

Southend Borough Council

Southend Therapy and Recovery Team [START]

Inspection report

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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

This inspection was announced and took place over a number of days and included 6, 7, 11 and 21 July 2016.

Southend Therapy and Recovery Team (START) is a service that is registered for personal care and provides a rehabilitation and reablement service to people living within the community. This includes providing short term care and support within people's homes to enable them to recover and/or maintain their independence as quickly as possible. They provide personal care and support to people who live within the geographical areas of Southend.

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

The provider had progressive and unquestionably high expectations of itself and the feedback we received from people was excellent. Those people who used the service expressed great satisfaction and spoke very highly of the service and how the rehabilitation assistants and registered manager had provided excellent care and support to enable them to do things for themselves and regain their independence as quickly as possible. Through the care and support received many people were able to regain their previous life styles.

The service was exceptionally well led by a management team that was committed to finding new and innovative ways to help support people to regain their independence and lead a full and active life, whilst being in full control of what happened to them. The rehabilitation assistants told us that the registered manager led by example and had strong values and a desire to learn and implement best practice throughout the service. All staff were very highly motivated and proud of their service and added that they were fully supported by the registered manager and they had an extensive programme of training and supervision that enabled them to provide a high quality service to people and enable them to gain control of their lives after a life changing illness. The quality assurance systems in place were very effective and improvements were seen to have been made as a result of learning from people's views and opinions. This meant people benefited from a constantly improving service that they were at the heart of.

The service had excellent working relationships with other health care professionals and regular meetings were organised to ensure people were supported to maintain good healthcare and gain access to other services and support when needed. They did this in partnership with people so that the outcome matched their expectations, which assisted people to make a quicker recovery whilst regaining their independence.

People experienced very positive outcomes as a result of the service they received and gave us excellent feedback about their care and support. The service was very responsive and changes in people's needs were

quickly identified and their care package amended to meet their changing needs. The service was flexible and responded very positively to people's requests and people who used the service said they felt able to make requests and express their opinions and views. People had been actively involved in the decision making process and agreed to their care; they had also been asked how they would like this provided and this was clearly documented. Each person had made individual 'goals' that were important to them and these had been monitored by the rehabilitation assistants on a daily basis to help aid the person's journey to independence.

There were more than sufficient rehabilitation assistants in place to enable people to work towards independence and enable them to re-achieve active lives. The rehabilitation assistants knew what to do if they suspected someone was being abused or harmed, and recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. The registered manager and rehabilitation assistants were very aware of their responsibilities to protect people's health and wellbeing and there were clear systems in place to ensure that risks were identified and plans put in place to address these. People received regular and consistent support from the rehabilitation assistants and felt they knew them well and added that they felt 'safe and secure' when receiving care.

Clear systems were in place to assist people with the management of their medication and to help ensure people received their medication as prescribed. People received their medication safely and the service had introduced ways to make sure that people were able to be in control and manage their own medicines safely in their own homes if they were able to do so.

The rehabilitation assistants had received a wide range of training so that they had a good understanding of how to meet people's needs and help them to regain their independence if possible. They understood the importance of gaining consent from people while working with them and they were very clear about their roles. People stated they felt 'in control of their care' and knew they could approach staff if they needed more support or changes.

People were supported to eat and drink sufficient amounts to help meet their nutritional needs and rehabilitation assistants knew who to speak with if they had any concerns around people's nutrition. The rehabilitation assistants also made sure that, if people became unwell, they were supported to access healthcare professionals for treatment and advice about their health and welfare.

The rehabilitation assistants treated people in a way that reflected how they themselves expected to be spoken to and supported each person to reach their full potential. People had positive relationships with their rehabilitation assistants and had confidence in the service. There was a strong emphasis on the key principles of care such as compassion, respect and dignity and people who used the service felt they were treated with kindness and said their privacy and dignity was 'always' respected.

Staff built meaningful relationships with people who used the service and were given ample time to meet people's needs and assist them in regaining their independence. The rehabilitation assistants showed commitment to understanding and responding to each person's needs and preferences and people received a service that was based on their personal needs and wishes. It was clear that each person was seen as an individual and people had been part of the care planning process and asked how they would like their care to be provided.

The rehabilitation assistants understood the importance of responding to and resolving concerns quickly if they were able to do so. They also ensured that more serious complaints were passed on to the management team for investigation. The complaints procedure, as with all other communications, was

produced in a format people could easily understand. People told us that if they had a complaint to make or a worry to voice, they felt confident to raise them. The manager told us that they believed that complaints and concerns raised gave them opportunities to find ways to improve the service they offered people. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response.

It was clear from the inspection and feedback gained from the staff and people who used the service that the registered manager was very committed to continuous improvement. Feedback from people, whether positive or negative, had been used as an opportunity for improvement of the service. The registered manager was able to demonstrate a good understanding of the importance of effective quality assurance systems and had developed systems to gain daily feedback on how the service was managed and the service people received. People told us they felt 'listened to' and advised that their views and opinions had been regularly sought through staff contact, telephone interviews and postal questionnaires.

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 harm. People had confidence in the service and felt safe and secure when receiving support. The provider had systems in place to manage risks, which included safeguarding matters and this helped to ensure people's safety. Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

There were sufficient staff available, with the right competencies, skills and experience to help meet the needs of the people who used the service. There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

People could be sure that they would receive the assistance they needed when being supported with medication and it was a safe system.

Good ●

Is the service effective?

This service was effective.

Staff were highly trained and had the knowledge, skills and time to care for people in a safe and consistent manner. People were cared for by staff that were well trained and supported.

Staff had a good knowledge of the Mental Capacity Act (2005) and knew how to keep people's rights protected.

