

## Southampton City Council

# Urgent Response Service

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place between 28 June and 23 July 2018. We carried out two announced visits to the provider's office on 28 June and 4 July 2018 and carried out telephone calls to people on 29 June, 7 and 23 July 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults.

The Urgent Response Service is the local authority's rehabilitation and reablement service. It is registered to provide personal care for adults, and supports people in their own homes for up to a six-week period. The number of people using the service fluctuates, but at the time of inspection there were 131 people using the service. The aim of the service is to give people the opportunity to relearn or regain some of the skills for daily living that may have been lost because of illness, accident or disability.

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

The provider had a proven track record of producing outstanding outcomes for people. This included helping to reduce failed hospital discharges or avoidable hospital admissions and providing care in people's homes to avoid the need for residential placements.

Many people started working with the service with a high level of care needs around their daily living skills. The provider worked with people in a highly focussed way to build people's skills and reduce their need for ongoing care. At the end of their commissioned six weeks of care, people's care needs were reviewed with most people requiring significantly less or in some cases no ongoing care at all.

People were placed at the heart of The Urgent Response Service. The registered manager and staff were passionate in their drive to help people regain their skills after illness or injury. There was a conviction and clarity about how these outcomes would be achieved and how obstacles and challenges could be overcome.

Staff had received a wide range of training in their role. Where people had specific needs, the registered manager ensured staff had the training, support and guidance to meet these needs.

There was a culture of embracing learning and development within the service. Many staff had taken on additional training or qualifications to become 'champions' in key areas in their role. This increased the overall skills of the staff team which complemented the delivery of high quality care.

Staff were involved in the development of the service. The registered manager kept them involved and informed about how the service was performing, which gave them focus and drive on making improvements and the confidence to reflect on their own working performance and behaviours.

The registered manager monitored the service's performance against a set of key performance indicators, which focussed on achieving positive outcomes for people. The provider had regularly met or exceeded these targets, which was reflected in the overwhelming amount of cases where people's quality of life had improved because of the care provided.

The provider worked in partnership with people, healthcare professionals and social workers to optimise the effectiveness of care. Through these partnerships, people's needs were thoroughly assessed and care plans were pinpointed to identify the key areas where people required support. The provider could draw on a range of expertise and resources meaning that changes to people's wellbeing were responded to promptly.

The provider had achieved outstanding results in referring people to assistive technology, which helped them carry out everyday tasks they would otherwise struggle with. This promoted their recovery and helped them gain regain their independence and daily living skills.

The provider had established an overnight service, which helped people avoid residential stays after periods of illness or injury. By providing care to meet people's overnight needs, this gave them the opportunity to stay in the comfort of their own homes by avoiding the need for residential care placements.

The provider ensured there were sustainable support structures in place when people left the service. This involved ensuring people had appropriate care, equipment and health input. This input helped to ensure that the care the service provided had a lasting and meaningful impact on people's health and wellbeing.

The provider demonstrated a commitment to making continuous improvements and sharing best practice with its peers. The registered manager used a wide range of feedback to identify strengths and areas where improvements could be made. Where changes were made, these had a tangible benefit to the efficient running of the service.

Where incidents took place or errors occurred, the registered manager took the opportunity to reflect on working practices to implement learning. The registered manager ensured that learning was shared and embedded throughout the staff team, which helped ensure that changes were embedded and sustained.

People who used the service had a wide range of needs which required the service to be organised, flexible and quick thinking. People's needs changed quickly which required the skill and dedication of staff to ensure that care was adjusted accordingly to meet these changing needs.

There was a robust and well organised management structure in place which ensured the service was dependable and reliable. People had consistency in the staff team they worked with and were given the choice of preferred staff. There were sufficient numbers of staff in place who had their skills, background and character assessed during the provider's recruitment process

There were systems in place to assess and mitigate risks to people's health and wellbeing. Risks associated with the spread of infection were well managed and staff had received training in this area. Where people required support with eating and drinking, this information clearly identified in people's care plans to ensure they received appropriate support.

Staff had received training in end of life care in line with a nationally recognised approach to providing effective and empathic care to people in their last days. One senior member of staff had also spend additional time working alongside a local palliative care team to promote effective working relationships between the two services.

People were treated with dignity and respect. Staff had attended training in equality and diversity. The registered manager made provision for the diverse needs of people who used the service.

People were involved in planning and reviewing their care. They were in control of identifying what they needed help with and how this could best be achieved. Staff understood their role was to help enable people to do things on their own and were not overbearing in their approach

There were systems in place to ensure that complaints and concerns were handled appropriately. The registered manager welcomed feedback and ensure that people's concerns were taken seriously.

There were systems in place to protect people from the risks of abuse and harm. The registered manager had taken appropriate measures to ensure people were safe when concerns were raised.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service has improved to outstanding.	<b>Outstanding</b> ☆
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service has improved to outstanding.	<b>Outstanding</b> ☆

# Urgent Response 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.

We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert in this inspection had relatives who had received domiciliary care services from a provider

Inspection site visit activity started on 28 June and ended on 23 July 2018. It included visiting the office where the service was managed from, speaking to people via telephone to gain their views on the care provided and speaking with social workers with experience of working with the service.

