Manchester City Council - Adult Directorate

Central Reablement Service & Home Pathway

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 12, 13 and 18 July 2016 and the first day was unannounced. The Central Reablement Service and Home Pathway provides a range of services to people in their own homes including personal care. This is a short term service aimed at maximising people's independence for the time they receive support, usually for a period of six weeks. At the time of our inspection 53 people were receiving a service.

There was 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.

People who used the service told us they felt safe with the staff and the care they were provided with. Staff had a good understanding of possible indicators of abuse and told us action they would take should they become aware of any concerns. Appropriate recruitment procedures were in place.

We saw that the provider had generic risk assessments in place but they had not appropriately identified possible risks in relation to specific issues for individuals using the service. Care workers were not provided with guidance on how to reduce these risks and staff were administering medicines when this was not yet company policy.

There were policies and procedures in place in relation to the Mental Capacity Act 2005. Staff had received training on the Mental Capacity Act (2005), and staff were able to describe how they supported people in a way which followed the principles of this legislation.

We found people were cared for, or supported by, appropriately trained staff. People told us that the majority of staff were caring, although one person had felt rushed by a member of staff. Staff always stayed the agreed length of time.

People had been involved in planning their care. Care plans were basic and did not contain people's preferences but most people were able to tell staff on a daily basis of how they wanted their care delivered. There were systems in place for staff to feedback any concerns or changes in care needs to the registered manager.

People told us they received the support they needed with meals, healthcare and personal care. Some people were supported by regular staff who had got to know them well. People who used the service told us visit times did not always suit their needs. People were not always able to change their times of support and gave us examples of when the service had not been flexible when providing support, for example in providing showers.

Staff told us they felt supported in their role and were able to seek advice at any time of the day. There was a team leader on site in the office until 10pm during weekdays. Staff we spoke with told us they received supervisions in the form of job consultations. Staff meetings took place on a regular basis and were well attended by staff. The welfare of staff was important to the service and staff spoke highly of the support available to them.

People and their relatives were aware of how to raise concerns or complaints. We saw that the service addressed complaints direct with care staff if this was necessary. One person told us communication from the service could be improved.

People and their relatives were happy with how the service was managed. The service did not always have robust systems in place to monitor the quality and safety of the service. Quality monitoring systems had not identified where improvements were needed. There had been no observations of staff practice for some time.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the management of medicines, risk assessments, person-centred care and the quality monitoring of the service. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments specific to individuals were not always completed. Staff did not have access to clear and specific guidance as to how they should manage people's risks.

Staff were administering medicines on occasions. This was not always appropriately recorded. Information relating to people's medicines was not logged in the care plan.

People told us they felt safe and well looked after. People were supported by sufficient numbers of staff who were aware of safeguarding practice and when to report any concerns.

Is the service effective?

Good

The service was effective.

Staff training and supervision equipped staff with the knowledge and skills to meet people's needs. Staff felt well trained and competent.

People had their dietary and hydration needs met safely and these were appropriately documented within care plans.

We found that people were receiving appropriate support with their healthcare needs.

Is the service caring?

Requires Improvement

The service was not always caring.

People and their relatives were happy with the care they received but on occasions people felt rushed.

Written care plans lacked detail of people's preferences for care and care plans were task orientated.

The service offered gender specific care and support..

The service promoted privacy, dignity and independence well.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service was not fully flexible to people's needs. Requested changes to support could not always be accommodated.

People had the opportunity to raise concerns or complaints about the service. Complaints involving care workers were addressed by the service.

People's needs were assessed before they began to use the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

The systems for monitoring the quality and safety of the service provided were not consistently robust.

People and their relatives were happy with how the service was managed.

Staff told us they felt supported in their role.

Feedback was gathered from people but only after they stopped receiving a service.

Central Reablement Service & Home Pathway

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 inspection took place on the 12, 13 and 18 July 2016 and the first day of inspection was unannounced. The inspection team consisted of one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any incidents which put people at risk of harm. We refer to these as notifications. A notification is information about important events which the service is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, the notifications that the provider had sent us and any other information we had about the service. We used this information to help us plan the inspection.