People experienced very positive outcomes as a result of the service they received and gave us outstanding feedback about their care and support.

Good ●

Is the service caring?

This service was caring.

The registered manager and staff were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and

Good ●

values that were reflected in the day-to-day practice of the service.

People were provided with care and support that was tailored to their individual needs and goals.

Staff had a good understanding of people's care needs. People who used the service valued the relationships they had with staff and expressed great satisfaction with the care they received. People were pleased with the consistency of the staff and felt that their care was provided in the way they wanted it to be.

Staff built meaningful relationships with people who used the service and were given ample time to meet people's needs and assist them in regaining their independence.

Is the service responsive?

The service was exceptionally responsive.

Changes in people's needs were quickly recognised and appropriate. Prompt action would be taken, including the involvement of external health care professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were actively encouraged to give their views and raise concerns or complaints. People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way.

Outstanding 

Is the service well-led?

The leadership and management of the service were outstanding.

The registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency. These were owned by all and underpinned practice.

Staff understood their roles and were confident to question practice and report any concerns.

There was strong emphasis on continual improvement and best

Outstanding 

practice which benefited people and staff. There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

Southend Therapy and Recovery Team [START]

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.

The inspection was announced and took place on the 6, 7, 11 and 21 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We also reviewed a Provider Information Return (PIR). A PIR 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. This was very well completed and we used this information to plan what we were going to focus on during our inspection.

During our inspection we visited four people within their own homes and spoke with three on the telephone. When visiting the service we spoke with the registered manager and interviewed six rehabilitation assistants to gain their views about working for the service. Healthcare professionals were approached for comments about the service and the feedback received has been included in this report.

As part of the inspection we reviewed a range of records about people's care and how the domiciliary care agency was managed. This included four people's care records, care plan folders and risk assessments within people's own homes. We also looked at the files of three staff members and their induction and staff support records. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records and documentation for medication.

Is the service safe?

Our findings

Everyone we spoke with said that they felt very safe in the hands of START and the rehabilitation assistants who supported them. They added that they had confidence in the service and felt safe and secure when receiving support and that they 'trusted' the staff and felt 'comfortable' in their presence. Feedback included, "They are different from other carers, all so nice and we feel very comfortable with them" and "The girls [care workers] always made me feel safe. I was informed about safeguarding on my first visit and had no issues."

The registered manager is a safeguarding 'champion' for adults and also Child Sexual Abuse Exploitation champion for children and attends safeguarding meetings and forums regularly. They were aware of the correct procedures to follow to help keep people safe and also ensured both rehabilitation assistants and people who used the service had systems and information available to help them to raise concerns when needed. The service provided safeguarding information to people receiving a service as part of their assessment process and this included details of who they could contact if they had concerns about their safety or welfare. People confirmed that this had been discussed with them and that they knew who to speak with if they had concerns. The registered manager stated, "START continually looks at ways to improve the service, either through staff practice or service intervention. One of the changes in START was made following an allegation of abuse by a staff member. A mid assessment was introduced to identify any issues with staff practice. This is now in its third form as previous assessment forms were not user friendly." Rehabilitation assistants had also been issued body charts as part of improvements following the incident to ensure any marks that raised concerns were recorded.

The rehabilitation assistants were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. All had completed relevant training and received annual updates to refresh their knowledge. They understood their responsibilities to report issues if they suspected harm or poor practice and were confident that the registered manager would take action if they reported any concerns. Each rehabilitation assistant had been given a handbook at the start of their employment, which had information on safeguarding people and who to contact and what to do if they had any concerns. Safeguarding was also covered as part of staff supervision and quarterly meetings and staff stated that this helped to ensure any concerns were raised and appropriate action could be taken as soon as possible. Rehabilitation assistants were also aware of the whistle blowing procedure and described who they would speak to if they needed to report anything. One added, "I am very confident that I can raise concerns around whistle blowing and abuse through the manager." This showed that staff were aware of the systems in place and these would help to protect the people receiving a service.

Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way. The registered manager had achieved a level 3 qualification in occupational health and safety and was aware of her responsibilities and the importance of managing risks in the work place. Risks to people's safety had been routinely assessed at the start of a service and had been managed and regularly reviewed. People stated they had been part of the risk assessment process and these related to the environment, nutrition, pressure care, people's moving and handling needs and mobility and falls. Risk

assessments seen included clear instructions to care staff on how risks were to be managed to minimise the risk of harm to themselves and other people. Copies of this documentation could be found in people's homes and helped to ensure the rehabilitation assistants had up to date information and were kept safe. The manager advised that the rehabilitation assistants had received training to risk assess at every visit and feedback to senior staff immediately if there are any changes that would put them or the person they were supporting at risk. This practice was confirmed by staff spoken with and the service had twice daily hand over reports which were sent to care staff electronically and which could advise staff of any new risks in people's homes and ensure they had up to date information. The service also had a 'hot and cold weather' plan in place and emails would be sent to care workers once an alert had been received so they could keep people safe then visiting.

To help keep people and staff safe, health and safety had been an agenda item for all meetings and rehabilitation assistants had receive regular reminders on the importance of safety. Systems for reporting accidents were in place for both rehabilitation assistants and people who used the service and these had been overviewed by upper management to analyse and put strategies in place where possible to try and prevent this from re-occurring. Equipment in use by the service to support people's reablement was regularly inspected, audited and maintained to ensure it was safe.

The service was run from a self-contained office, which had access for those people who may have a disability. Appropriate risk assessments were in place and the service had appropriate insurance cover.

