to them being happier, more relaxed and contributed to the positive

atmosphere. There was a system in place to acknowledge and reward staff. Staff had been nominated by people for national care worker of the month awards. Staff told us this made them feel proud.

#### Continuous learning and improving care

- Exceptional systems were in place to proactively improve the service, this included how staff worked with external stakeholders. For example, the registered managers collaborated with other professionals to proactively identify which areas were causing delays or failed discharges and fed this back to their stakeholders to continue to improve the discharge experience for people. They worked together to look at patterns and trends which caused failed discharges and implemented systems to reduce the risk of these re-occurring. This enabled people to return home with a package of care that met their needs, in a safer and more efficient way. This helped to accelerate people's recovery.
- Comments from people that had completed the provider's feedback questionnaire included, 'We could not have asked for anything better. They were like friends, good friends', and 'Kind and considerate staff. We would like to thank all of the staff for being angels'. And 'Never having been in this situation ever both physical and mentally I found each and every one of the staff fabulous. They helped me more than they realised. Being able to chat and rely on their expertise was exceptional. 'LOVE THEM ALL'.
- There was a strong emphasis on continuous improvement. The registered managers and staff proactively worked with their local Integrated Commissioning Board (ICB) to relieve hospital pressures and support relatives who may not have been able to care for their loved ones.

#### Working in partnership with others

- Community Support Services Micare integrated with health and social care colleagues exceptionally well. Staff provided support in the community in conjunction with health and social care colleagues for example, staff were trained to carry out delegated health tasks from both the community nursing team and GP practice, which reduced the time people had to wait for some health interventions, such as compression stockings and inhalers.
- The reablement support provided by staff to people was therapy led. Occupational therapy and physiotherapy teams supported staff to devise therapeutic reablement goals for people. Joint visits took place between staff and therapists. This meant that skills and knowledge were shared, and the ordering of low level equipment, meant that people did not have to wait for long for therapy.
- An occupational therapist, commented on how professional the whole staff team were, and how the staff used their skills and judgment to get the best possible outcomes for people. They described staff as the 'motivators' of care, as different to traditional home care as it involves the staff standing back and encouraging the promotion of self-care skills for that person that may have been lost following an illness or injury.
- A staff member said, "We work with hospital social work team. We know as early as possible when someone needs support, so we can support free flow, so the hospital is not blocked up and the person can get home.
- A weekly multi-disciplinary team (MDT) took place bringing professionals together to discuss pathways and outcomes for people. Community nurses attended the service's team meetings and provided emotional support to staff following any end of life cases. Debriefs took place which enabled staff to ask questions. This enriched their knowledge and skill set.

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

- The registered manager and provider understood their responsibilities in relation to duty of candour. This is a set of legal requirements that services must follow when things go wrong with care and treatment. They understood when to inform CQC and the local safeguarding team of important events. Notifications had

been submitted in a timely manner.

- The registered managers were open with people, their advocates, professionals and staff when things went wrong and ensured action was taken.
- The registered manager worked in an open and transparent way including when any incidents or accidents occurred. This was in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.