Northumberland County Council

South East Sector Home Care

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This inspection took place on 11 and 29 August 2017 and was announced. This was the first inspection of this service since it re-registered with the Commission under a new name. We did suggest it would be useful to submit a notification to request the name of the service be changed to the one local people used, namely Short Term Support Service.

In November 2015 South East Sector Home Care had been visited when we completed an inspection of Northumbria Healthcare NHS Foundation Trust community healthcare services for adults. We judged the community services for adults within the Foundation Trust as being outstanding.

South East Sector Home Care is a short term support service providing an enablement, early intervention and bridging service for people in their own homes. Reablement is designed to help people recover from a period of serious illness or injury which may have resulted in hospital treatment. The service provides a range of rehabilitation, care and support services for up to six weeks and is registered to deliver personal care. Early intervention services provide additional support to people who are experiencing difficulties and aims to prevent hospital admission and the bridging service provides personal care and support for people whilst they await a long term domiciliary agency picking up their care.

The service operates a fully integrated model of support so combines social care and healthcare resources. People who use the service are rapidly assessed and can receive treatment from physiotherapists, occupational therapists and technical instructors as well as support with improving their ability to attend to everyday tasks such as bathing. The service has full access to loans equipment and staff at the service will if needed deliver items to people's homes. Each therapist has their own case load, which they closely manage in order to ensure people are seen within 18 weeks from referral.

At the time of the inspection staff supported around 58 people in the urban area of south east Northumberland. We found this number fluctuated regularly as it depended upon when people were discharged from hospital and the speed with which people were able to return to functioning independently. We found that over the course of the previous month 125 people had been referred for support redeveloping their independent living skills and 393 people had been referred for therapy whether that be input from physiotherapists, occupational therapists or technical instructors.

The service had a registered manager who had been registered with the Care Quality Commission since October 2010. 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.

Within this vibrant, dynamic and creative service there was a strong sense of leadership, commitment and drive to deliver a service which improves the lives of the people who use the service. The culture embedded

in the service was an absolute commitment to deliver a totally personalised service. We found that the management style had led to the operation of a fully integrated service, that combined the skills and expertise of health and social care staff in ways that meant people experienced a seamless service.

The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. We found that South East Sector Home Care had a model of integrated community teams across health and social care to ensure people received truly joined up working that was responsive to individual needs. There was a single point of contact for all people who needed to make referrals and access services and this practice had led to the focus being on providing services in a timely manner in ways that were convenient to them.

People were overwhelmingly positive about their experience of care and treatment, and feedback gathered by the organisation showed high levels of satisfaction. Words and phrases such as "tremendous," "cheerful and considerate," "extremely happy with the care," were used extensively in their feedback.

Staff told us they had received training in relation to safeguarding adults and would report any concerns. Processes were in place to recruit staff and to carry out checks to ensure they were suitably experienced and were of good character to work with people who were potentially vulnerable. People told us staff attended their agreed care appointments within prescribed time slots and there were no missed appointments. A system was in place to monitor late visits and take action to avoid any delays.

The provider had in place systems to support staff out of office hours. Following a review of provision the provider identified that the service could be enhanced by the introduction of a new call centre. The call centre staff triaged information and sent referrals to the most appropriate teams who could offer support such as access to immediate response teams or the staff working in the four Sector Home Care services working across Northumberland. Staff reported that this system was working well.

The provider had a comprehensive policy on how people should be supported with medicines and staff had received training on the safe handling of medicines. We found staff had a good knowledge of the important aspects of prompting and administering medicines and records related to this activity were complete and up to date. Audits of medicine support were regularly undertaken.

People told us staff had the right skills to support their care needs. Staff said they received training and there was a system in place to ensure this was updated on a regular basis. Staff told us, and records showed there was regular supervision and annual appraisals. Staff were aware of the Mental Capacity Act 2005 and issues relating to personal choice and best interest decisions. No one using the service was subject to restrictions imposed by the Court of Protection.

People told us they found staff caring and supportive. They said their privacy and dignity was respected when staff supported people to improve their ability to manage their own personal care needs. Staff had a clear understanding about supporting people to develop and regain their independence. Staff were able to describe how they supported people to maintain their health and wellbeing. People said they were supported by care staff, if needed, to access adequate food and drinks, however this was not the main thrust of the service provision. We heard that the therapists and technicians were skilled and adept at providing the necessary support and equipment to enable people to regain their independence.