The registered manager had systems in place to help constantly monitor staffing levels to ensure there were sufficient numbers of rehabilitation assistants to keep people safe and to meet their rehabilitation needs. These considered potential sickness levels and staff vacancies when calculating how many rehabilitation assistants were needed to be employed to ensure safe staffing levels. The registered manager added, "Ensuring there is sufficient trained staff on duty at any one time ensures safety for adults and staff" and that they had refused work and would not take a new person's package of care if they were not able to provide the care that the person required.

People told us there were enough rehabilitation assistants and they had received the care and support they needed and they had 'never' experienced a missed visit. People spoken with had received regular visits from rehabilitation assistants whilst being with the service and felt this had assisted in continuity of care and enabling them to reach their goals and become independent again. Comments included, "I have been given plenty of time and received the support I needed" and, "I have never felt rushed, they used to come at 8:00 am but now come at 10:00 am, as they know I can do more for myself." It was clear that the registered manager was constantly monitoring staffing levels and ensuring people received the care and time they needed.

All staff employed at the service had been through a thorough recruitment process before they started work for the service. Disclosure and Barring checks were in place to establish if there had been any cautions or convictions, which would exclude them from working in this setting. Rehabilitation assistants confirmed they had completed an application form outlining their previous experience and provided references. They had also attended an interview as part of their recruitment and checks on computer files during the inspection showed that the correct documentation had been sought and the service had followed safe recruitment practice. Rehabilitation assistants spoken with told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service, which helped to ensure people were kept safe.

The service had a disciplinary procedure in place, which could be used when there were concerns around

staff practice and helped in keeping people safe. This had been used by the registered manager when issues had been brought to their attention.

Clear systems were in place to assist people with the management of their medication and to help ensure people received their medication as prescribed. People received their medication safely and the service had introduced ways to make sure that people were able to be in control and manage their own medicines safely in their own homes if they were able to do so. Senior rehabilitation workers visited all new people to the service and completed a medication risk assessment, which helped to identify how much assistance each person required. Once they had completed appropriate paperwork this would be placed within the home to advise the staff. The service had introduced colour coded forms to help the rehabilitation assistants to easily identify how much assistance each person needed and this was regularly reviewed. Rehabilitation assistants spoken with stated they felt this was a very 'safe system' and their feedback included, "Any problems with medication we can always phone our seniors" and, "We assess how they are getting on [service users] and if more help is needed for medication we could phone a senior to call back out." Care plans seen clearly stated whether assistance with medication was needed and had the correct documentation in place.

Care workers had received mandatory medication training as part of their induction and regular updates had been organised to help ensure people received their medication safely. The service had an appointed 'medication champion' who rehabilitation worker could approach for advice and support. The registered manager had also produced a 'handy card' which provided guidance on the 'seven rights of medication' and rehabilitation assistants spoken with stated they had found it very useful and a good reminder. The medication champion advised that they held regular drop in sessions for the rehabilitation assistants to call in if they had any questions or just needed advice. Competency checks were also regularly completed on staff to ensure they were following correct procedures and people received their medication safely and as prescribed.

Is the service effective?

Our findings

People told us that they were supported well and that the rehabilitation assistants made sure they received the support they needed. Everyone was very happy with their care and felt the staff visiting them had the right skills and knowledge to meet their care needs and help them to reach their goals to be independent again. Feedback included, "The care is excellent" and, "I cannot fault them at all." One person added that the rehabilitation assistants had helped them to be overcome their illness and be independent again; they added, "I have improved since they have been coming in. They do all I need to have done, and when I needed the care it was there."

All newly recruited staff had completed an induction training programme before they started working in the community. The service had implemented the Care Certificate, which is a recognised induction training course for people working within the care sector. New rehabilitation assistants confirmed they had also shadowed more experienced staff before they worked on their own. They added that this had allowed them the time to understand their role and the standards of care expected of them. The records confirmed that each rehabilitation assistant had attended an appropriate induction relevant to their experience and this included a written record stating whether they were considered competent or whether further training was needed. Feedback from rehabilitation assistants included, "I could not fault the induction. It was a four week induction that included shadowing a senior and other rehabilitation assistants and also going out with the equipment service and stroke team. It helped to introduce me to my role and I really enjoyed it" and, "I did a month's induction and it was fantastic. It gave me the skills and knowledge I needed to do the role. We also have a corporate induction, which is more about the organisation and I have completed the Care Certificate."

As part of Southend Therapy and Recovery Team's (START) service it provided specialist services to stroke survivors, people with unstable fractures, reablement, admission avoidance and crisis intervention. The rehabilitation assistants had been trained to a high standard and this included mandatory training and competency training through external practitioners. Each rehabilitation assistant had also taken the role as a 'champion' for the team and training was regularly provided on moving and handling, MCA, medication, dementia, sensory impairment and nutrition. Rehabilitation training was also provided and part of this would include rehabilitation assistants attending a two day program provided by the community Stroke Team to help ensure that the outcomes for stroke survivors were to a high standard. Feedback from one healthcare professional included, "My team has a very close working relationship with Southend Therapy and Recovery Team (START) and have always found them to be very well trained, kind and caring in their dealings with patients and responsive to requests for assistance." People who had experienced a stroke were very positive about the support and rehabilitation they had received and felt this had helped them to achieve their potential. Many were able to gain access to the community and participate in activities they had done before their stroke.

The rehabilitation assistants told us that they had been provided with both mandatory and specialist training, to ensure they have the skills, knowledge and confidence to carry out their duties and responsibilities effectively. People felt the rehabilitation assistants had received sufficient training to help

meet their care needs and were complementary about the standard of care they received. Most of the staff had either achieved a recognised qualification in care or were working towards one. Feedback from rehabilitation assistants included, "We have so much training; it is never ending. There is always something new to learn." and, "Tuesday is 'competence day' and we can call into the office and use new pieces of equipment, gain advice and general support." Another added, "Moving and handling training is very good. Staff are not signed off until they are seen to be competent and we have a competency checklist to follow and a 'moving and handling quiz' to ensure staff fully understands."