We contacted commissioners of care and Healthwatch for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We visited the provider's office on two occasions where we spoke with the registered manager, two team leaders, and an assistant practitioner. We spent some time looking at documents and records related to

people's care and support and the management of the service. We sampled records from training plans, staff meetings and quality assurance records to see how the provider assessed and monitored the quality and safety of the service. We reviewed the provider's recruitment process and looked at six staff files. These were sent to us electronically as personnel files were not stored on site.

At the time of this inspection there were 53 people receiving reablement care and support from the service. As part of the inspection we visited seven people in their own homes who were receiving support, spoke with two relatives and five staff members for their views of the service. We observed staff supporting people during our visits to their homes, for example prompting medicines and with the provision of meals, and looked at paperwork relating to their care after obtaining the individual's permission.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe whilst receiving support from staff. One person commented, "I do feel safe. They don't rush me." Another commented, "Yes I feel safe. They do whatever's needed to make me feel safe."

Not everyone required the same levels of reablement support. Reablement support is an interim service for approximately six weeks to help maximise a person's independence following a temporary change in need, for example a hospital stay or a short-term illness. One person we spoke with told us they felt no longer needed the service after four weeks but care staff were still attending so that the person received support for the full six week period.

Another person we spoke with had been with the reablement service since April but did not feel safe when receiving support. They did not consider the duration of the visit to be long enough given the level of care they needed. In their opinion they warranted support on a permanent basis from an alternative home care provider and were no longer suitable for the reablement service. The person and other family members were not clear about the next steps and did not feel they had been kept informed by the service.

We gathered information about how the service managed risks to people. Before receiving support from the service, assessments were carried out to determine if they were able to meet the persons care needs safely. This ensured that the service only provided support to people whom they were able to meet their needs.

We looked at the care folders for five people and saw each person had an environmental risk assessment document on file. This assessment covered common risks posed by the person's home environment; for example any obstructions in the home, carpets and flooring likely to be a slip or trip hazard and smoking. We also saw completed moving and handling risk assessments.

We saw examples of risk that had been identified in assessments and were noted within care plans that were specific to individuals. Detailed risk assessments however, had not been carried out and guidance for care workers on how to reduce these risks had not been provided.

For example, one assessment we saw indicated that an individual was at risk of falls, however there was nothing contained within the care plan to instruct staff how to manage and minimise the risk of falls. Another person required oxygen on a permanent basis. We saw no mention of oxygen on the care plan and no risk assessment with regards to the risk the storage and use of oxygen posed to the person and visiting care workers. This meant that care workers were not aware of any increased risk in relation to the person's specific support needs and how to reduce these risks.

The failure to assess and respond to the risks posed to people is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told initially that staff only prompted people to take their medicines and the current medication policy reflected this. People we visited told us they, or their next-of-kin, were mostly responsible for their

medications, but care workers would sometimes support them with this. On speaking with staff their practice indicated that some support packages involved administering medicines. One care worker told us that people sometimes needed additional help with medicines because they found them physically difficult to handle, dropped them or lost them and therefore possibly missed medicines.

The provider had recognised this and staff had attended Medicines Administration Level 2 training in November 2015 on how to support people with their medicines. A revised medicines policy was in draft format awaiting approval. This revised policy included staff administering medicines, eye and eardrops and the application of ointments, creams and lotions.

We saw that when staff were supporting with medicines they were documenting this in daily notes however, care records did not always contain up to date information about the medicines people were taking. One person who was receiving support with their medicine did not have any detail in their care plan of the medicines they were taking. Following the inspection the registered manager provided us a copy of the new, ratified medicines policy with assurances that this would be adopted and staff would be authorised to administer medicines.

The above demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the staff we spoke with told us that they had received safeguarding training and the training matrix we saw confirmed staff had completed safeguarding vulnerable adults training. Staff we spoke with could recognise the different types of abuse people were at risk of and told us of actions they would take to report any concerns they may have. The provider had a safeguarding policy in place and the registered manager had systems in place to report any safeguarding concerns to the local authority. This demonstrated there were safeguarding processes in place to keep people protected.

