East Sussex County Council

Joint Community Rehabilitation Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an announced inspection of Joint Community Rehabilitation Service (JCRS) on 5 and 8 April 2016. We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in.

JCRS provides reablement and rehabilitation services to people in their own homes. It is a partnership between the local authority and the local NHS trust. They provided short term support of up to six weeks to people usually following discharge from hospital following a stroke, orthopaedic trauma or accident. The aim of the service is to maximise people's ability to live independent lives, improve their health, well-being and confidence and prevent admission to hospital.

JCRS is the first service to have developed an integrated intermediate care service model provided by both adult social care and health, in East Sussex. The service is supported by senior managers who regularly attend a range of meetings with a variety of attendees: East Sussex Healthcare NHS Trust, the ambulance service, GPs, managers from mental health trusts etc. to discuss the most complex cases and share information.

There is a registered manager at the service. 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.

We previously inspected JCRS in January 2014 and no concerns were identified.

Everyone we spoke with was positive. People told us how the support from staff had enabled them to return to an independent lifestyle. They told us staff had supported them through individual goal setting and working with them to achieve their goals. They also told us staff had enabled them to regain their confidence to do things they had previously done. People's care was personalised to reflect their wishes and what was important to them.

Staff had a clear understanding of how to keep people safe at home, they knew what actions to take if they believed people were at risk of abuse. There were a range of risk assessments in place which ensured risks were managed safely without restricting people's independence.

There were enough staff, who had been safely recruited, employed to meet people's needs.

Some people required support with their medicines and there were systems in place to ensure this was managed safely.

Staff received an induction, essential training and additional specialist training in relation to the rehabilitation of people. Staff competencies were assessed before they were able to provide support unsupervised. There was an emphasis on staff development and career development. Staff received regular supervision and observation of their practical skills. Staff meetings were held weekly for staff, in order for them to discuss their role, receive updated information and share any information or concerns.

Staff understood the Mental Capacity Act (MCA) and ensured people were provided with choice. When people's health needs changed staff ensured the appropriate healthcare professionals were involved. If needed, people were supported with their food and drink and this was monitored regularly.

People were involved in planning the care and support provided, this was regularly reviewed and people's changing needs were responded to. Importance was placed on continuous improvement of the service. Feedback was regularly sought from people about the overall quality of the service. Their views were listened to and acted upon.

The registered manager had created an open and positive culture which focussed on improving the experience for people and staff. She welcomed suggestions for improvement and acted on these. Staff were supported and listened to by the registered manager's. They were clear about their responsibilities.

The quality assurance systems were effective. Audits were analysed to identify where improvements could be made and these were implemented. There was an on-going development plan for the service to ensure it continued to develop and sustain improvements made.

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

Joint Community Rehabilitation Service was safe.

People and their relatives told us that they felt safe with the staff that supported them.

There were clear policies in place to manage people's medicine safely.

Staff understood what to do to protect people from the risk of abuse

Individual and environmental risk assessments were in place. Risks were managed safely without restricting people's independence.

There were enough staff employed to meet people's needs.

Procedures were in place which ensured staff were recruited safely.

Is the service effective?

Good

Joint Community Rehabilitation Service was effective.

Staff understood the MCA and ensured people were provided with choice.

Staff received the induction, training and support they needed to look after people effectively.

Staff understood people's health and care needs and responded to these when they changed.

Where required, staff supported people to eat and drink and maintain a healthy diet of their choice.

Is the service caring?

Good

Joint Community Rehabilitation Service was caring.

Staff treated people with kindness, and respect.

People were supported to make decisions about their individual goals to enable them to regain their independence.

People were happy with the care and support they received. They felt their individual needs were met and understood by staff.

Is the service responsive?

Good

Joint Community Rehabilitation Service was responsive.

People's care was personalised to reflect their wishes and what was important to them.

People were involved in planning the care and support provided. Their changing needs were responded to.

The service sought feedback from people about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Good

Joint Community Rehabilitation Service was well-led.

There was an open and positive culture which focussed on improving the experience for people. The registered manager welcomed people's suggestions for improvement and acted on these.

Staff told us they were supported and listened to under the registered manager's leadership. They were clear about their responsibilities.

