Warwickshire County Council

Reablement Services South Team

Inspection report

Heathcote House Leamington Spa Rehabilitation Hospital
Heathcote Lane, Heathcote
Warwick
Warwickshire
CV34 6SR

Tel: 01926414875

Date of inspection visit:
06 September 2018

Date of publication:
04 October 2018

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

The office inspection visit took place on 06 September 2018 and was announced. This was so we could speak with staff and to ensure the provider had sought people's consent so we could speak with them following our visit to get their feedback about the service they received.

This was the first comprehensive inspection of the service since it was registered at this location in April 2017.

Reablement South is a domiciliary care agency that covers the geographical area of South Warwickshire to provide personal care to people living in their own home. Their primary role was to provide a reablement service for up to six weeks to support people to regain their independence, following discharge from hospital or to prevent further admissions. Following a six-week period, there could be an opportunity to provide additional support or arrange for some people to access other care providers to consider longer term care needs. At the time of this inspection the service supported 56 people with aspects of personal care.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. 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.

People felt safe using the service and there were sufficient available staff to provide the care and support people required. Staff had completed safeguarding training and understood how to keep people safe from avoidable harm and poor practice. Risks to people's safety were identified and assessments completed to guide staff about how to reduce or manage known risks.

The provider's recruitment procedures made sure staff were safe to work with people who used the service. People received their prescribed medicines from staff who had completed training to do this safely and who checked regularly to ensure they remained competent.

People had a detailed assessment completed prior to the service being started. This gave the provider confidence that the people were suitable for the short-term care package and that staff could meet their care and support needs.

Staff received an in-depth induction when they started working for the service and the training they received was in line with the Care Certificate. Staff completed essential training that equipped them with the skills and knowledge to support people's needs and the provider encouraged staff to fulfil their own personal developmental opportunities.

People received support from other healthcare professionals to ensure their overall health and wellbeing was met. Regular checks and monitoring ensured medicines continued to be given to people safely by trained and competent staff. Calls were planned to ensure time critical medicines were given safely and in line with people's prescription.

The registered manager and staff understood the principles of the Mental Capacity Act. However, for people to receive this service, they needed to have capacity to agree to the support. Staff's approach from the initial assessment onwards was to ask for people's consent before they provided care and they respected the decisions people made.

The provider's goal was to support people to regain their independence after discharge from hospital. The service was 'non-time specific' which meant care staff did not always have set times to visit people. However, people's calls were allocated within a specified timeframe in line with people's needs. Not all the people who used the service knew this and expected care staff to arrive at consistent and prearranged times.

People received care from staff who they considered to be kind and caring, and who stayed long enough to provide the care and support people required. Staff promoted people's privacy and dignity.

Individual support plans provided clear information for staff about people's preferences, their care needs and the support they needed to regain independence. People's needs were kept under review and plans updated as people's independence increased. People knew how to complain, and information about making a complaint was available for people.

Staff understood their roles and responsibilities and had regular individual meetings and observations of their practice to make sure they carried these out safely. There was an 'out of hours' on call system 365 days of the year which ensured support and advice was always available for staff outside of usual office hours.

The management team worked well together and the provider had effective and responsive processes for assessing and continually monitoring the quality of the service they delivered. The registered manager was reviewing their systems to ensure people's feedback shaped the service they received and participation in national projects ensured assistive technologies continued to benefit people they supported.

Further information is in the detailed findings below.

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 felt safe with staff who visited them and there were enough staff to provide the support people required. Staff understood their responsibility to keep people safe and to report any suspected abuse. Risks identified with people's care had been assessed and staff knew how to manage risks to keep people safe. The provider checked the suitability of staff before they worked in people's homes. People received their prescribed medicines from staff who had completed training to do this safely.

Is the service effective?

Good

The service was effective.

Staff completed training to ensure they had the knowledge and skills to meet people's assessed needs and deliver safe and effective care to people. The registered manager and staff understood the principles of the Mental Capacity Act 2005 and respected decisions people made about their care. Where required, staff made sure people had enough to eat and drink and referred people to healthcare professionals if needed.

Is the service caring?

Good

People received care and support from staff who they considered kind and caring. Staff valued the work they did and they wanted to help those in their care to become as independent as possible. Staff understood people's individual needs, and respected people's privacy and dignity when they supported them.

Is the service responsive?

Good

The service was responsive.