Professionals said the service was very responsive to people's needs and flexible in its approach. People's needs were assessed and care plans detailed the type of support they should receive. Care plans contained goals that people wished to achieve and these were reviewed and updated as support progressed and

people's abilities improved. There had been a very small number of informal complaints in the previous 12 months and we found that all of these had been dealt with appropriately. People we spoke with told us they were happy with the care provided and they had no complaints about the service. The service regularly received compliments about the support provided by staff.

The provider had in place systems to effectively manage the service and monitor quality. A range of meetings and monitoring systems were in place to ensure the service was meeting both internal quality standards and Health and Social Care Act regulations. Although the care delivered was already personalised the consistent drive within the service to improve meant that they were looking to improve the standards of person centred care delivered.

Regular spots checks took place to review care provision, hand hygiene, medicines management and ensure people were receiving appropriate levels of care. People were also contacted to solicit their views and there was a high level of satisfaction with the service. Staff told us there were regular meetings and information was provided to ensure they were up to date about any changes in care. An electronic contact system supported care workers and allowed them to be aware of changes to people's care needs quickly, through the use of mobile technology. Records contained good detail, were up to date and stored appropriately.

Staff told us that the registered manager and service managers were approachable and closely listened to their views. They felt empowered to make suggestions and were delighted that their views had been taken on board. We saw the managers and staff actively sought to learn lessons from events and develop a forward thinking, flexible service.

We found that the comprehensive range of audit and quality assurance tools the provider and staff used led to them readily identifying areas in the service they could enhance. We found that staff were then supported to implement these in a timely manner and constantly evaluated the effectiveness of any changes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People said they felt safe when staff visited and supported them. Staff had received training in relation to safeguarding adults and said they would report any concerns. Risk assessments were in place regarding the risks around delivering care in people's own homes.

Appropriate recruitment systems were in place to ensure staff were suitably experienced and qualified to provide care. Staff told us there were enough staff employed by the service and there had been no missed appointments in recent months. People said staff attended on time and stayed to support them for as long as required.

Plans were in place to deal with emergency or untoward situations. People were supported effectively with their medicines.

Is the service effective?

Outstanding

The service was exceptionally effective.

People were referred to healthcare professionals promptly and the service provided access to therapists as well as care staff. Staff had formed extremely good working relationships with all of the local healthcare professionals.

Staff were appropriately trained and had an exceptionally good knowledge of how to meet people's individual needs. They had been trained to provide high quality care and therapy, which was well above and beyond that normally seen in a domiciliary care setting. This was a unique and fully integrated provision operated by the council and local trust. The service combined access to equipment, physiotherapists, occupational therapists, technicians and care staff.

Staff understood the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. People were only provided with care when they had consented to this.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care and support they received. People said care staff were flexible in their approach to support and always pleasant.

Staff understood about maintaining people's dignity during care delivery and people said that staff supported them in a respectful way.

People confirmed they were supported to maintain and improve their independence as part of the care delivered.

Is the service responsive?

Outstanding

The service was extremely responsive.

People's needs were responded to quickly and the service was creative in the way they delivered support to people.

People received care and support that was based on their needs and preferences. They were involved in all aspects of designing the service and support they needed.

The service demonstrated they were innovative in devising a unique service specifically tailored to meet the reablement needs of people who lived locally.

There was a system of complaints in place which were thoroughly investigated and dealt with by the managers.

Is the service well-led?

Outstanding

The service was extremely well led.

The core of the culture within the service was caring and person centred, driven by senior staff and managers who were passionate about delivering the best possible short-break service to people.

The managers had completed audits including an analysis, of, amongst other things safeguarding incidents, health and safety incidents and accidents, surveys with staff and people who used the service.

The managers had encouraged and enabled people who used the service to be actively involved in sharing their experiences.

The registered manager and other staff consistently demonstrated their commitment and drive to provide an outstanding service.

The effective leadership throughout the organisation had led to the development of new and innovative ways to support people to return to leading independent lives.

South East Sector Home Care

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.

One adult social care inspector completed this inspection on 11 and 29 August 2017 and the inspection 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 at the service offices.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally required to let the Commission know about. We also sought the views of local authority commissioners, the local healthwatch and the clinical commissioning group (CCG).

We reviewed questionnaires the service had sent to people who used the service and relatives, and we spoke with three people who used the service about their views on the care and support they received. We spoke with the service manager, two managers, one of whom had become the registered manager, the deputy manager, a team supervisor, three physiotherapists, two occupational therapists, a technician, seven care workers and administration staff.