There was a robust system of quality assurance in place. Audits were analysed to identify where improvements could be made. Action was taken to implement improvements.

Joint Community Rehabilitation Service

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 of Joint Community Rehabilitation Service took place on 5 and 8 April 2016 and was an announced inspection by one inspector. We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in.

Before our inspection we reviewed the information we held about the service. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we went to the office and spoke to the registered manager, twelve staff members and two senior managers from the provider. We reviewed the records of seven people that used the service, including assessments, care plans and weekly reviews.

We looked at six staff recruitment files, supervision and training records, and spoke with the registered manager about the systems in place for monitoring the quality of care people received. We looked at a variety of the service's policies such as those relating to safeguarding, medicines, complaints and quality assurance.

Following the inspection visit we undertook phone calls to six people and relatives of two people to obtain their views of the service. We also received written feedback from five people who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from the staff. They told us staff always had time for them and were not rushed. One person said, "Staff always have the time to listen and help." One person told us how they had been supported to manage their medicines independently.

Staff had a clear understanding of abuse, how to identify it and protect people from the risk of abuse or harm. This included ensuring people were safe in their own homes and were not for example, at risk of self-neglect. Staff told us all concerns would be reported to their line manager in the first instance. They told us if this was not appropriate they were able to report to any other senior support worker, the deputy manager or registered manager. One support worker said, "There's always someone you can report concerns to in this organisation." Staff received regular safeguarding training in addition they undertook regular competency assessments to ensure staff had retained their understanding. A whistleblowing policy is in place and staff confirm their understanding of this as part of their safeguarding competencies.

There were established systems to ensure enough suitable staff were on duty to look after people who needed care and support. A weekly schedule was sent to people and staff contacted the duty senior support worker each day to ensure both were aware of what visits were to be completed by whom. The schedules confirmed that staff were allocated time between each visit to allow for travelling. There was a computerised rota system which identified any visits that had not been allocated to staff. This would then be addressed by the duty officer each shift. Senior staff knew where staff and people lived and had the information to organise work in an emergency situation for example in the event of severe weather conditions. Staff told us that when there was sudden staff absence such as sickness, they were able to request support from other services run by the provider or contact off duty staff who may like to provide cover. People told us staff stayed the time they were supposed to and supported them in an unrushed manner.

Risks were safely managed by the service. The security of people's homes was assessed and key safes were used to maintain the security when required. Information about key safes was kept secure and made available to staff only when required. Staff were aware of the importance of keeping this information secure. Staff were issued with identity badges this ensured people knew who staff were and that they worked for JCRS. Each person's records included an environmental risk assessment for areas inside and outside of the home. For example considering whether parking was available or whether staff required a torch when visiting at night. Risk assessments inside the home identified trip hazards such as mats. When these were identified as a risk people were supported, with their consent to move them. Other factors were considered such as fire risk and people were referred to the fire brigade for advice and support. If concerns were identified in relation to the use of electrical appliances in the home then staff were provided with an RCD adaptor to protect them against the risk of electrical shock.

There were lone working policies to protect staff and appropriate actions were taken to ensure staff were safe. For example the risk assessment considered whether there was a good mobile phone signal in the area. All staff were issued with a device which they used to log in and out of each visit. This could also be

used as an alert to summon help if staff were in danger. Staff told us their security was taken seriously. For example two staff would visit people if they lived in remote, difficult to find locations. There were contingency plans in place to ensure the service could continue in case of bad weather or an IT failure.

The emphasis of the service was to support people back to living independent lives. There were risk assessments in place in relation to people's individual support needs which included falls assessments and medicine risk assessments. These contained guidance for staff to support people in managing risks and returning to full independence safely. One person was able to walk around their home with appropriate walking aids however, there were steps into the kitchen and the person was not yet safe to use these. Clear guidance was provided for staff to enable them to support this person safely with the person unable to use the kitchen until assessed by the physiotherapist as safe to do so.

There were systems in place which were supported by policies to manage medicines safely. Some people required support to enable them to return to managing their medicines independently. For example, after a period of time in hospital some people had lost the confidence or ability to manage their own medicines. JCRS supported people, through the use of equipment and prompts to enable people to regain their skills. Where people were able to administer their own medicines risk assessments had been completed to demonstrate they were safe to do so.