Reablement South provides a re-enablement service which was a 'non-time specific' service. Not everyone who received a service were aware of this and expected their care call to be provided at consistent times. In the majority of cases, care calls were completed within the same time frame. Individual support plans

provided staff with the information they needed to know to meet people's needs. People's support plans were continually review during the period of support and staff were informed about changes in people's needs. People knew how to complain if they needed to.

Is the service well-led?

Good

The service was well led.

Care staff received the support and supervision they needed to carry out their roles effectively. Staff shared feedback with the management team, confident they would be listened too. The provider and registered manager had processes to regularly review the service people received and had plans to re-evaluate aspects of their service to continually improve their service delivery.

Reablement Services South Team

Detailed findings

Background to this inspection

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

This comprehensive inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR) before this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR during our visit. We found the information reflected how the service operated and provided us with a detailed, evidence based picture of their service.

Prior to our office visit we looked at any information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Inspection activity started prior to our office visit by us sending out survey questionnaires to people who used the service, staff and community professionals. We received 11 completed survey questionnaires from people, 43 from staff and three from community professionals. This information was used to help us form our judgements based on their experiences. Inspection activity ended once we had contacted people and relatives on 17 September 2018.

We visited the office location on 6 September 2018 and spoke with the registered manager, a team manager, an assessment team manager, an occupational therapy assistant, an occupational therapist, two

reablement assistants, a reablement officer and a reablement supervisor. We asked staff about the roles in supporting people and what is was like to work for Reablement South. We also reviewed care records and policies and procedures.

During our visit the provider gave us a list of people who used the service who had given permission for us to contact them. This was so we could speak with them direct by telephone to ask them their views of the service. We spoke with three people who used the service and two relatives. We used this information to help us make a judgement about the service. We reviewed two people's individual support plans to see how their care and support was planned and delivered. We looked at provider records such as parts of their staff recruitment checks, staff training records and records associated with the provider's quality governance systems. We also looked at examples of assistive technology that staff used to help promote people's independence and life skills.

Good

Is the service safe?

Our findings

People and relatives felt safe with the care staff who visited them in their own home. A typical comment made to us about the staff and service being safe was, "Good – couldn't be better." A relative said their family member felt safe because they were cared for by familiar faces so they knew who to expect and when. People said they or other family members let them in and for others, staff used a key safe to gain access. People said whenever staff used the key safe to enter, they always introduced themselves first to stop people being alarmed and they left their home secured. People said they would speak to staff in the office or a relative if they had any concerns about their safety.

People were supported by staff who understood how to protect them from poor practice or the risk of abuse. Care staff had completed training on how to recognise abuse and understood the importance of safeguarding people they provided care and support to. Staff were aware of the tell-tale signs that could indicate abusive practice, for example, unexpected bruising or people becoming withdrawn. Staff knew how to report their concerns. One staff member told us, "I would report any concerns to the manager or senior staff, the police and safeguarding." The registered manager knew the procedure for reporting concerns to the local authority and to us (CQC).

An assessment of people's care needs was completed prior to the service commencing. This identified any potential risks to providing their care and support. Staff knew about risks associated with people's care, such as helping people to move, preparing drinks and meals or help with showering and bathing. People told us they or their relative used equipment to help them stand and transfer. This included, hoists, stand aids, perching stools, raised toilet seats, walking aids and grab rails. One person told us they had a variety of equipment to help them become more mobile. They said, "I have a rail all of the way down the stairs – it's a God send and a trolley (walker). I was scared to start, but I am more confident now." People and relatives told us staff knew how to use equipment safely and they felt confident during the transfers. Staff told us and records showed they had completed training to manage people's risks and keep them safe, such as moving and handling training.

The registered manager told us that following the initial assessment, an occupational therapist from their care team visited people at home to assess if they needed any equipment to support their reablement. One occupational therapist said they discussed equipment with people and using an electronic device, showed people a visual diagram of what the equipment was like and how it could help them. This helped ensure people had the individualised moving and handling equipment suitable for them and their environment.

A reablement supervisor who scheduled people's calls told us there were enough staff to provide all the visits people required. The registered manager told us they had enough staff to meet call demands but they were continually recruiting staff to offer more flexibility if needed. The registered manager told us that before any staff visited people, they received confirmation from the provider that the required recruitment checks had been completed to ensure they were suitable to work with people.