The registered manager advised that from feedback from the rehabilitation assistants they had identified a need for training in understanding behaviours in dementia care. The appointed dementia champion had worked closely with the Community Dementia Nurse specialist and they had arranged for them to provide a training package on challenging behaviour during a team meeting. This provided the rehabilitation assistants with support and advice they needed to provide a safe service in this area of care provision. One staff member advised, "We did the 'virtual dementia tour, which was really good and showed you what it was like to have dementia and the problems people face each day." Other evidence of recent training was provided by Community Matron. This had been specifically requested by the rehabilitation assistants on 'do not attempt resuscitation' [DNAR]. The rehabilitation assistants had raised several queries on this subject with the registered manager as they were concerned regarding their responsibility whilst in a patient's home. This training had enabled the rehabilitation assistants to be up to date and in line with current legislation on DNAR and had resulted in more people being discharged from hospital with active DNAR's and being actively involved in this process. Feedback from health care professionals who had provided training included, "We work very close with the START team. We have joint sessions and the staff really engage with the training."

Staff received very good support and monitoring to assist them in their role as rehabilitation assistants. The registered manager had recently completed a training course on 'coaching in the work place.' They added that they had done this course to help 'empower' staff and to help them reach their full potential through supervision and training. Documentation seen showed that the rehabilitation assistants had been regularly monitored and observed and had been assessed on appearance, consent to care, person centred care, infection control, moving and handling, record keeping, medication, nutritional needs, health and safety, safeguarding and pressure care. They had also received bi-monthly supervision on a one to one basis to look at individual training needs and support. Regular meetings had been organised and these provided the rehabilitation assistants with updates, support and guest speakers. The rehabilitation assistants stated that their meetings gave them the opportunity to discuss their training and development needs and to ensure people received a high standard of care. Feedback included "We have supervision every month and discuss any issues, training and action taken. Meetings are also organised and we have appraisal." Staff added that they had a 'buddy system' and they had been buddied up with someone for supervision, monitoring and general support and they felt that this worked well.

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

The registered manager had a clear understanding of the Mental Capacity Act (MCA) 2005. Rehabilitation assistants confirmed they had received training in MCA both during induction and also regular refresher training. Those spoken with were aware how to keep people safe, protect their rights and how to support them in making decisions. They were also aware that some people's ability to make informed decisions can

change and fluctuate from time to time and added that if they identified that a person's capacity had deteriorated they would discuss this with their manager to make arrangements for the correct support and assessments. The service had appointed a 'consent and MCA champion' who could be approached by the staff at any time for advice and guidance on this subject.

People's rights were protected and the registered manager advised that consent was always requested at the beginning of each assessment and each rehabilitation assistant would ask for people's consent to care at each visit. Rehabilitation assistants were aware that consent can be withdrawn at any time, and it was part of their initial training to help ensure people were empowered and in control of their own care. This was confirmed by staff who stated, "Patients are asked for consent at the beginning of their assessment, at every visit, and are also advised that they can withdraw consent at any time." People had been provided with guidance in their care folder on gaining access to their files, confidentiality, data protection and consent, helping to ensure they were aware of their rights regarding records and care. People told us that they had agreed to the service providing their care and support and the service had been proactive in ensuring they had been part of the decision making process. Feedback from one person included, "All the staff are really genuinely nice, considerate and lovely. They took my considerations into account. They were excellent compared to previous agencies we have had."

People received assistance with meals, usually in a 'reablement' form and staff assisted them to be independent. They added that they were able to make a choice on what they wanted to eat and most of the food would be snacks or heating frozen meals in a microwave. Rehabilitation assistants told us that they would ensure that people had access to their food and drink before they left the person's home. They added that if they had any concerns that someone was not eating properly they would speak with their manager, so that they could speak with other health care professionals and get help and advice if needed. Care plan folders seen during visits showed that the 'traffic light system' was in place and staff could easily identify when there were concerns with nutrition and whether people needed assistance.

People had been supported to ensure they had sufficient to eat, drink and maintain a balanced diet. The service had introduced systems which included a MUST [Malnutrition universal screening tool] assessment which would be completed at the initial assessment to assess whether there were any difficulties with Nutrition and Hydration. START had implemented a traffic light system to highlight the risk and care needed. A coloured piece of card would be placed at the front of the care plan folder to alert rehabilitation assistants if assistance was needed. Food and fluid charts were also used to monitor each person's intake and the registered manager advised that visits would be increased to manage any risks identified and to encourage appropriate nutrition and hydration. Where concerns were raised they would gain support from the GP and other appropriate health care professionals and care staff would sit with people to encourage eating and drinking, if its identified they are high risk.

START had very strong links with other services and liaised regularly with them to ensure that people received the care and support that they need during their assessment and service. This helped to ensure people received the help they needed to reach their potential goals and enhance the chance of getting better. The registered manager told us that they worked in partnership with other agencies and met regularly as part of a multi-disciplinary meeting to discuss each person improvements and plan what assistance would be required to move this forward. This was confirmed by a healthcare professional who added, "Each week we have a multidisciplinary team meeting where we discuss the needs of the patients under their care and work together to ensure the patient progresses towards independence. At these meetings the feedback from the START team is essential and they always give clear and relevant information."

The registered manager gave us examples of when the agency had made suggestions to people about support they could access that they were not aware of. These included giving people information about how to obtain mobility equipment from occupational therapists such as bath seats, frames and other essential equipment. Rehabilitation assistants confirmed that referrals were put through for equipment to Occupational Therapists, if it was identified that people needed additional equipment to support them with their care needs. Where areas of concerns had been identified by the assessment and reviewing staff, they had made appropriate referrals so that extra support could be gained. Staff told us that when they noticed a change in someone's health or if their needs changed they reported it to the office or called for an emergency service. This demonstrated that the agency was proactive in involving people and working in partnership with them.