We saw there was a process in place to report any concerns regarding people's medicines. We found the service had documented that care workers had alerted a person's GP and contacted the NHS helpline for advice following an occasion where medicines had been missed and another occasion where too many medicines had been taken. They also informed the office and reported back to the assessors.

We saw systems in place to record accidents and incidents. These were electronically stored on the council's Quality Assurance system. We saw an accident form and an investigation report had been uploaded to the system following a person slipping at home. Staff had taken appropriate action and called paramedics to ensure the person's safety.

The registered manager told us there had been one missed call in the service. The care worker involved had been spoken to formally and records we looked at showed evidence of this. This meant the service was providing the care and support needed and taking appropriate action with staff when necessary.

We reviewed the processes in place for staff recruitment. The reablement service was a local authority service and the turnover of staff was low. The registered manager told us one person had retired in 2015 and had not been replaced. The provider had employed four apprentices five years previously. Three had gained permanent employment following their apprenticeship scheme and were still employed by the service.

Some staff had been redeployed from other departments within the local authority. We saw that these people had been employed in similar caring roles, for example within children's services or home care, and had transferrable skills. All recruitment was managed and handled centrally and new staff, when appointed,

were subject to the council's recruitment and selection criteria. As in line with council policy the compliance team renewed staff's Disclosure and Barring Service (DBS) clearance every three years. DBS checks are used to identify whether staff have any convictions or cautions which may prevent them from working with vulnerable people. The service had been sent a spreadsheet containing issue dates and DBS numbers for all staff and we were confident that staff employed were suitable to work with vulnerable people.

There were procedures for staff to follow should an emergency arise, for example if they couldn't gain access on arrival or if there was deterioration in a person's health. Care workers were aware of what to do in case of emergencies. The service had a on call procedure in place, which meant staff could contact the responsible person if they had any concerns. One person we spoke with told us of the time they had gone out at lunch time with family members and had forgotten to cancel the support visit scheduled for tea time. As the carer could not gain access they had alerted the office who had contacted the family member to question where the person was. This highlighted that the service took action to verify that people were safe if they had not cancelled the support visit.

Good

Is the service effective?

Our findings

People we spoke with said staff knew how to care for them and had the right skills and abilities to do their jobs. One person said, "Yes, they're very good at looking after you." Another person told us about their particular carer, "Yes, she has the right skills. She's on the ball."

In the Provider Information Return (PIR) the provider told us that staff had received training in safeguarding, the Mental Capacity Act and the Care Act, including practical training in moving and handling, medication and infection control.

Staff we spoke with confirmed this and told us they had access to e-learning modules and some were completing National Vocational Qualifications (NVQ's). This was evidenced at the time of inspection. One staff member told us, "I feel well trained and [I am] able to do the job." Staff we spoke with were keen to start administering medicines as they had already received the training. One staff member commented, "At the moment we're not supposed to [administer]," and another staff member added, "Things will change for the better when we are."

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with said they had supervisions, referred to as job consultations, and records we saw confirmed this. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. A member of staff confirmed the content of job consultations. They told us, "[They ask us] how we are doing; if we have any concerns and talk generally about the job. I can also mention holidays I want to take."

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and we spoke with staff to ascertain their understanding of the MCA and DoLS.

Staff had received training on the MCA and Deprivation of Liberty Safeguards via an on line e-learning package. Knowledge about the legislation was basic but staff were able to outline the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. Staff told us that they weren't involved in capacity assessments as these were done prior to the service commencing. They recognised the importance of early diagnosis with regards to dementia and told us if

they were concerned in any way about the capacity of the people they supported they would speak to the registered manager.

Staff also recognised the importance of offering choice to the people they were supporting. One staff member told us, "I let them make their own decisions. It means a lot to them." Another said, "I always say to people, "It's your home – it's your choice.""

People we spoke with told us that staff offered them choices in their care and support. Comments from the people we spoke with included, "They do ask me [what I want for breakfast] but I always choose Weetabix," and another person told us, "Yes I am given choices. I choose not to have personal care – I can manage."