The provider's recruitment process included checks to ensure staff who worked for the service were of a

suitable character. The registered manager told us, they made sure staff had Disclosure and Barring Service (DBS) checks and references obtained before they started work. The DBS helps employers to recruit suitable staff by checking people's backgrounds and police records to prevent unsuitable people from working with people who use care services. Care staff confirmed they were not able to start working with people until all pre-employment checks had been received.

The registered manager told us they operated a 365 day, 7am to 10pm service. To help support staff, the provider had an out of hour's on-call system to support staff when the office was closed. Staff said there was always someone available if they had any concerns or worries and needed guidance.

Medicines were managed safely by trained and competent staff. Where possible people administered their own medicines, or had relatives that helped them with this. Some people were supported by care staff to take medicines. One person told us, "I have my medicines in a blister pack. Staff take them out and give them to me." Another person said they had regular injections and staff helped them with this. For people who had prescribed creams that staff applied, this was recorded in their care records and staff completed a medication administration record (MAR) to show this had been applied. The registered manager told us where people required support to take medicines, or people needed time critical medicines, visits to people were prioritised. Calls were planned around the times they needed to take their medicines so they always had at the specified times to manage their health conditions safely.

Staff received medication training and had a competency assessment completed before they supported people with their medicines. Staff recorded in people's records when medicines had been given and signed a medicine administration record (MAR) to confirm this. The registered manager said MARs were checked during spot checks on staff practice and checks were made monthly upon paperwork being returned. Two staff told us how they had queried the MAR from hospital because they thought it was incorrect when a person was discharged. Their actions ensured people received medicines safely.

Staff understood their responsibilities in relation to safe infection control practice. A relative said, "They wear gloves and aprons. They don't want to pass anything, just for health reasons." People said staff always made sure they kept their home clean and always disposed of their gloves and aprons in bins. Everyone who completed our inspection survey said, 'My care and support workers do all they can to prevent and control infection (for example, by using hand gels, gloves and aprons). One staff member said they took off their apron and folded it up into their gloves to further reduce the risk of cross contamination, before disposing of it in a bin. Discussions with care staff demonstrated they understood how to reduce the risk of infection and they said they had a regular supply of protective clothing and they knew when to apply it.

Where any incidents had occurred, procedures meant a root cause analysis was completed so the management could understand what had happened, why it had happened and how they could learn from these events. This would help prevent further similar examples from reoccurring. These reports were analysed by the provider so they could identify any patterns or trends across their other services.

Good

Is the service effective?

Our findings

A preassessment was completed at the start of the service so the registered manager knew what care people required and could ensure staff had the required skills to meet people's needs. People told us they had discussions with staff about what help they wanted that would enable them to regain their independence following discharge from hospital. A relative told us of an example where their family members medicines were not correct upon discharge and Reablement South's intervention meant this was quickly corrected without putting the person at any adverse risk, before care commenced.

People told us care staff knew what care and support they needed to meet their needs. Everyone told us they were independent and needed support to be able to do as much for themselves as they could. People said staff encouraged their independence and felt they had a shared goal in achieving the same outcomes. People and relatives felt staff had the right skills to fulfil their roles effectively because they were pleased with how they had progressed upon returning home, with their support.

Care staff told us they completed a range of training to make sure they had the right skills to meet the needs of people who used the service. Newly recruited staff undertook induction training when they first started to work for the service that was linked to the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. One staff member told us how they shadowed experienced staff to get to know the systems and the people they were going to care for. The registered manager was reviewing their training programme to reduce the dependence on e-learning to open up different methods of communicating learning to staff in different ways, such as face to face.

Staff told us they felt the training was good and they felt supported by the provider to increase their own professional development. Staff told us they also learnt from each other and working closely with other healthcare professionals, increased their own knowledge. The registered manager kept a record of staff training, the dates it was completed and when refresher training was due.

Staff told us they received regular supervision meetings to discuss their role, and had spot checks to make sure they put their learning into practice. Staff told us this was helpful and they found their meetings beneficial to share any learning, opportunities or feedback.

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

We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities under the MCA and told us people's capacity would be assessed by social services prior to their initial assessment with the service. Due to the nature of the short-term reablement service, everyone had the capacity to make their own decisions which was part of their agreeing to receiving

this support.