We reviewed a range of documents and records including; three care records, staff personnel and training records. We also looked at records related to the management of the service such as meetings, quality audits and other records related to the governance of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person commented, "The staff have supported me to become confident and I feel back to my old self." Another person commented, "I am very grateful for the help and we have been impressed with the staff who came to see me." Results from a recent questionnaire, for both people who used the service and relatives showed that 99% of respondents felt they or their relatives were safe when using the service.

We found that staff were dedicated to ensuring that the service supported people to improve their independence and to also ensure individual's environment was safe. The service had occupational therapists and technicians on site who routinely visited people to ensure they had any adaptations and equipment they needed to make it safer to live at home. Care staff told us they would raise matters relating to people's skills and needs if they felt there were concerns. We found that relatives were routinely consulted by staff and felt the service had supported people to be safe at home and equipped them to live more independently.

Staff told us that they regularly received safeguarding training. We saw that all the staff had completed safeguarding training and regular refresher training was completed. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff that we spoke with told us that if they felt matters were not being looked into in a timely manner, they would not hesitate to raise their concerns with the provider and external parties.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The service had up to date safeguarding and whistleblowing policies in place that were reviewed on an annual basis. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies. Care records contained copies of risk assessments which looked at issues related to delivering care in people's homes. These covered such areas as trips and falls in the home, infection control and lone working by staff.

The provider demonstrated the electronic scheduling system for logging calls. Staff logged in and out of visits, using a mobile phone and this was then registered on the provider's computer monitoring system. The registered manager told us that if a call was not logged within 60 minutes of the scheduled time then the system would alert office staff. Similarly, if a staff member did not log out of their final visit at night then the system would alert on-call staff. Call centre staff, who handled calls for the service after office hours, had clear protocols to follow if they were alerted that a staff member had not logged out following a care appointment. Electronic staff records contained information about people's mobile phones and emergency contact details, which could be accessed by on-call staff to ensure staff safety. This meant that risks

associated with the delivery of care in people's homes were considered and processes put in place to reduce these risks.

The provider had a range of emergency plans and protocols in place to deal with any untoward situations, such as severe weather or communications systems failure. The registered manager described how they had recently had to initiate the emergency protocols following the Trust's computer system being hacked. They had followed one of the protocols and told us this successfully and effectively supported them to manage the system. They had always ensured information was backed up so had been able to print off all of the information staff required and this ensured there was no break in continuity of care. The registered manager also told us about the contingency plans they had been preparing to deal with the roads being closed around Blyth during the great bike race. They said similar ones had been used last year for another event that led to roads being closed and these worked well. The staff we spoke with were confident that despite the roads being closed they would still be able to attend all of the appointments.

The registered manager said any accidents would be recorded on the provider's electronic logging system and action taken to review the circumstances, if necessary. This meant there were appropriate systems in place to deal with any urgent or emergency situations and systems to records and deal with accidents and incidents. They told us there had been no recent accidents and incidents involving people who used the service.

Staff told us they could always access support and advice on the telephone, if they required it. A supervisor told us that since the out of hours support had transferred over to a call centre system, this had worked well. Call centre staff had been trained to deal with emergencies or concerns and clear protocols developed. The two managers confirmed that there was always a manager on call for staff or the call centre to contact for additional guidance.

The registered manager and staff confirmed that there were sufficient care and therapy staff employed by the service. We saw that over the course of a month 2715 visits were completed and in July 2017, 125 referrals were received for care services and there were 393 referrals for therapy. The manager told us that over the August bank holiday they had received 215 referrals, all of which had been successfully allocated and staff had delivered the support required. The service employed a service manager, two managers (one of whom is employed by the Trust and the other by the Council), over 40 care staff, seven supervisors, a deputy manager, five physiotherapists, four occupational therapists, seven technical instructors and five administrative staff. The therapists and technical instructors provide assessments of need and support the planning and delivery of care alongside care staff. The registered manager told us staff were split into teams and they used the teams' resources flexibly to meet the demands on the service.

The registered manager showed us that the number of different carers supporting people was regularly monitored. They said the aim was to keep the number as low as possible so that appropriate relationships could be developed. 95% of people who responded to the provider's questionnaire said they received support from regular care staff. All relatives who responded confirmed that staff arrived on time and complete all allotted care tasks.

The provider had in place a recruitment policy and procedure. Staff personnel files indicated an appropriate recruitment process had been followed. We saw evidence of an application being made, references received, one of which was from their previous employer, Disclosure and Barring Service (DBS) checks being undertaken and proof of identity obtained. The registered manager told us that staff now had their DBS renewed every three years and that the system was electronic, meaning records could be checked on a regular basis. There was evidence that staff had followed an induction process when they first started in the

service. The registered manager told us that they were looking to recruit new staff and were in the process of planning for the future to deal with impending retirements. This meant that appropriate systems were in place for the safe and effective recruitment of staff.