We found that most people had their dietary and hydration needs met safely. Staff were only responsible for providing support with dietary requirements to a small number of people as relatives of people currently using the service usually took on this responsibility. In the instances when the care staff were providing support, relatives were responsible for providing sufficient food for their family member.

We saw there was some information recorded in people's care plans about the support they required to meet their dietary needs. One person's care plan detailed that they were on thickened fluids following an assessment by Speech and Language team (SALT). The care plan also noted a normal diet but to avoid very hard, chewy foods. The information documented in the care plan indicated the person was likely to receive appropriate dietary support. The person confirmed that care staff acknowledged the care plan and prepared mainly soups and sandwiches with soft fillings.

We looked at the support people received with their healthcare needs. We found that either the individuals themselves or their family members were usually responsible for arranging routine healthcare appointments. However, both the people being supported and staff told us that care workers referred people to relevant healthcare professionals to seek advice if they had concerns about a change in a person's needs.

Staff we spoke with were aware of their responsibility to report changes in a person's health and one staff member told us, "I also use my initiative. If I suspect someone has a urine infection I'll deal with it myself." They went on to tell us they would contact the GP, take a urine sample for testing and ask the chemist to deliver any prescribed medicines. People were receiving appropriate support with their healthcare needs.

Requires Improvement

Is the service caring?

Our findings

People we spoke with were complimentary about the caring attitude of the staff. One person told us, "Yes they are very good for me. Very respectful.." Another person told us, "I am happy. They watch me. Make sure I'm doing it right, " and a third person said, "They're all pretty good."

One person we spoke with had had a mixed experience with the service. The first care worker that was assigned had told them to hurry up, indicated she was very busy and had left the person struggling to get dressed. Family members contacted the office and requested that the carer did not visit again. The second care worker had been different, more patient and had told the person not to rush. When we asked the person if they were now happy with the service they told us, "Yes I'm happy with the service."

Staff we spoke with told us they enjoyed supporting people and getting to know people for the relatively short period of time they provided support. One staff member told us, "We offer a really good service. We respect the people we go into," whilst another staff member commented, "We are supporting people to stay at home – it's what they want."

We saw that care plans had been developed with the person and their relatives. In the Provider Information Return (PIR) the provider told us, "We try wherever possible to limit the number of staff who support customers to 4 people." People told us that for most of the time they got support from consistent staff. People were able to state the gender of carer who supported them. One person we spoke with confirmed they had been offered a male carer but had expressed no particular preference during the assessment. They were happy with their current care workers.

In the care plans we looked at, we found there was little information available about the persons life history. Written care plans lacked detail of people's preferences for care and the care plans were task orientated, providing details about the tasks to be completed, with little reference to individual requirements. One person we spoke with preferred to be called by their second name. This was not made clear on the care plan. Despite the care plans appearing task focused, people using the service were able to communicate their individual needs and staff confirmed they got to know each person by listening and talking to them.

In the PIR the provider told us; "Dignity in care and promoting independence are promoted throughout the service." People told us they were treated with dignity and respect whilst receiving care. One person we spoke with described staff as being 'caring and compassionate'. Whilst visiting a person in their home we heard a member of staff knock on the front door and announce their arrival when gaining access with a key from the key safe. They greeted the person warmly and the person responded. We observed the staff member undertaking their duties with warmth whilst keeping a professional approach. The person had been having problems in sorting out medicines with their local GP following a stay in hospital. The care worker made a telephone call to the surgery, sorted the problem and arranged delivery of the medicines for later that day.

Staff we spoke with gave us examples of what they did in the caring role to maintain people's dignity. One

staff member told us, "I always knock." Staff also told us about closing curtains and doors before providing personal care and making sure people were covered up as much as possible whilst personal care was provided. All the people we spoke with felt the care staff worked at a pace to suit their individual needs. We were assured that staff had a good understanding of maintaining dignity and how this was embedded within their practice and interactions with people.