Care staff gained people's consent before they provided care and knew they should assume people had the capacity to make their own decisions. Staff understood the MCA and if people lacked capacity, what they would do. Staff told us they would ask people what they wanted, ask them differently or use different communication methods to help them understand, such as pictures or visual demonstration.

People told us staff asked for their permission before they did anything to help them. A relative explained that whenever support was provided, staff explained what they were going to do and what (relative) needed to do. They said, "More prompting…making (person) feel they can do these things."

We looked at how people's nutritional needs were managed. Most people we spoke with prepared their own food or had relatives who helped them do this. Where people required staff to assist them with meal preparation, this was recorded in their care plan. People who had assistance from staff to prepare their meals indicated they were satisfied with how this was provided. A team manager told us the provider had been involved in a pilot for hydration and the importance of encouraging people to drink enough fluids. Verbal reminders to people or the use of technology such as a flashing light' on a beaker or glass to remind people to drink, had made for positive results in prompting people to keep hydrated, especially during the recent hot weather. The team manager told us during the hot weather, they made regular checks with the met office to monitor the increase and duration of the hot spells. The team manager told us this had a positive effect in reducing the number of urine infections and meant people were less prone to falling as they kept hydrated.

People who used the service managed their own health care appointments or were supported by family to arrange these. A relative said the provider worked in partnership with other healthcare specialists to ensure equipment was in place when needed, which was especially important when people were discharged from hospital to home. One relative said the

A reablement officer said they had a good relationship with the hospital discharge teams so if anything was needed urgently, this could be dealt with before it became a problem. The provider's own team of health professionals helped support good care outcomes for people. Equipment needs once assessed, were ordered and delivered without delay. One relative said the occupational therapist had ordered equipment which was a far better standard than what they had been given. The better equipment meant their relative could do things for themselves more easier which helped them with their confidence to improve.

The registered manager told us they worked closely with other professionals including commissioners and brokerage teams who arranged placements, the discharge team at the hospital and their own care teams. The registered manager said they always had quick access to expertise and could request an 'urgent' assessment for equipment or support when needed.

Good

Is the service caring?

Our findings

People and relatives, we spoke with were complimentary of the staff who supported them. From our inspection surveys, 100% of people said the care staff were kind and considerate and always treated them with dignity and respect. Comments people told us during our telephone interviews were, "Tremendous support…professional help is great", "Brilliant, feel comfortable around them…they have a great sense of humour" and "I give them (staff) 10 out of 10."

People told us the service they received from staff was personalised to them and people valued the support they got from staff. Everyone told us they used Reablement South to regain their independence following a hospital discharge. It was clear from people's responses they were encouraged by staff to gain some independence. People had support from staff but most of the people said because of the support they had, they were reducing the number of calls because they were now able to do things themselves. One person said an occupational therapist had supported them to 'walk around the block' and as a result, was now more mobile.

It was evident staff were passionate about providing a quality service and they were committed to improving people's lives. Staff did this work, as one staff member explained, "To make a positive difference to people's lives."

Relatives recognised the staff's contribution. One relative said their family member had fallen and suffered a significant injury. They said, "A physio is helping to help (person) try the stairs. It's giving them confidence." They said staff visited in the evening which helped them know their family member was safe at the end of the day. They said of the service, "Very good, we are very happy." One relative shared with us how the support their family member received had impacted upon them. The said it was comforting for staff to ask how they were and if they had any worries. They said, "I am very grateful for what they done. A number of staff…they made you feel important rather than just a number."

People saw the same staff which helped them build trusting relationships. One person said when staff first visited them in their own home it felt strange but now it feels normal. People said communication was good, staff knew what to do because everything was written down and things became familiar. Staff said they had regular handovers and any new information or changes, was passed to them electronically so they had the information to hand to refer. Regular checks and reviews ensured the care remained focussed on supporting people and promoting independent living.

Individual support plans were electronic and directed staff in how to meet people's needs. These records were completed with people and their families' involvement. Regular reviews ensured staff continued to care for people in a way that worked with people and what they wanted to achieve.

Staff said they respected people's privacy and dignity. Staff said if people wanted to spend time on their own, that was fine and people were supported to do this. Staff said whenever people needed support with personal care, this was done discreetly behind closed doors. During our visit people had support from staff

with showering. One staff member said they made sure they took all people's personal toiletries and towels into the bathroom before supporting them with personal care, to limit the possibility of the person being left in a bathroom on their own. They told us they made sure doors were locked to prevent unwanted intrusion. One staff member said they provided personal care at the persons' side or slightly behind them because they felt the person would feel uncomfortable if they were directly in front of them with limited clothing on. This staff member said people had complimented them and in some cases, had asked for them to return.