Staff received medication training, and they were aware of the procedures to follow to ensure this was done safely. Prior to administering medicines staff competencies were completed. Staff told us, "If we haven't done competencies we don't give medicines." Staff told us there were Medicine Administration Records (MAR) charts in place which they completed when they gave medicines. However, we did not see any of these during the inspection because people whose care files we viewed were able to administer their own medicines. Senior support staff audited MAR charts at weekly visits to people. These were further audited when they were returned to the office to ensure they were completed appropriately. Staff told us if they had any concerns about medicines they would contact the duty senior support worker for advice.

People were protected, as far as possible, by a safe recruitment practice. Records seen included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with people. Further checks were in place to ensure staff were safe and competent to drive. They completed a driving assessment when they commenced work and checks were in place to ensure staff had a driving licence and the appropriate car insurance.

Infection control procedures are in place. Staff follow policies and procedures linked to the HSCA 2008 Code of Practice on the Prevention and Control of Infections and related guidance. Environmental risk assessments of a person's home identify any areas of potential risks relating to the control of infection to the person or staff. Staff are issued with personal protective equipment including anti-bacterial hand gel, liquid soap, paper handtowels, anti bacterial wipes and incident reporting forms. This equipment is checked during staff supervisions to ensure that the contents are in date and correct. Infection Control audits are undertaken on a six monthly basis by an Infection Control Lead.

Good

Is the service effective?

Our findings

People told us staff had the knowledge and skills to support them. One person told us, "The whole service has been efficient and professional." Another person told us, "Everyone is very sensible, they're marvellous."

There were systems in place to ensure staff received the appropriate training and support to meet people's needs. Staff undertook a range of essential training such as infection control, moving and handling, health and safety and first aid. Staff told us, "Training is being updated all the time." Once staff had completed their training, competency assessments were completed which demonstrated staff had understood the training they received. In addition they undertook training to meet the specific reablement needs of people who used the service. Staff told us the reablement assistant programme (REAP) helped them to support people back to independence. Staff completed specific competency assessments throughout their REAP training, these included exercise, mobility, pressure areas and nutrition. One support worker said, "REAP training has shown me how to stand back, how to support people to do things for themselves. If it's difficult we find equipment to help them." Another support worker told us, "It's easy to help people, REAP training has taught me how to stand back and support people to get back their independence." Training was audited regularly to ensure it was delivered and received in line with the provider's policy.

There was an emphasis on supporting and encouraging staff to develop their knowledge and skills through the health and social care diploma and provider training. Training and competency assessments were completed when staff undertook new roles for example key workers, senior support workers. Lead staff (Champions) were in place for a range of areas. These included equality and diversity, nutrition and hydration, MCA and REAP. Champions kept up to date with current practice and advised staff of any new developments.

There had been a recruitment drive during 2015 and 20 new staff had joined the service in September 2015. During the induction process the new staff were supported by a dedicated senior support worker who acted as their mentor. We spoke with the mentor who told us they were responsible for staff until they completed their probationary year. Their role included support with training, competency assessments, observations in practice and supervision. Over a four month induction period staff completed the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Most staff had also commenced their REAP training. Before working alone with people new staff shadowed colleagues and completed competencies with support from their mentor. One support worker told us, "I have done a lot of my competencies but not medicines so I don't visit people who need support with their medicines."

The registered manager, deputy manager and senior support workers were all responsible for supervising staff. Supervision included an opportunity for discussion and for senior staff to discuss training and development opportunities and review practice; an annual appraisal was also completed. In order to review practice effectively senior staff carried out 'observations' when they arrived unannounced to observe staff working directly with people. Staff meetings took place every week and staff were expected to attend one

meeting a month. Minutes were available for staff when they did not attend. All staff spoken with told us they felt supported by the senior staff and said they could talk to them at any time about any concerns.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The provider had policies in place to ensure staff had guidance about how to respect people's rights and to work in accordance with the MCA.