People we spoke with were positive when asked if the service promoted their independence. Staff were passionate about their role in enabling people to become as independent as possible in the time they accessed the service. One staff member summed up the service and said," That's our aim – to make someone independent." Another added, "Some people want us to do everything for them. I always tell them I'm here to support you becoming independent." This was confirmed by what a person using the service told us. "They used to make my breakfast. Now they watch me [do it]; make sure I'm safe." This highlighted to us the caring attitude of staff wanting to promote independence and encourage people.

A member of staff told us about a person who had previously used the service who had been lonely. They had signposted the person to a local day centre to improve their social life and this had changed the person's life for the better. People were also provided with information about a local befriending service. Befrienders are often fully trained volunteers that visit older people to chat, undertake a mutually enjoyable activity together or just access the community together. This demonstrated that the service recognised when a person might be socially isolated and took steps to remedy this.

As part of our inspection we visited the offices of the Central Reablement Service and Home Pathway. We found that electronic and paper documents were stored securely and the appropriate checks were in place to ensure that confidentiality was maintained for the people using the service.

Requires Improvement

Is the service responsive?

Our findings

Records showed people had their needs assessed before they began using the service with an integrated assessment. This ensured the service was able to meet the needs of people they were planning to provide a service to. The information was then used to complete a care and support plan which provided staff with the information to deliver appropriate care.

People told us they were supported by sufficient staff and that there was continuity of care. One person said, "[We get] the same faces. They let you know if it changes." Not all of the people we spoke with (who used the service) said their visit times suited their needs but staff were on time and always stayed the agreed length of time. If calls were sometimes late one person told us they were notified of this by a call from the office or care worker.

Care plans identified the care and support people needed to ensure their safety. We looked at care plans kept in the office and also those in people's properties. Care plans mapped out what was expected of carers at each visit and included aspects of care in relation to mobility; continence care; medication; eating and drinking. Care plans we looked at were predominantly task orientated, with some generic risks highlighted. Staff we spoke with referred to care plans as 'basic' with little or no history about the person. One member of staff told us that someone's religious beliefs were not noted on file and said, "It would be handy to have it in the care plan."

The registered manager told us that care reviews took place at regular intervals in the form of progress reports to make sure that the person was benefitting from the reablement service. Progress reports were undertaken by reablement support staff on a weekly basis and reflected the levels of independence a person was judged to have at that time. The reviews looked at a number of factors, for example mobility, personal care, eating and drinking and community involvement. There was also the option to adjust the support plan based on the review. At the end of four weeks with the reablement service, the assessor would recommend if the person would require long term support with their care needs.

We spoke to one person who had told the provider that the tea call and evening call were not convenient. Both were being done too early. As the service had not been able to accommodate alternative times the person had cancelled the calls. A relative was providing support at tea time we were told. Another person had requested assistance with a bath but a carer had said this wasn't possible as the care plan stipulated a strip wash. The conversation had been documented in the daily notes and the care worker had stated, "I will mention to manager that [person's name] would also like a bath." We visited over three weeks later and the person had still not received a bath, although they had been supported to wash their hair.

Similarly a third person told us about their request for assistance with a shower. The original care plan said a strip wash and initially the person was refused help with a shower. We saw that a shower had been added to the care plan but no frequency was stipulated. A carer had suggested that this should happen every other day but the person and other family members were adamant that this should be daily, as this was part of the person's normal routine. At the time of our visit they were receiving assistance with a daily shower. The

above examples indicated to us that requested changes were not always implemented and the service was not fully flexible to people's individual needs.

This failure to meet people's needs and their preferences for care demonstrated a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to ensure staff could report any changes to people's care needs. We were provided with examples of when the service had responded to requests from people who used the service. For example one person had rung to say that an 8.15pm call was too early whilst another person considered 9.15pm too late. With the agreement of both people concerned the service swapped the calls around, as this better suited both parties.

Staff we spoke with were aware of the importance of sharing information about the person they were supporting with the registered manager of the service who would then ensure all staff supporting the person were made aware of this information.

People told us they knew how to raise any concerns or complaints they may have about the service. Most people we spoke with told us if they had any concerns they would speak to their care workers and felt they would be taken seriously and referred to the appropriate person. People were given a copy of the complaints procedure when they first started to use the service which detailed who they needed to contact if needed.