The service also had a number of health care professionals who they can approach for advice and support and this included physiotherapist, occupational therapist, qualified nurses, dementia nurse, social worker and the stroke team. People confirmed they had been supported to maintain good health, access healthcare services and received regular on-going support. Evidence of this was gained during the visits when people asked for advice and support and the senior care worker contacted the relevant agency to access this. Comments from healthcare professionals included, "The service they give is brilliant. We never have any negative feedback. They work well within the multi-disciplinary team work," "Staff follow guidance and will always ask if they have any concerns or are not sure of something" and, "They work really well together, which benefits the people using the service."

Is the service caring?

Our findings

The organisation, the management and staff teams truly cared for the people they supported and did everything they could to help ensure people reached their full potential and regained their independence. Everyone that we spoke with, without exception told us they were treated with kindness and compassion by the rehabilitation assistants who supported them and that positive relationships had been developed. People told us that staff had assisted them when help was needed, and they all agreed that they had shown improvements and were more independent since their visits had started. Comments included, "They are brilliant. They helped me get the support I needed with reassurance," "They are always cheerful and chatty and [person's name] always looks nice when they leave" and "I would recommend them."

The registered manager was motivated and clearly passionate about making a difference to people's lives and this enthusiasm was also shared with the rehabilitation assistants. It was clear that each person was treated as an individual with distinct rehabilitation needs and that the rehabilitation assistants had a very in-depth awareness of the day to day care needs of the people they worked with, and this included any care needs due to people's mobility, health or diverse needs. Clear goals had been set with each person during the initial assessment process taking these in to consideration and the rehabilitation assistants then helped them to work towards these and regularly reviewed their progress.

The service had a strong, visible person centred culture and helped people to express their views. Staff and management were fully committed to empowering people and finding innovative ways to make sure that people had accessible methods of communication. Communication was excellent within the team and the rehabilitation assistants clearly understood the support each person required to meet their needs and to help keep them safe. Weekly multiple disciplinary meetings were also organised so that each person who received a service could be discussed and look at any improvements or concerns and where extra support may be needed. Feedback the service had received through end of service questionnaires included, 'All the staff are brilliant. They helped me a lot in the last few months. I am independent again, I could not have done it without your help' and, 'I thought all the rehab assistants from START were superb. As a result of their excellent skill and input I am now independent and do not required on-going care. I think they are amazing.'

The service helped to empower people to make choices, while supporting them to take informed everyday risks. People told us that the rehabilitation assistants had shown them concern for their wellbeing in a caring and meaningful way and they were quick to respond to their changing care needs. People provided examples where mobility equipment such as walking aids, bathing equipment or general support and advice from occupational therapist and physiotherapist had been sought to help with their recovery. Due to the nature of the rehabilitation service the START team provide people with constant reviews and are always gaining feedback from people on their improvements and what they still require help and assistance with. From feedback we gained it was clear that the service made people feel like they mattered and that they were listened to. One person added, "The girls organised all the things I needed to cope at home after surgery. They accommodated my preferred times for visit. They listened when I talked and I am very happy with the care provided during a very difficult time of my life." They added that they had found staff to be

very, 'caring and respectful' and helped them with their care to enable them to be more independent.

People had been actively involved in making decisions about their care and support. The service routinely supported people to be part of the assessment and care planning process and their views had been actively sought. People told us they had been involved in the planning of their care through the assessment and care planning process and also at on-going reviews. The people we visited had shown improvement over the time the rehabilitation assistants had been calling in. One person stated, "They are fantastic, very good and very caring" and, "I cannot fault the service, everyone is very nice." People had signed to say they agreed with the care as part of the initial assessment process and during visits it was noted that staff had always asked and documented that they had asked each person for consent before providing support and assistance. For people who needed extra support to make decisions about their care and support, the service had information about advocacy services or had involved relatives. Advocacy services help support and enable people to express their views and concerns and provide independent advice and assistance where needed. Evidence that this service was used was gained when speaking with one staff member who reported, "I recently put someone forward for advocacy support, as they had no one else who could offer support."

People valued their relationships with the staff team and added that went 'the extra mile' for them, when providing care and support. They felt really cared for and that they mattered. The rehabilitation assistants were exceptional in enabling people to regain their independence and when speaking with them they had an in-depth appreciation of people's individual needs around privacy and dignity. They also had a good understanding of the importance of promoting independence and this was reinforced in people's care plans. It was evident from the rehabilitation assistant's respectful attitude and the way they spoke about the people they supported that they respected people's dignity and privacy. One person spoken with said, "I was always treated in a caring and dignified manner and could not have asked for better care." The registered manager explained that the culture within the team is to promote independence, dignity, choice, compassion and respect and that the rehabilitation assistants always respect people's dignity when providing intimate care. It was clear from documentation and written minutes of meetings that the rehabilitation assistants had received training regarding providing care in a compassionate and respectful manner. This had been done as part of their initial induction, as part of the care certificate (which is a recognised qualification in care), during their supervision and at the regular staff meetings and reiterated through staff practice by them gaining consent for care at each visit.

The rehabilitation assistants were highly motivated and inspired to offer care that was kind and compassionate and continually strived to develop their staff team. The service monitored the rehabilitation assistants' behaviour and they were regularly observed and feedback was gained as part of the service's quality assurance questionnaire on whether people felt they had been treated in a caring and dignified way. People had responded to the questionnaire positively and added, 'They were happy with the care and support they received and that the care workers had treated them with dignity.' They were also complimentary about the staff and no one raised any concerns.