People's confidential information was kept secure. This helped ensure people's confidentiality was maintained. Staff used electronic devices to access people's important and confidential information. The providers policies and procedures for securing people's data were strictly followed. Staff used a number of passwords and encryptions before they could access personal details and if a device was lost, the data could be destroyed remotely thereby reducing the risk.

Good

Is the service responsive?

Our findings

People told us the service they received was responsive to their needs. Most of the people we spoke with said they had reduced or cancelled some calls because their progress meant they were more able to things for themselves. One person described how they were approaching the end of their six-week package of care. They said following the support from staff, "I will be okay. I have stopped my afternoon visit." They said they had become used to less care calls before their package was due to end so had confidence they could care for themselves. Some people new to the service said they could and had, cancelled some or rearranged their care calls at short notice without any issues.

We reviewed two people's individual care review records. People and office staff confirmed a duplicate copy was held in the person's own home. All contained an assessment of needs and a care plan that included how any identified risks were to be managed. Plans were individual and provided care staff with important and up to date information about how people wanted to receive their care and support. There were instructions for staff about what to do on each visit. For example; what personal care people required and how staff should support people who required assistance or equipment to move around safely.

Care staff knew the needs and preferences of people they visited and told us they had time to read care plans in people's homes, or prior to visiting. Staff felt the information was sufficiently detailed to enable them to provide the right levels of support to help the person, but also to encourage and promote independency. Staff told us there was sufficient information in care plans to inform them what to do on each call and about any risks with people's care.

People had different expectations when it came to consistency of call times. Some people said they received their care calls around the same time each day, others said their calls could be anytime within a two-hour timeframe. Some people did understand that it was difficult to keep to a consistent time, especially with traffic issues or if the previous person required more staff time. One person told us their first call of the day was not always at the right time and this had an impact on other calls, which on occasions, meant there evening call was sometimes cancelled because they did not always want to go to bed at the times the staff arrived. The person said they had not raised this as a concern to the registered manager or staff team. However, they said they were pleased with the staff who supported them and they did stay for the required times.

People's concerns about call times were identified prior to our inspection visit. Survey responses from people recorded only 55% agreed staff arrived on time. We discussed people's comments with the registered manager during our office visit. They told us, as the service provided short term re-enablement it was a 'non-time specific' service. As the service had to be flexible to provide care and support to people being discharged from hospital at short notice, they were unable to allocate calls to people at the same time each day. People were allocated a time slot for their call to be delivered, but it could vary by around one hour or more of their preferred time. The reablement supervisor responsible for allocating visits to people confirmed that people who required a time specific call, for example, to attend planned appointment or who required time critical medicines, were prioritised to make sure times between calls supported people's

needs. They said this meant they could tailor their care calls in response to meet people's specific needs. The registered manager agreed to consider how messages about call times could be communicated to people and relatives more clearer so they could manage people's expectations.

People said care staff stayed long enough to do everything they needed to and in some cases, stayed over their allocated time. Staff told us this was not a problem as they often had flexibility to stay longer, without it affecting their next calls. One staff member said, "We allow time to enable them." Office staff said their monitoring would notice if calls consistently became longer and in some cases, care staff would say and plans would be arranged to complete a care review to determine if the current support times were sufficient. In some cases, additional or longer calls were arranged.

The provider's reviewing process kept people's care and support needs, and their progress to regain independence was kept under continuous review. Staff told us people's care plans were reviewed regularly as people's needs were constantly changing as they improved. Staff said they were notified of any changes to people's care by phone, their colleagues and alerts via their electronic care plan device.

The registered manager had not received any complaints. They explained the process to us and how they would manage a complaint via their policy. They said they would conduct a root cause analysis to see if there were any patterns or trends to complaints and to ensure similar complaints were not duplicated. No one we spoke with had raised a complaint, but they knew what action to take.