Staff received training and completed competencies in relation to the MCA and demonstrated a good understanding. The registered manager and staff told us people who used the service had capacity. When people started using the service they signed to show they understood the purpose of the service and were willing to participate in the support. One support worker said, "People who use the service have capacity because we need them to participate in their reablement." Records showed that people's capacity was assessed before they started using the service. There was information in the assessment that stated if people were able to understand and retain the information given to them. Staff told us if they had any concerns about people's capacity they would inform their line manager or other professional. Staff were aware changes in people's capacity may be related to their physical condition, for example they may have a urine infection (UTI). One support worker said, "If people appear muddled I always think UTI and take a sample to the doctor."

Where required staff supported people to regain independence in relation to their nutrition. One person told us, "I can't prepare my own meals but I am now able to use ready meals." There was information in people's care plans about whether this support was required. For example some people required support to regain their confidence in preparing their own meals after time in hospital. Other people required support to gain new skills for example following a stroke. Guidance included prompting and encouraging people. Due to the layout of their homes some people were initially unable to access their kitchens, if for example there were steps. Until people had been assessed as safe to do so staff prepared people's meals and their care plans stated staff were to ensure people had enough drinks nearby, for them to access between visits. Care plans included information about how people obtained their food shopping and what meals they would like to prepare. There was information in people's records which demonstrated their progress from requiring support to preparing their meals independently. All staff undertook a food hygiene course. Staff told us if they identified people may be at risk of poor nutrition or dehydration they would monitor what they ate and drank by completing food and fluid charts. Staff would also refer people to their GP to ensure they received appropriate treatment. Staff told us if people were identified as at risk of malnutrition extra calls would be put in place to provide extra support at mealtimes. Information was held at the office to ensure senior staff were aware of people requiring this support. The registered manager told us there was a strong emphasis on eating and drinking well as part of a reablement programme. Staff regularly offered food and drink to people and encourage them to eat well.

Joint working with other health and social care professionals was a fundamental part of the service. JCRS worked jointly with physiotherapists and occupational therapists (OTs) as part of people's reablement and rehabilitation programme. People's goals for achievement were jointly set and reviewed to ensure people progressed and improved. There was evidence of daily communication between JCRS staff, physiotherapists and OTs. If staff identified people would benefit from a referral, for example for adaptations to their environment, then they were referred appropriately. Staff told us, "If we need advice we can always

ask a physio or OT, if it's more than that we will refer them." Staff were also able to refer directly to a social care assessor within the team. People's daily records showed people were also referred to their GP's, district nurses and podiatrists. One person told us, "I was having trouble, they called the doctor for me. If anything was wrong they'd do something." Another person told us, "They noticed X wasn't well and it was straight onto the district nurses." This meant people received care from the appropriate healthcare professional.

If it had been identified that people required further advice or support in addition to JCRS staff were able to liaise with other agencies for example Age Concern to support people who may be socially isolated. They were also able to liaise with organisations which offer housing advice and support for people's carers to have breaks from their caring responsibilities.

JCRS was a time-limited service therefore on occasions people required on-going care and support. The registered manager told us steps were taken to ensure this was in place and people would not be left without the support they needed. This included further assessment by the local authority and supporting people to find the appropriate care from a private provider. The registered manager told us where possible and with the person's consent they would meet with them and the new provider to ensure all information required was available. This meant people could be reassured they had appropriate support in the future.

Good

Is the service caring?

Our findings

Everybody spoke highly of the service and the staff. Comments included, "They're (staff) lovely, I couldn't fault it." "Staff are so cheerful," "I'm very happy, it's a wonderful service," "Staff are fantastic," "They're marvellous," "I can't fault them." "I really can't exaggerate how amazing it was." One support worker said, "I look after people how I want to be looked after."

Staff described how they treated people with respect and dignity and talked about maintaining people's privacy. They were able to describe the importance of people's rights and they were entering people's homes as a guest only. Care plans informed staff about how they gained entry to the home. For example one person had a key safe but did not want staff to use it unless necessary. Staff told us overshoes were available if people did not want staff wearing shoes in their house. One support worker said, "I think cream carpet, I don't want to make that dirty." One support worker said, "Supporting people back to independence is the best way to maintain people's dignity." One person told us, "I have always been very independent and on the whole I'm back to being independent." Another person said, "Staff have been brilliant, helping building back up my confidence."