The registered manager told us that before accepting responsibility for supporting people with medicines, they required an up to date list from the person's GP or the hospital on discharge. Staff told us they had access to sufficient supplies of personal protective equipment (PPE), such as gloves and aprons.

Outstanding ☆

Is the service effective?

Our findings

People outlined how they found the service to be extremely effective at enabling them to get back to their usual routines following their recent admission to hospital. One person said, "This service is a godsend as without it I don't believe I would be able to get around as I do." Another person reported, "Having that little bit of support to help me get back on my feet was fantastic and certainly made a difference for me."

People referred to South East Sector Home Care were assigned a key worker who worked with people to develop a care plan. This could include one of the following: personal care and support to help people to be more independent; rehabilitation following a serious accident or illness including physiotherapy; speech therapy and occupational therapy; equipment including walking aids and adaptations in the home, such as stair lifts; shower seats; alarm and door entry systems; end of life care, including nursing care at home: and emotional and psychological support. The South East Sector Home Care service was available for up to six weeks but sometimes people only needed a single visit, for example, from an occupational therapist to organise getting equipment to help them live at home.

South East Sector Home Care had recently introduced a bridging service, which set up when people were assessed as needing long-term support and meant care staff extended the number of weeks they visited to allow alternative care providers to be identified and start to deliver a care package for the person. The bridging support was also offered when a person's discharge was delayed because the care package needed to be fully set up and in these cases South East Sector Home Care staff stepped in so the person could be discharged from hospital. For instance one person at the time of the visit was being supported by care staff but they had identified the person would benefit from long-term support. The team supervisor told us this was being organised and would be in place within the week. The managers reported that recent evaluation of this new element of the provision showed it was effectively reducing the number of delayed discharges from hospital and was reducing the number of immediate readmissions.

The staff we spoke with clearly understood the benefits of working in ways that supported people to regain their independence. They demonstrated an effective range of skills that encouraged people to regain the confidence to take charge of their lives following a fall or period of ill-health. We found these skilled interventions were quickly enabling people to go back to their previous routines. During the staff handover we heard how several people had quickly recovered the ability and confidence to live independently and asked for the level of support to be reduced. The physiotherapist working for the service told us their goal was to support people to return to the previous lifestyle and that this occurred for a large percentage of people for whom they provided treatment. We also found that staff were adept at identifying when people needed long-term support and ensured this was rapidly put in place.

We found the therapists were devoted to ensuring people regained skills and were afforded access to any equipment they needed. We saw that the therapists worked closely together and shared knowledge and equipped each other to develop new skills. They readily learnt from each other and took on board the professional knowledge from the other disciplines working at the service. Staff adhered to the national guidance, the National Institute of Health and Care Excellence (NICE) and professional bodies and the staff

had a comprehensive knowledge of the relevant guidance in their work. Staff were actively engaged in activities to monitor and improve quality and outcomes.

Staff told us they had undertaken a range of learning and records confirmed this. They told us the provider had an E-Learning system, which meant they could schedule some learning to fit in with their own particular circumstances. Staff also told us they had face to face training in some subjects, such as fire training, in addition to the online learning modules. The staff also discussed how they when working with other disciplines such as the physiotherapists these staff actively shared their knowledge, which enhanced the other staff's practice. They also told us that they received training around how to effectively deliver the enablement service and found this had led to them being more able to encourage people to regain their independence. The registered manager said that the online training system monitored when staff undertook training programmes and would alert staff to the fact they needed to rebook or review training on a regular basis. They told us the system allowed staff to schedule their own training, whilst an overview was maintained. They could also request additional training through the system. 94% of people who responded to the provider's questionnaire said that staff had the right skills and knowledge to support them with their care.

Staff told us, and records showed they had access to regular supervision and appraisal. The registered manager showed us that a record was kept of when appraisals and supervisions took pace, to ensure they were carried out regularly. Records showed that staff were able to discuss a range of issues, both work related and personal, if they wished. Staff were also subject to regular observational visits by supervisors. Supervisors would attend people's homes at the same time as care workers and ensure that care was carried out in line with the care plans in place and the provider's own procedures. This meant staff were able to update their skills and knowledge and there was effective monitoring of training within the service. Having these processes in place meant people could be assured that they would receive effective care and support.