The Accessible Information Standard (AIS) is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. The registered manager told us no one using the service required information in other formats than written English, but information could be made available in other formats if people required this. Case studies shown to us by the provider on their PIR showed how they used different forms of communication to meet individual's needs. For example, one person could not communicate verbally. The staff worked with a learning disability team to introduce picture cards and an alphabet board, this allowed the person to express their emotions. They expressed to staff if they were happy, sad or; what they wanted to wear. For people who have a sensory loss such as hearing, the system records how best the person communicates. If people have other sensory or language difficulties, the use of an interpreter is considered and planned for.

The provider's focus and attention to the use of assistive technology to help support people's independence through a variety of aids, was extensive. People we spoke with mainly had equipment such as walking sticks, grab rails, raised toilet seats and walking frames. Staff showed us how electronic aids could remind us to keep hydrated. They showed us how some people were provided with a 'Handsteady'. This was a cup specifically designed for people with excessive movement so they could limit spillages, but still be able to drink for themselves. Staff used electronic tablets to record on, refer to and to show people how equipment could help them, what it looked like and how it could look in their home. This meant people had knowledge of what could be used to help them before costs or unnecessary work to adapt their premises was undertaken.

Good

Is the service well-led?

Our findings

People and relatives were complimentary about the service, how it was managed and how accessible and supportive the staff team were. People told us they were pleased with their support and the staff who provided their care. Survey results from people also showed they were pleased with the service. We asked, Is the service well managed? Does the service try hard to continually improve?, The care manager and staff - are they accessible? For each of these questions, 100% responded positively.

People told us they could to contact the office if they needed to and felt comfortable making any suggestions to staff. People had no hesitation contacting the office and were in regular contact with staff other than those that delivered their care when they came to review their care needs, such as an occupational therapist or reablement supervisor.

Staff said the service was well managed by a management team that was open, honest and accessible. It was clear from speaking with staff, they enjoyed working at the service and supporting each other, as well as those in their care. The shared philosophy of supporting people to maintain and increase their own independence was clear. Staff said communication was clear and concise which helped things run smoothly and ensured co-ordinated care was given. One staff member told us, "It is a privilege to see how the service has grown…so proud."

Staff felt supported with their induction, training, supervisions and observed practices. Staff had meetings that provided opportunities to share knowledge, concerns and feedback. Staff said these meetings were positive and focussed on driving improvements to improve people's care.

The provider met their regulatory responsibilities. There was a registered manager in post who understood their responsibilities and the requirements of their registration. 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. Prior to this inspection, the provider completed their Provider Information Return (PIR) when requested. What they described was what we found during our visit.

The management team told us they worked well together. There was communication with their other service located in North Warwickshire. Support, guidance and good practice was shared between management and staff. These resources could be accessed and shared to support each other and to ensure people continued to receive a service in the event of an issue that could affect the delivery of care. This was part of their business continuity plan to provide cover outside of work hours or in an emergency, for example a loss of telephones or poor weather conditions that could hinder staff's travel.

There were procedures to monitor the effectiveness and quality of the service. The provider and registered manager undertook regular checks to ensure quality was maintained. This included monthly audits by the provider which looked at different aspects of the service. Any action points were addressed with an

improvement plan that the registered manager and provider monitored.

Records from people's homes were returned regularly to the office for checking. For example, medicines administration records (MARs) and daily records to confirm people received their medicines as prescribed and care calls. This meant any potential errors could be identified more quickly and action taken to minimise any potential concern.

The team manager told us they were reviewing all their current audit practices to ensure they continually developed and strived for good outcomes for people. The registered manager and other staff who assessed people told us they explained the nature of the short-term service to people at their initial assessment. However, they recognised the feedback we gave them regarding care call times and they agreed to consider how they could improve the communication of call timings. They saw this as a learning opportunity to increase awareness and better manage expectations of care. The registered manager told us they used a customer feedback application and this had already identified more consistent care calls and set times was what people wanted.

The provider was proactive in supporting pilot schemes that promoted good outcomes. The provider had recently been involved in a hydration pilot and as a result had reduced the number of urine infections and falls for those people in their care.

The provider was taking part in a dementia pilot starting in September 2018 and was looking to see how assistive technology could help those living with dementia. Learning from this pilot would be shared with staff so they could provide and share best practice techniques to support people living with dementia. Although no one at the time of our inspection visit had dementia, they recognised people requiring their services in the near future may have a cognitive impairment. The registered manager said this would open up their service to the wider community. Utilising the technological advancements in dementia care would help to screen people living with dementia in to the programme, rather than excluding them.