We looked at the complaints policy and records of complaints. We saw there was a system in place to make sure any concerns or complaints were recorded together with the action taken to resolve them and the outcome. We saw how the provider had responded to a complaint about a care worker made by a customer earlier and actions they had taken in addressing it with the care worker. Following the initial complaint a manager had attended the community and checked on the care worker. The following day a supervision session took place and the complaint was discussed with the care worker. We saw that additional support was offered to the care worker as a result of the supervision and this demonstrated that there was an open culture around raising and dealing with concerns.

Requires Improvement

Is the service well-led?

Our findings

People told us that they were happy on the whole with how the service was managed. However, one person told us, "Communication hasn't been that good. The carer's don't know what's going on."

People told us that they had not been asked their views about the service but they reported that they had no complaints. People and their relatives that we spoke to knew who the manager of the service was and knew who to contact if they had a problem.

The registered manager received support from team leaders within the staff team, other health colleagues and their line manager. The registered manager understood their responsibility to inform the Care Quality Commission of specific events that occurred in the service and understood what recent changes in regulations meant for the service.

We looked at systems the service had to monitor the quality and safety of the service. Some aspects of the provider's quality monitoring systems were not effective in identifying issues. We found that the monitoring systems in place were not robust and had failed to identify that care records did not always contain sufficient information about how to support people, for example around risk.

Staff told us there were no checks carried out to monitor and observe staff practice in a person's home and some staff were administering medicines but not recording on MAR charts. The registered manager was aware that observations of staff had slipped due to long term absences within the management team.

Staff we spoke with confirmed that no checks on working practices had been undertaken for some time. A member of staff told us, "I can't remember any manager visiting [properties] to watch me work."

We saw no evidence of feedback gathered from people whilst using the service other than progress review assessments, which concentrated on an individual's abilities, goals and levels of support required.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they felt well supported in their role. Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. Staff told us they had team meetings where they were encouraged to put forward their opinions and felt they were valued team members. One person told us, "Yes staff meetings are happening." Another told us that the pending changes to the administration of medicines were discussed at the last staff meeting. They expected the new policy and refresher training 'pretty soon.' Records we saw confirmed this. Staff were kept informed about the future integration with health services and we saw examples of joint working during the inspection.

The service was extremely supportive of staff and their welfare. Staff were supported during periods of

sickness and were offered a phased return to work following long term absences. Team leaders carried out 'well being' checks on staff twice a day, those on early and late shifts and verified individual rotas. The service operated until 10 pm each evening and a team leader was based in the office until this time, offering support to care staff undertaking visits. To prevent lone working and minimise risks to the team leader other reablement team leaders from the north and south services were also based there during the evening.

There was a team work approach within the service and that was apparent from talking to staff and the registered manager. Staff we spoke with talked highly of their colleagues and line managers. One staff member told us, "People muck in. I don't mind helping out." Staff didn't feel overworked or rushed in their work and told us they were encouraged to spend time with people. Another staff member told us, "If it gets too much I will say. Management listen to you. They are usually really good."

Feedback from people was gathered on a monthly basis after they had stopped receiving a service. We saw feedback results from April, May and June. Some people declined to participate in providing feedback for the service but feedback on the whole was positive. In April there had been 13 replies from people who had left the service. One question posed to people was, 'Did you feel safely supported?' All had responded that they had felt safely supported by all staff. People had also been asked to rate the overall service. Eight had scored the service as excellent, three had chosen good and two considered the service had been satisfactory.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Requested changes to support packages were not always implemented and the service was not fully flexible to people's individual needs.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Examples of risk had been identified in assessments and were noted within care plans but detailed risk assessments had not been carried out and guidance for care workers on how to reduce these risks had not been provided. Company policy at the time of inspection was that staff should prompt people with medicines only but some support packages involved administering medicines. Care plans lacked detail about people's medicines and there were no proper recording mechanisms in place.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Some aspects of the provider's quality monitoring systems were not effective in identifying issues. There were no checks carried out to monitor and observe staff practice in a

person's home and some staff were administering medicines but not appropriately recording on MAR charts.