People told us that communication with the service was good. 93% of people and relatives who responded to the provider's questionnaire stated the information they received from the service was clear and easy for them to understand. They also stated that they felt involved in the design of the care they received and were confident that staff had the appropriate skills and knowledge to provide the right type of support for them. Professionals we spoke with told us the communication between them and the service was good.

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

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations and as people lived in their own homes, this would be via an application to the Court of Protection.

The registered manager confirmed that no one was currently using the service who were subject to any orders from the Court of Protection. Staff understood about supporting people to make decisions and supporting choice. They provided very short-term interventions but would when necessary ensure capacity

assessments were completed and the individual's social worker was alerted to any concerns.

People were supported to maintain effective health and well-being. Records showed that there was contact with other health professionals, such as GPs, and staff said they would contact other agencies or alert the office that action needed to be taken, if they were concerned about people's health. Professionals were highly complimentary about the joint working between the care and therapy elements of the service. They said that where people needed assessments, for items such as walking aids, then this was arranged quickly and people had timely access to this equipment. This meant that people's health and welfare was supported by the service.

People confirmed that staff always asked permission before commencing any care support. The care files contained consent forms related to the delivery of care and sharing important information with other care agencies. Staff told us they constantly checked with people that they were happy with the care they were offered.

The staff and the managers told us that on the rare occasions they supported people to meet their nutritional needs, on the whole they acted in a supervisory capacity simply overseeing how people managed. Should there be issues the care staff told us they reported this to the therapists so additional work around managing this aspect of daily living and adaptations could be obtained.

We witnessed at a handover meeting that any concerns about peoples' needs and positive developments were discussed and passed between shifts, to ensure the situation was monitored.

Good

Is the service caring?

Our findings

People told us they were happy with the service and thought the staff were caring and all very friendly. Comments included, "The care staff are helpful, pleasant and caring"; "All the carers are very kind and friendly" and "I was very pleased with the staff. Everything I needed to know was clearly explained."

96% of people who responded to the provider's questionnaire stated the staff who supported them where caring and kind. People confirmed they had benefitted from the support they received.

The registered manager told us that a recent development within the service was that team leaders provided an in-reach service into the hospital setting, which involved visiting people prior to their discharge to see what support they needed. We found staff worked in a variety of ways to ensure people received care and support that suited their needs. They were ensuring people led very active and engaging lives and that all the support was personalised.

People were supported by highly motivated staff who reflected pride in their work. When we spoke with staff they talked about people in a way which demonstrated they were fully committed to supporting people in any way they could, in order for them to achieve as much independence as possible. Staff told us they sought to provide the best standards of care for each individual.

People told us staff respected their privacy and dignity. Staff talked knowledgably about maintaining people's dignity during care delivery, including ensuring people remained predominately covered at all times. Staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

People confirmed that they were always encouraged to do as much as possible for themselves and that they appreciated the help and support they received, whilst they were returning to their previous capabilities. Staff talked in detail about the remit of the service, and how the primary role was to assist people to enhance an ability to remain independent.

Staff knew how to access advocacy services but at the time of the inspection people did not need this support. Advocates help to ensure that people's views and preferences are heard where they are not able to express or articulate these for themselves.

People were cared for by staff who respected confidentiality and discretion. People's records were stored securely and only accessed by staff when required for the purpose of delivering care. There was a secure email system in operation and all electronic information was password protected. The agency's office was secure and protected by a closed circuit television system.

It was not the remit of this service to support people who were reaching the end of their life. However, we

found staff treated people with compassion and would liaise with local services if this type of support was needed.

Outstanding ☆

Is the service responsive?

Our findings

People said that staff were responsive to their needs. One person stated, "I cannot praise it highly enough, staff know when I need things and it's done for me." People described the support they received as "outstanding", "excellent" and "fantastic." They felt the delivery of this innovative service had led to them regaining their confidence so they could return to their previous level of functioning.

The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. We found that South East Sector Home Care had a model of integrated community teams across health and social care to ensure people received truly joined up working that was responsive to individual needs. There was provision to ensure that essential services were available out-of-hours, and the managers had worked to ensure waiting times for access to therapists was within the 18 week referral timescales. Rehabilitation referrals were completed with the care being delivered well within five days and always at the point of discharge from hospital.

Professionals confirmed staff would often contact them for further discussions or advice, following a referral made in this way, but said the response from the service was invariably made within a couple of hours and usually, at the very latest, the following morning. Professionals we spoke with told us this response from the service had facilitated people's early discharge from hospital. This had improved people's wellbeing, as they were able to recover in their own homes, in more relaxed and familiar surroundings, which aided their wellbeing. People told us that being able to return home with the support meant they recovered much more quickly. We heard from staff that the majority of people needed their service for a short-period of time, as they readily regained the confidence to undertake everyday tasks and the addition of equipment or input by the physiotherapists led to a sustained recovery.