Is the service responsive?

Our findings

Health care professionals working with the service told us START was 'focused on providing person centred care and it achieved exceptional results.' The outcome of the service was that many of the people had been rehabilitated and did not need to be referred for further social or healthcare services. People who had used the service, relatives and other health care professionals told us how they considered the service had strived to provide them with 'excellent' care and used innovative ways to provide a person centred approach based on best practice.

The service had continued to review people's care and make any changes required very promptly. They thought the service responded to their needs and due to this their lives had been improved through the support they had received. One person told us, "I have had a fantastic service. I have received physio three times a day and the staff are very well trained and I have shown so much improvement from the visits. You could not ask for a better service and I give it 10/10." Another said that their personal goal was to go on holiday which they added they had now been able to book, as they had made so much improvement. Those spoken with stated they had made a much better recovery due to the care and support they received from the service than they thought would be possible.

When speaking with people it was established that they had received their care from a small group of staff and this had helped with identifying any changes in their care and help the staff to understand people's changing care needs. It also helped to ensure people were assisted in moving forward in their rehabilitation programme and regain their independence as quickly as possible.

People stated they had planned their care jointly with the rehabilitation staff and also been part of the daily feedback and updates between management and the rehabilitation staff. They felt they were part of their service and they as an individual mattered. The service was very good at keeping the rehabilitation assistants fully informed about any changes in people's care and this was aided by the service's twice daily electronic handovers, which is fairly unique to community based services. One person said, "It is excellent; they can give physio and get [person's name] up and walking" and, "They have given me the time needed and if I needed something I only had to ask for it." Staff confirmed that they were kept well informed and that this helped the service and assisted people to regain their independence as quickly as possible and reduced the chance that people may need further support. One staff member added, "Our service is patient led and not time led," and this was clear throughout our inspection.

Everyone that we spoke with, without exception said that when their care had been planned at the start of the service with a senior care worker, they had spent a lot of time with them finding out about their goals, preferences and what care they wanted/needed. Some added that they had found this a positive experience as they felt their opinion mattered and they were made part of the process. People added that the service had been meeting their needs and they had been involved as part of their on-going assessment and planning of their care after the initial visit. One person said, "They are a lovely bunch of dedicated people. They would do anything you ask of them. None of the carers rush you; their time is yours when they are with you."

The care plans seen contained a variety of information about each individual person and covered their physical, mental, social and emotional needs. Due to the nature of the service each person had set themselves three or four goals they would like to achieve whilst regaining their independence. One person told us, "I was visited at my home shortly after I was discharged. They explained the organisation and together we worked out a plan of what would be achievable. They visited each day for six weeks. I found them professional, caring and cheerful and I have reached my targets and beyond." Through the care and support received many people were able to regain their previous life styles and continued without further social or healthcare support.

Where extra support was needed after the six weeks the registered manager had arranged further care and support the person may need. They added that they would try to ensure that there was a seamless transfer and the registered manager would liaise with the new care service to help ensure this occurred. From statistics kept by the service they were able to show that during the month of July 2016 they provided a service to 48 people and after the rehabilitation service 44 were still living at home and four had been referred by the registered manager for long term care. Looking at other months it was clear that the service had a high level of people achieving their independence and was able to continue living in their own homes without further support.

The registered manager advised that "Person centred care is at the forefront in care delivery and the staff always work in the best interest of each person and their needs would be at the heart of the assessment." They added that they felt the induction and training offered to the rehabilitation assistants helped to ensure they had, "Excellent observation skills which are important in the area of rehab and reablement. They are able to recognise fatigue and frustration when goals are not being met. They actively listen to their patients as it is their assessment and their goals, and we are there to actively promote these." Examples were provided where issues like this would be discussed as part of the twice daily handover and weekly multidisciplinary meetings, so that people continued to receive the support they need.

The service showed that it was flexible and responsive to people's individual needs and preferences and enabled people to live as full a life as possible. People told us that the agency had been responsive in changing the times of their visits and accommodating any changes in care or requirements when needed. Examples of this included, "At first they came four times a day and I did not need the evening visit so this was reduced. As I got better this was gradually cut down" and, "I never needed to change my calls for appointments, but when I mentioned that the calls were too early for me, I found the calls had been changed which I was grateful for."

The registered manager provided examples of ways they had improved the experience of people using the service by thinking about the challenges they faced when leaving hospital. This had led to training one of the rehabilitation assistants as a phlebotomist, so that people did not have to wait for blood to be taken by another visiting professional and results could be gained quicker. The registered manager had also introduced an 'equipment bank' for when urgent equipment was needed by staff or other professionals. This helped to save time and ensured people's rehabilitation was not hindered whilst waiting for assessments. Support could be gained from either the team's occupational therapy assistant or physiotherapy team to ensure this equipment was safe and correct for the person.

Other areas the registered manager had changed the service to meet people's needs included implementing a traffic light system to highlight the risk for food and nutrition which helped staff to easily identify what care and support each person needed and reduce the risks of poor nutrition. A coloured piece of card would be placed at the front of the care plan folder to help alert rehabilitation assistants when there was a risk and what assistance may be needed. They had also introduced colour coded forms to help the rehabilitation

assistants to easily identify how much support each person needed with their medication, which ensured a safer system and that people received the support needed.