Staff told us the relationship between people and staff was key to ensuring the care met people's expectations and responded to their individual preferences. Staff took an interest in people and referred to them by their preferred name. Their preferred name was recorded in their care plans. Care plans were audited regularly and this included ensuring the person was referred to by their chosen name throughout the written records. People told us staff had time for them. One person said "We had time to chat, it was normal talk about everyday things."

People were involved in decisions about their day to day care. Their care plans and risk assessments showed they were fully consulted and involved in the planning of their individual goals. Staff told us how they reminded people they had choices. Staff told us people were able to decide if they did not want to participate in their care. One support worker said, "We don't force people, they are able to make their own choices." One person told us, "The exercises were really helpful but there was never any pressure to do them." Senior support workers visited people each week to ensure they were happy with the care and support they received. Staff told us the goals people chose were based on what was important to them in enabling them return to an independent life. One support worker told us, "To us, it might seem a small goal but for someone to be able to do up their cardigan or cut up fresh vegetables it's life changing." One person said, "Staff are always very encouraging."

Staff talked about spending time with people saying it was important to them to do things properly and treat people correctly. Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. People told us staff had enough time to provide the support they needed. Staff repeatedly told us the service was about supporting people to do things for themselves. One support worker said, "It's so rewarding, when you look back at people and see what they've achieved." Another support worker said, "I love it when I turn up to do a weekly review and the person has gone out I know we've succeeded. They're out, living their life." One

person told us, "It's marvellous, I can go out now (with my walking aids)."

People had a schedule of visits each week however there was flexibility within the service for staff to offer people 'extra care' visits if they required more support. Staff told us this may include going to the shops for people or doing a little housework. One support worker had identified a person was low in mood and had arranged to call back to wash the person's hair. The support worker said, "If your hair feels better, you feel better it must be awful not to be able to do it yourself." One person we spoke with told us, "They done little extra's for me like make the bed, they didn't have to." Another person said, "They came and sat with my relative whilst I went out, they're so good." If needed staff were able to support people who required ongoing healthcare treatment ensuring their call times were appropriate for example visiting the person after hospital appointments when they may be tired following treatment.

People were provided with information about the service provided when they started using the service. This included a welcome letter, an evaluation questionnaire and how to make a comment or complaint if they needed to. People we spoke with told us they know how to contact the office if they had any concerns. The service focus was on reablement and helping people to return to living an independent life. On occasions if people's health deteriorated staff were able to provide end of life care. This included liaising with other healthcare professionals for example the Macmillan nurses to ensure the best outcome using a multidisciplinary approach to care.

Good

Is the service responsive?

Our findings

People told us they had been involved in an assessment when they started using the service. They were involved in the planning of their individual goals. One person said, "Staff are always very encouraging with the goals you have set yourself." People told us they had no complaints or concerns but if they did they would raise these with staff or the registered manager.

As the service was time limited the people using the service, regularly changed however staff knew most people well. Staff told us if they didn't know people there was enough information in the care plans to enable them to support people appropriately. There were copies of people's assessments and weekly reviews at the office. Staff were encouraged to read these before they visited people. There was a daily handover sheet which was available for staff to read. Staff were updated about changes to people they supported as they happened. This meant staff had the information they required to meet people's needs. Staff were supported to complete accurate records and 'terminology cards' had been developed to aid staff in recording complex or personal issues in relation to people's care. This helped to ensure consistent information was recorded in people's care plans.

Before people started using the service their needs were assessed by the person making the referral using the referral criteria. If there was not enough information or it was unclear whether the person could benefit from the service staff would undertake a 'screening' visit to ensure the service could meet the person's needs. At the first visit appropriately trained staff completed a risk assessment of the environment, falls and medicines. Staff told us on most occasions people had been provided with the equipment they required to support their independence before they started using the service. However, if staff assessed people may benefit from further equipment such as raised toilet seats then a referral was made to the occupational therapist or physiotherapist. Where equipment is urgently required this is provided on the same day it was requested, to maintain people's safety and independence. Staff recognised when people become more vulnerable or that people may experience low mood or social isolation. They discussed with senior support workers ways in which they can support people at these times. For example spending periods of time with the individual in addition to covering their support needs.