South East Sector Home Care worked in partnership with Age UK to provide a community falls exercise programme as part of the community falls pathway. The registered manager told us they formed a part of the 100 day challenge pilot, which aimed to reduce unsupported discharges from hospital. The service is currently working on a new initiative with the Red Cross to provide assisted hospital discharges. The managers explained that they had supported people to understand their entitlements and ensure they received all of the appropriate benefits. They found some people were due more money and that having this in place meant they could improve their quality of life. Service Support Planners were accessed to do this.

The service had a decision making forum that met daily. All referrals were processed based on client need and signposted to the appropriate services. In addition to the daily referral meeting the service also operated an email referral mailbox. Referrals received outside of the forum were monitored every 15 minutes. Urgent referrals were scrutinised via a virtual multi-disciplinary team to maintain structured decision making. Urgent referrals were responded to within two hours. People received an assessment of their needs before they received care from the service. People and professionals confirmed the assessments were undertaken quickly to ensure they received the support people required as soon as possible.

At the multi-disciplinary meetings decisions were made about how best to meet people's needs and what

additional support they may require, such as access to equipment. If the short term support service was deemed not to be the most appropriate service, then alternative packages were quickly sought and put in place. Professionals told us that the short term support service would often provide an interim visit until the fuller package could be established. We found that information about these decisions were clearly documented.

Care records included assessments covering people's health and medical conditions, communication, family and home circumstances and any particular or special requirements. For example, we saw one person's care plan indicated they may have difficulty getting into the shower. We saw from this assessment, and information provided via a referral form that a detailed care plan had been devised, identifying goals to be achieved and the support required. This meant an appropriate assessment of people's needs was undertaken.

The managers and other professionals told us about the admission avoidance service which linked with local general practitioners. This was a service that would support people in their own homes as a way of preventing their admission to hospital. Professionals were very positive about this service. One healthcare professional told us, "This type of service, I feel is unique as it allows people to get access to all the support they need, such as interim care packages, therapists and equipment, extremely quickly. Having everything available from one location is brilliant and means the whole team communicates about a person's needs so they really do get the joined up support they need."

The managers and a team supervisor told us about the service's use of agile working. This involved supervisors carrying tablet computers on which they could immediately input assessment information. This could then be uploaded directly onto the service's computer system, avoiding lengthy delays in care information being added. The system also linked to the wider local authority records system, which meant up to date information was also available to other professionals with access, such as social workers.

Information gleaned from reviews of care was also quickly updated on the system. Changes in people's care plans and care needs could also be electronically sent to care staff via a secure mobile phone system. This meant updated information about people's care was made available quickly to a range of professionals. The records we reviewed confirmed the staff ensured the care records were updated as people's needs changed.

People had care plans that were person-centred and had goals, identified jointly with them, that supported them to become independent in each area. These included supporting people with washing, dressing and improving their daily living skills. We saw care plans and care delivery was reviewed on a regular basis. A supervisor told us that review visits were regularly undertaken. We heard at the handover meeting how staff had quickly responded to changes in people's needs and had worked diligently to support people to improve their skills, which had quickly led to them regaining their independent living skills and no longer needing the service.

The staff demonstrated the service's electronic scheduling tool that was used to plan visits. The system could be programmed with full information about people's needs and situation. The number of required support visits and their length was then programmed into the system and this information was then transferred onto a live diary system. Office staff were then able to allocate care staff to the care visit. The system kept a track of which care staff had already provided support, so that they could be reallocated, to provide a consistent care team, where possible. Information about any changes in people's care needs were added to the system, such as if a person cancelled a visit, and this information could be electronically sent to care staff via the secure phone system. Additional care visits could also be added to the system in the same way. This meant the service could immediately update the system to respond to peoples changing

care needs.

Staff told us that people were not given a specific time for appointments but a narrow window when someone would call. They said this allowed them to be flexible when supporting people and that if someone needed extra time with their care they could give them the required support. The registered manager said important tasks, such as supporting people with personal care, were always prioritised, but as the service was a reablement service it was important to give people time and support them to develop their abilities, and to complete as much of their own care as possible.

A daily handover meeting took place and this provided an opportunity for staff to pass on important information about people's needs and also to update the office staff on any concerns or matters.