The rehabilitation assistants were knowledgeable about the people they supported and could gain support and advice from members of the team who were 'champions' for their specialist area and ensure staff's knowledge was kept up to date. When speaking with staff they showed they were very aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. They stated they received very good information to provide the care required including, copy of care plans, written guidance through emails and a twice daily electron handover of information via their work mobile phones. Their feedback included, "We have a person centred approach. We make referrals and discuss at the multiple disciplinary team meeting and review people on a weekly basis. We look at their goals and see how much they are doing." This enabled the service to monitor people's care closely and ensure the service had a positive impact for people and the service they provided. Staff reported, "We do a good job and see very good results," "I am really proud to be part of this team and our service is second to none" and, "I never want to leave. I have never worked for a team like it. You can see how people have improved and you get a real buzz knowing that you helped them" and "I love my job. It is good to see someone from beginning to end and the improvements they make whilst we go in."

People's care had been constantly monitored and as previously stated care plans were regularly reviewed and updated over the six week period people received their rehabilitation service. The assessment and reviewing staff visited regularly to see how people were improving and checking what goals they had achieved and monitoring their progress toward independence. The registered manager met with external healthcare professionals on a weekly basis to ensure people received personalised care and they could be responsive to their needs. One staff member added, "If we had any concerns about any of the people we would arrange for a senior to visit so help could be gained."

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people's homes and people confirmed they knew who to contact if they had a concern. Documentation showed that limited complaints had been received, but senior management in the organisation monitored complaints and concerns raised, so that lessons could be learned and action taken to help prevent them from reoccurring. Rehabilitation assistants spoken with said they knew about the service's complaints procedure and that if anyone complained to them they would advise them what to do, or would notify the registered manager. One person said, "I would phone the office if I was not happy. There is information in the folder, but we have not had any concerns. If I was not happy I would complain. We see the carers daily and I would bring things to their attention so they can be dealt with." The registered manager was able to give examples of where the service had listened to people's concerns and they had changed their practice or introduced a new system to ensure it reduced the chance of it reoccurring. This included changing paperwork to ensure essential information was recorded.

The service had received a large number of compliments which showed people were happy with the care they had received and they had made a positive difference to their lives during a life changing episode. Their comments included, "I cannot praise the team enough. You have a wonderful team, I cannot speak highly enough of them" and, "Staff were terrific, 11 out of 10. They made the whole experience so much better for me. I was pleased to see them coming in, always positive and encouraging. They are first class."

Is the service well-led?

Our findings

The service was very well led by a management team who were committed to supporting people within the community to help them regain their independence and to lead a full and active life, whilst being in full control of what happened to them. Since their registration with the Commission in 2010 they have always complied with regulation and have maintained and provided high quality care. They have shared any concerns they have had with us and the relevant authorities and have taken immediate steps to safeguard people's wellbeing if needed.

There was a focus and importance placed on ensuring staff had the skills to do their jobs well with opportunities for continued learning and development linked to the needs of people. Extra training had been made available when new areas of expertise had been recognised as being needed such as dementia care, challenging behaviour and resuscitation protocols. The registered manager recognised where development of staff roles could benefit people more widely, for example the phlebotomist role. In addition they had been proactive in taking action to manage issues that could cause delays to care provision or readmission to hospital and had started an equipment bank, so people could be assessed by qualified members of the team and gain access to essential equipment quickly. Positive feedback had been gained through people who received care and the rehabilitation assistants on this service as it had helped to keep people and staff safe. They had introduced other methods to continually develop the service for people and keep people safe such as medication assistance cards, hot and cold weather safety plans, traffic light system for nutritional risks and support and introducing champions within the team for a variety of relevant subjects to ensure staff were kept up to date and they could gain support and advice when needed. Staff spoken with stated they had found this very useful and knew they had someone to speak with if they needed advice or support. Introducing the twice daily electronic handover helped ensure the rehabilitation assistants had up to date information and people's care could be changed and monitored very quickly, further supporting their reablement.

The registered manager ensured that both rehabilitation assistants and people who used the service were aware of the service's aims and objectives, which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and when spoken with staff had a good understanding of the standards and values that people should expect. These were also covered as part of the staff induction and the Care Certificate and the registered manager had arranged for all care workers to look at the care certificate standards to ensure they were aware of how these reflected in their own practice. The service induction included an element where even professionals such as social workers needed to work alongside care staff to understand people's reablement goals so as to ensure that the quality of their assessments were based on people's needs and what people were experiencing.

The ethos of the service is to provide short term care for people to enable them to regain their independence and assist them to continue living at home. From our inspection it was clear the service had a clear vision and objectives which included involving people in decisions, gaining consent, showing compassion, upholding people's dignity and encouraging independence. The service empowered people to make decisions about their care through setting goals and helped them achieve their independence again.

Many people visited had met their goals and these had not just been care related, but also to 'go on holiday' and to 'catch the bus into town'. Through the care and support received many people had gone were able to regain their previous life styles. Statistics showed that people had achieved positive outcomes and nearly 90% had been enabled to stay at home and did not need any further support or assistance. One person said, "I have been very, very happy with the service. Without them I would not be as well as I am now. They gave me all the encouragement in the world and they all praise you. It is an excellent and very well run service."

All staff were very highly motivated and proud of their service. They added that they were fully supported by the registered manager and they had an extensive programme of training and supervision that enabled them to provide a high quality service to people and enable them to gain control of their lives after a life changing illness. Staff stated they could gain advice and support from each other and found having the 'champions in care' enabled them to keep their practice up to date and this helped people to received appropriate care. For example, the medication champion held drop in sessions to support staff with any concerns or medication queries to further improve practice and support for people.