People planned their individual goals with staff. These were specific to what people wanted to achieve and what was important to them. For some people this was to regain their confidence with managing their own medicines, other goals included being independent with washing and dressing or preparing their own meals. Others required support to become more mobile and required assessment and planning from the physiotherapist to achieve this. This included exercises for the person to do with support from JCRS staff. People were reviewed weekly by a senior support worker, their achievements recorded and where appropriate further goals set. People were given the opportunity to comment on their progress, the staff and the service, and this was recorded on their individual review document. These comments were regularly audited to ensure the registered manager was aware of people's feedback and could take action if any concerns were identified.

Staff told us once people realised they had made progress they wanted to do more. One support worker

explained how a person became mobile within their home but then wanted to go out and meet their friends for coffee. Therefore, with support from the physiotherapist further goals were set. Another support worker explained how often by achieving one goal you create another. They gave the example of one person being enabled to make a hot drink independently but then required an assessment by the OT to enable them to transport the drink safely from the kitchen to the lounge. Staff told us helping people regain their confidence was important in returning them to independence. One person told us, "Staff have been brilliant, helping building back up my confidence."

People we spoke with told us of improvements they had made. One person said, "I've been out today to the seafront, I couldn't do that before and it's so important to me." Another told us their relative was now able to manage to wash and dress themselves and had returned to being independent. They told us staff encouraged them to do things for themselves. One person said, "They'd never make you do anything you didn't want to but they would persuade you gently." Another person said, "The exercises were a tremendous help and they were fun." A further person explained, "The exercises for strengthening and stability have worked pretty well, compared with a few months ago I feel much stronger." Everybody we spoke with told us they had benefitted from the service and all had seen improvements with their independence and well-being.

People were listened to and regularly asked for their feedback about the service through weekly review meetings with the senior support workers, regular feedback audits from provider visits and through discussion with staff. For example people had said they didn't like having a lot of different support workers. Therefore a rota system had been developed where staff were matched to postcode areas. This meant people would receive visits from a regular group of staff. There was an emphasis from all staff on providing a good service. They told us their aim was to ensure the service provided a positive experience for everybody who used it. This was confirmed by the records we saw. In addition to formal complaints the registered manager responded to any concern or negative feedback reported to her by staff. For example senior support workers identified concerns on their weekly review meetings with people. Care plans were audited when they were returned to the office and any concerns recorded were addressed. A recent concern raised by a person to a support worker had been reported to the registered manager who had visited the person to discuss their concerns. Following the meeting the registered manager had undertaken an investigation and arranged to visit the person again to discuss her findings, and that these would also be put in writing to the person. This included what the person could do if they were not happy with the response. Some people had requested that certain carers were not be sent back to them because of personality clashes. The registered manager listened and ensured that that support worker wasn't sent to the person again. The registered manager told us, "If there's anything I'm there, I'll visit that person I don't want anybody to have a bad experience from this service."

People were given a copy of the complaints policy which explained to people how to make a complaint, and how the service would respond. The policy was included in the information pack given to people on the commencement of a service. The policy set out the timescales that the organisation would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The registered manager and staff took all complaints and concerns seriously and records showed that where concerns were raised these were acted on.

Good

Is the service well-led?

Our findings

Feedback received about the management of JCRS was positive. People felt they were listened to, treated as an individual and had their needs suitably assessed and responded to. People told us they were well received whenever they spoke to any of the office staff who were helpful and were able to respond to any issues. Staff told us they were well supported. One support worker said, "It brings a lump to my throat to know how happy I am here, how everything is done properly."

There were effective systems in place to monitor the quality and safety of the service and make continuous improvements. Senior support workers reviewed people's care plans on a weekly basis to ensure they met people's needs. They were audited by the deputy manager when returned to the office once the person no longer used the service. Where shortfalls were identified corrective action was taken. For example at a weekly review it had been identified staff had not signed an entry on the daily notes. The deputy manager had identified not all staff names and signatures were legible. These issues were discussed with staff at the weekly meetings as areas to be improved. In another instance, an audit undertaken of care plans had identified that welcome letters intended for people remained in the folders. As a result, the system was changed and welcome letters were given to people personally when they start to use the service.