There was a proactive approach to understanding the needs of different groups of people and to delivering care in a way that met needs and promoted equality. This included people who were living in vulnerable circumstances or who had complex needs and people for whom English was not their first language. Feedback from people in a variety of ways such as via telephone conversations, questionnaires and visits and this was acted on. The provider had access to a wide range of resources to assist staff gain people's feedback such a telephone interpreters and picture boards. Complaints were investigated and responded to, staff were made aware of the issues raised by complaints and where appropriate changes were made as a result. Everyone who responded to the provider's questionnaire confirmed they knew who to contact if they had any concerns.

Both the trust and the local council sent surveys to over 200 people and their relatives on a regular basis to obtain their views about the care delivered. We looked at recent results and saw that for South East Sector Home Care each time the survey was completed positive responses had increased and currently 192 people had responded to the last survey and reported over 90% satisfaction to all of the questions asked.

Outstanding ☆

Is the service well-led?

Our findings

During the inspection we discussed the name of the service as it is known as Short Term Support Service but is registered as South East Sector Home Care. We found when trying to contact the service to announce our visit that the call centre staff did not know who we were referring to when we used South East Sector Home Care. The registered manager confirmed that they would ensure the provider put in a statutory notification under the Care Quality Commission (Registration) Regulations 2009 to change the name of the service to Short Term Support Service.

There was a registered manager in place who has been registered with the Care Quality Commission since October 2010 to manage the carrying on of the regulated activity. They told us their ethos, in line with the provider's statement of purpose, was about offering people choice, opportunity and respect and enabling them to achieve their personal best. The managers demonstrated these values consistently during the inspection.

The culture embedded in the service was an absolute commitment to deliver a personalised care and responsive service, which people described as extremely effective. We found that the managers had encouraged staff to constantly think about improvements. Staff spoke enthusiastically about the three managers, saying they had supported them to critically review the service and look at how to deliver excellence. They describe with passion the journey the service had taken to develop from a basic domiciliary care service to the reablement service, which they felt was unique. A member of staff said, "This is the best place I've worked. [Manager's name] is so supportive and really does know how to do a good job." Another member of staff commented "[Manager's name] is a wonderful manager. They always look at the getting the best for the people and making this an excellent service." And another member of staff told us, "[Manager's name] will go the extra mile to see individual needs are met and they really do make a difference."

People and relatives told us that albeit they had a brief involvement with the service they found the available resources and support from staff had quickly aided their recovery. They were very complimentary about the skills of the staff and the prompt allocation of these staff. They felt the service had enhanced their quality of life. They told us in their opinion the service was well-run.

Staff told us they felt well supported by the management structures in place. They said that if they had any problems they could contact the office and speak to a supervisor. They said they could also seek advice and support through an on call system or, if necessary, the social care emergency duty team. Staff told us that the support they received from the management team was excellent and described all the managers as, "brilliant." One staff member told us how recently they had become unwell at work and the manager had taken the time to take them to hospital and then kept in contact with them to ensure they were alright. They found this level of support to be far in excess of what they had expected and it readily aided their recovery.

Staff told us they enjoyed their roles and working for the service. Staff told us they found the job interesting and they enjoyed meeting different people and helping them achieve their goals. One staff member said, "I like helping people regain their independence. It is very satisfying to see people get back to their old life and

doing the things they did before their accident or becoming ill."

There were daily handover meetings and these could be used to update staff on any changes at the service, as well as care issues. Staff were also advised at this meeting on any compliments recently received. The registered manager told us that they always completed consultation work with people who used the service and representative groups when changes were proposed and this also involved staff in service development. Staff confirmed that the managers proactively engaged them in discussions about potential changes to the service design and that they felt their voice was heard and their views did make a difference. We found processes were in place to involve staff in development and decisions and demonstrated a culture of openness and transparency.

There was a clear vision and values that were shared by staff and demonstrated in their work. There was a clear articulation of the strategic direction for the service and staff felt engaged with the strategy. We found the provider and managers constantly looked to ensure that developments and changes within the service were sustainable. We found evidence of innovative practice and research including partnership working within health and social care services. The leadership drove continuous improvement and staff were accountable for delivering change. There was a clear approach to seeking out and embedding new and more sustainable models of care.

Within this dynamic service there was the strong sense of leadership, commitment and drive to deliver a service which improved the lives of the people who used the service and their relatives in a fulfilling and creative way. There were systems to ensure good governance and monitoring of standards and performance. There was an effective escalation and cascading of information from the board to front-line workers, and vice-versa. The service was able to demonstrate excellent outcomes for people and innovative approaches to care. For example the provider had introduced over the previous year the in-reach role, which meant staff met people prior to their discharge from hospital and the bridging service that allowed support to be consistently delivered until a permanent care package could be put in place.