People told us they had been actively involved in decision making processes about their care through regular reviews and that this had assisted in monitoring their progress and regaining their independence. The registered manager made frequent calls to people to ensure they were happy with the service and to check if any improvement could be made. People were also able to leave suggestions in a suggestion box which was reviewed and discussed with staff and people to make decisions about future changes and improvements to the service. Quality and satisfaction questionnaires had been completed by people at the end of each service to allow the registered manager to look at the rehabilitation assistants practice and see if there were any trends or areas of improvement required. This provided the registered manager with regular feedback about the service people received and an opportunity to develop it further. Due to the twice daily electronic handovers the registered manager was also able to monitor each person's service on a daily basis and identify any areas of concern. Feedback from people included, "It is a brilliant service, really good. They are polite and professional and if you had any queries they would always find out and get back to you". A health care professional told us, "The leadership within the team leads by example and always communicates well to ensure the best care for their patients."

Staff added that they felt listened to and were kept up to date with information about the service and the people they cared for. Feedback from the rehabilitation assistants included, "I am very impressed, I have never worked in this type of environment, the office door is always open and support is there when needed" and, "This is one of the best managers I have had. Working for START I can see how a company should be run." Staff were also able to use the suggestion box and the registered manager added that they were happy to be challenged as they liked the staff to be involved in the running of the service and regularly gained their feedback and ideas. One rehabilitation assistant confirmed, "We have a suggestion box if we have any concerns or ideas for improvement. [Manager's name] is really good if anyone puts an idea in there they will contact us all to gain our views." They added that once it had been discussed with the team and everyone's views had been gained and agreed suggestions were implemented.

The rehabilitation assistants told us that the registered manager led by example and was supportive, easy to talk to and they could always approach them. One staff member said, I can approach the manager if I have any problems. She (the manager) trusts our decisions. She (the manager) is also very supportive, even when she is not working." Staff added that she had strong values and a desire to learn and implement best practice throughout the service. They said management had an 'open door' and they could call in at any time. Their comments included, "This service is completely well led; the manager is approachable". Many added that they had gained support from the registered manager late at night or over the weekend and had no concerns around contacting them out of hours. Staff were seen calling into the office during the

inspection to speak with management and to gain advice and support.

The service worked very well with and in partnership with other organisations. The registered manager attended weekly meetings with a number of other healthcare professionals, with the aim of improving the service and communication and ensuring people received the care they needed. As the service was based in a rehabilitation service they had access to good support from nurses, occupational therapists, physiotherapists, the stroke team and social workers and people advised they had received visits from other professionals through the service to aid their improvement. One health care professional stated that they had regular meetings with the registered manager and their team and added that this was an opportunity to share views and discussions regarding people who received a service. It was also an opportunity to look at what further services they may require to help keep people safe and ensure they received a good experience whilst being rehabilitated. Feedback included, "I feel the team are well led and are exceptional and very proactive. I have a good rapport with them and do not feel in anyway reserved about asking for help should I need it." Other comments from health care professionals included, "Brilliant management, very approachable and we use each other's expertise to work forward," "It is a pleasure to work with the team and have a structured management that leads with patient focused ideals" and, "I find START to be a very professional team who always have the patient at the centre."

START has been recognised and achieved a number of awards in recognition of the service they provide. They received an 'In Tune' award from South Essex Partnership Trust [SEPT] for their 'Contribution towards the Trusts visions and values by delivering outstanding customer service.' They had also received the 'SAFE' award from Southend Borough Council [SBC] at the Annual awards ceremony in October 2015 and were runner up in the 'Team of the Year' award. They had been nominated for these two awards by people who had received a service and were impressed with the service and the outcome of their rehabilitation service. Comments that had been sent in from the public for this award regarding the service included, 'They are a fantastic team and go the extra mile. If I were asked to recommend a care group it would be them,' 'Staff go above and beyond to ensure the needs of people are met' and, 'They are so caring and considerate because of people like me have been able to stay in my own home while recovering and freeing up a hospital bed. Excellent team could not have had better.' The registered manager had also been finalist for the Leadership Excellence Award through the local authority and comments regarding her included, '[Manager's name] is an inspirational leader for both her team and her colleagues within the department alike... Her shining example in terms of her professional knowledge and expertise, and her management skills consistently demonstrate the strong innovative leadership which is essential to complement the council's 'striving for excellence' ethos.'

The registered manager had ensured that their own practice and staff's had been kept up to date regarding changes in practice and regulations. Rehabilitation assistants spoken with were very aware of the role of CQC and the standards of care that they were required to meet. They were able to discuss the five key questions of safe, effective, caring, responsive and well led and this had been included in all areas of their documentation, to help ensure that staff were aware of how this related to the work they were doing. One rehabilitation assistant advised, "We are given lots of information. We are very aware of CQC and that staff need to be aware of the KLOEs (Key Lines of Enquiry framed around the fundamental standards of care monitored by the CQC). They make staff aware of how these effect people's care." Another staff member was able to discuss the duty of candour and how this affected their practice. The registered manager had also produced an 'Inspectors Handbook' with staff input and this included the five key questions and how they felt their service was meeting each of the sections through the provision of their service. This was a very useful document during the inspection and clearly showed how each key question was being met.

People told us they received good quality care. The registered manager was aware of their responsibilities

and was responsible for monitoring the quality and safety of the service, which they had done to a high standard and ensured people received a high quality service. The service had a number of systems in place to help monitor the standard of care received and the registered manager had carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. These included checks on staff recruitment, service user files, care reviews, staff training and supervision, and issues relating to the quality of care people received. They also had a system which enabled them to monitor missed visits, complaints, safeguarding's, referrals etc. The service had an internal audit report completed annually by an independent department which provided an overview of the service. The service also had robust data management systems in place which provided data on how successful the service was and the impact it had on people who used it.

During the inspection the registered manager was able to show that they had maintained accurate records and demonstrated how they efficiently and effectively ensured that the quality of the service was monitored and any shortfalls identified and action taken to address. The records had been completed to a high standard and information could be easily accessed to support their compliance with regulations and the CQC five key questions.