A wide range of audits were carried out to monitor the quality of the service which included staffing levels, training, supervision and staff files. Audits had identified staff files contained old and duplicate information. We were told extra administrative support had been arranged to address this. A compliance officer from the provider undertook regular joint visits with another senior manager to people who used the service to obtain their feedback. This feedback has been used to improve and develop the service and understand the person's perspective. It had been identified as a result of this feedback some people missed being part of JCRS and they were therefore invited to be part of a JCRS client reference group. People met to give feedback about the service and work with the provider to develop and improve the service. As a result work had started to reduce the amount of support workers visiting a person by introducing allocation of staff to postcode areas.

The Compliance Officer also provided regular monitoring visits to assist the Registered Manager and staff team to examine and improve the quality of the service and their monitoring processes. These visits were based on the prompts and potential sources of evidence found in the Key Lines of Enquiry. CQC uses the key lines of enquiry to ensure a consistent approach in the way we inspect and what we look at under each of the five key questions safe, effective, caring, responsive and well-led.
There was a service development plan which demonstrated on-going improvements were in place. This included ensuring all support workers had completed their reablement competencies and the introduction, including training, of nutritional and hydration well-being goals. The registered manager and other senior managers from the provider were passionate and innovative in developing new ways of working jointly with the local NHS trust to improve the service for people. This is shared with staff to show how the service has developed, future developments and general service updates. It is also used an opportunity to celebrate achievements and good practice. Feedback from people is shared with staff on a monthly basis to show how well the service is received and also any areas for improvement. Staff are actively encouraged to put forward

ideas and suggestions which may improve service delivery and the experience of people using the service. A staff e -mail address has been set up for staff to use to send comments/suggestions.
Feedback is sought from staff when they leave the service. The registered manager and provider were keen to retain staff and when they left their employment were offered an exit interview by an independent manager not attached to the team. The information gathered was used to monitor for any themes or trends in the reasons for staff leaving and identify any actions to increase staff retention.

The registered manager had developed an open and positive culture. She worked at the service most days and was approachable and available to staff. She had a good understanding of the service and where areas for development were required. She was passionate about providing a good experience for people who used the service and acknowledged this required staff who were well trained and supported. One support worker said, "Working here, it's given me so much confidence, I just love it, I'm so happy." Staff told us they could approach her or any other manager with any concerns. They told us these would be treated in confidence and appropriately.
The Registered Manager keeps up to date with current practice and developments by attending external events to widen her knowledge and network with other providers. For example, a Care Showcase event is held yearly and as well as a range of providers of social care, there are a number of seminars including briefings from the Care Quality Commission. She also attends Registered Manager Network meetings arranged by the providers training department. This gives the opportunity to meet and share ideas and good practice with a range of providers from across East Sussex. The Registered Manager is currently in the process of becoming a manager of the Skills for Care Registered Managers Network which will enable her to network with other providers on a national basis, particularly with providers of integrated care.
JCRS were involved in providing input to the 2014 National Audit of Intermediate Care (NAIC) which informs future policy development within the Department of Health and NHS England and shares good practice within intermediate care services.

Staff were aware of their roles and responsibilities. There were opportunities for staff to be involved and develop the service. There were regular meetings for all staff and during 2015 a series of engagement sessions had been held. These allowed staff to feedback issues at different levels. Extensive feedback was gained from support workers and senior support workers with one example being that staff found it time consuming calling into the office for their rotas each day. As a result of their feedback staff were given assurances that future developments would address this. On the day of the inspection a secure electronic system was introduced which enabled rotas to be delivered directly to staff. As a result of the engagement sessions a series of management clinics were introduced where staff could meet with senior managers from the provider.

A successful recruitment drive had taken place during 2015 through a series of open days where interested staff could meet managers and support workers from JCRS. Further open days were due to be held during 2016 with the emphasis on the opportunity for staff development and career progression within the service and across the provider.