We found that there was a positive culture, with staff and managers feeling proud of their work and achievements and speaking well of their colleagues and the organisation. Staff felt supported by the managers to deliver high quality care, and empowered to implement and participate in quality improvement projects. Staff and people told us how their views were actively sought when any changes were being considered and felt that they had helped inform the decision to merge the two teams in the South East sector last year. Staff told us this decision had led to far more integrated working practices and for them to deliver care more effectively to people. It had also enabled the therapists and care staff to readily share skills and knowledge, which they felt had greatly enhanced their practices and the support being offered.

We heard that the staff team were well-respected by the provider and they were often asked to represent the service or be a showcase for the work being done to achieve awards. In 2015 the staff team had been involved in assisting the provider to gain the Building Carers Future Staff Award, which is a national award. The South East Sector Home Care was regularly visited by people from overseas who wanted to see how this unique service operated and recently the service was visited by a party from China. In 2016 the team won the Northumberland County Council Outstanding Partnership Award and in 2017 they won an Excellence Award. In 2016 the team were short-listed for the Health Service Journal Improved Partnership between Health and Social Care Organisations Award. The registered manager discussed as part of their continuing improvement agenda the intention of the staff team to enter more provider and external award schemes.

The registered manager also told us that they offered placements to a variety of health and social care

students from Northumbria University and all of the students had rated the service as meeting 100% of their objectives. They all gave very positive feedback about the care and support being delivered. Students reported that they had learnt new and innovative means to assist people to recover and on reflection felt the placements had enhanced their learning and skills.

The managers demonstrated that a range of quality monitoring and audits were in place. These included medicine audits by a pharmacy team, reviews of care documentation to ensure it was up to date, including areas such as valid consent. There was also a process to consider lessons learnt from recent complaints. One recent review had highlighted some contacts with people were not always recorded on files. This was being followed up with staff to ensure future contacts were noted for reference. The service was also subject to a range of quality monitoring processes by the provider, with regular updates about performance against key criteria. Also the managers and service manager completed case reviews around the service they delivered and encouraged staff to complete reflective learning pieces which were used both to assist their and the service's development.

In addition to the quality monitoring systems specific to the service, the Trust employed manager told us there were also wider meetings to bench mark the service and wider provision of short term care. They told us, and documents confirmed that management looked at key CQC outcomes and they discussed approaches to achieving or developing these areas. This benchmark group also examined issues such as medicine errors, or any untoward incidents, and looked at lessons learned and future prevention systems. The managers also shared ideas for improvement. Regular meetings were held with a range of staff from service areas and at these meetings the managers asked to demonstrate how they ensured compliance with CQC essential standards. The managers told us that they were also part of a regional group of managers for short term support, who were meeting to share wider ideas and information. This meant there were systems in place to monitor the quality of the service and to bench mark the service against wider services or national information.

This service was part of the community and social care business unit which was led by an executive director, medical director and service director. There was a range of senior leaders who took responsibility for governance and risk, clinical leadership, district nursing, rehabilitation, occupational therapy and care management.

The registered manager explained that the service had staff from both the local authority and the local acute health Trust. Because of this, the service participated in the Trust's user satisfaction survey termed, "Two minutes of your time". This was a brief survey that looked at people's perceptions of services they had recently used. Areas surveyed included whether people felt they were treated with dignity, felt involved in care, were satisfied with the services and felt confident in staff skills. For the period July 2016 to June 2017, 192 people who used the short term support service had replied. We saw all areas surveyed had satisfaction rates well above 90%.

The managers ensured staff had a clear understanding of the vision and values being promoted by the service and we found this was demonstrated by staff in their work. There was a clear articulation of the strategic direction for the service and staff felt engaged with the strategy. We found evidence of innovative practice, such as the integration of local authority care staff and the Trust therapists, and research including partnership working with healthcare industry. The leadership drove continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care. There were systems to ensure good governance and monitoring of standards and performance. We found that there was a positive culture, with staff and managers feeling proud of their work and achievements and speaking well of their colleagues and the organisation.

The registration requirements of this service were met. The provider was fully aware of the responsibilities they had taken on in establishing and running their organisation and they understood the legal requirements of meeting relevant regulations. We found that all incidents and other matters that needed to be notified to the Commission in line with the Care Quality Commission (Registration) Regulations 2009 had been.