We visited the office location on 28 June and 4 July 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. 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 spoke with eighteen people or relatives who used the service. We also spoke with the registered manager, the deputy manager and three members of staff. After the inspection we spoke to two social workers.

We looked at the care plans and associated records of three people. We reviewed other records, including the provider's policies and procedures, incident reports, staff training records, staff rotas and quality

assurance questionnaires and audits relating to the quality and safety of the service.

The service was last inspected in February 2016 and was rated good.

## Is the service safe?

### Our findings

People felt safe receiving care from The Urgent Response Service. One person said, "I am happy, they [the provider] have been reliable and punctual."

There were systems in place to help ensure people were safe from abuse and harm. All staff had received training in safeguarding. This detailed the different types of abuse and appropriate actions to take in these circumstances to help keep people safe. The registered manager monitored any alerts or concerns they received from people, relatives or staff and took appropriate action in contacting local safeguarding teams to put actions in place to ensure that people were protected from harm.

There were sufficient numbers of suitably qualified staff in place to meet people's needs. People told us they received their visits at agreed times and that their staff teams were consistent. One person told us, "I have had no problems with visit times or staffing whatsoever." The rostering of care visits was assigned to coordinators who scheduled times according to people's needs and preferences. The registered manager had a clear oversight of staffing capacity and ensured that the service only took on the care of new people if they had sufficient staff to meet their needs.

The registered manager oversaw the recruitment of new staff by carrying out a series of recruitment checks into candidates' work history, qualifications and character. This helped them ensure that they only employed staff who were suitable for the role.

There were systems in place to protect people from the risk of infections spreading. All staff had received training in infection control and were provided with personal protective equipment such as gloves and aprons to use whilst supporting people with their personal care.

The provider understood the risks and concerns people had about meeting new people when receiving care services. The registered manager had introduced a system where coordinators would show pictures of staff to people before the commencement of care services. This meant that people did not have to worry about unknown faces knocking at their door as they were already familiar with staff's appearance.

Risks associated with people's health and wellbeing were assessed, monitored and mitigated. Where people had specific health needs such as diabetes, risks associated with this condition were documented in their care plans. The provider's computer based rota scheduling system had the facility to identify the key training and skills which staff required to work with people. For example, this meant that only staff who had received training in diabetes could be allocated to work with a person with this condition. This mitigated the risk that staff would not have the skills to work safely with people.

There were safe systems to help people manage their medicines. The level of support people required in this area was documented in their care plans. Staff recorded medicines support using a medicines administration record to help ensure an accurate record of people's medicines was kept. As some people became more independent, the level of support required from staff decreased. In these cases, decisions

about appropriate levels of support were agreed between people, health professionals and the provider. This helped to ensure that people received the support they required to manage their medicines.

The registered manager reviewed all documentation relating to incidents that occurred to look for actions that could be implemented to reduce the likelihood of reoccurrence. Learning from incidents was shared with staff through meetings, supervisions and memos. The registered manager encouraged staff to reflect on their working practice to encourage improvement and learning in their role.

## Is the service effective?

### Our findings

People and relatives, we spoke to were unanimous in their feedback that the provider gave them outstandingly effective care. One relative told us, "They [the provider] have done an absolutely brilliant job with my wife, they've got my wife back to her old self." One person said, "A first class service, couldn't fault them. They were well behind me when I really needed them at first, but now I don't need them as much now that I've got my confidence back." A second person reflected, "I'm amazed and truly thankful for them [the provider]. They went through it with me every step of the way. As I got better they reduced the care visits as I didn't need them, but I always felt they understood exactly what I needed and when I needed it. I would have had to go into a residential home if it wasn't for them."

The provider had an outstanding track record of providing positive outcomes for people, promoting their independence and reducing their need for ongoing care services. In 2017, 1241 people used the service for a period after a hospital discharge. Of these people, 55% left the service with no ongoing care needs. People and relatives, we spoke to were unanimous in their feedback that the provider gave them outstandingly effective care.

The provider had established outstanding links to local health and social care services to help provide excellent healthcare outcomes for people. They had a highly effective partnership with local hospitals when planning and coordinating successful hospital discharges by providing temporary packages of care to people in their own homes. The provider was extremely efficient in providing assessments to people in hospital which resulted in assessments and care packages being in place at time of discharge. The provider kept in contact with the hospital discharge team on a regular basis to ensure that planned discharges and care packages met people's most up to date needs and provided without delay. The registered manager told us, "We have integrated with Solent NHS to provide a service that prevents admission to hospital and facilitates timely safe discharge from hospital." The registered manager had developed a highly efficient system with hospital ward staff to enable people to be directly referred to the service from the ward. This significantly sped up the referral process, which traditionally would need to be facilitated by a separate team of social workers. The partnership had been so successful at enabling timely hospital discharges, the provider had recently entered into a similar agreement with another hospital.

Professionals feedback was universally complimentary about how the provider's effective working practices, highlighting how they worked in partnerships with hospitals to reduce failed patient discharges. One healthcare professional said, "The Urgent Response Service has evolved over the last few years to become a dynamic service which is able to adapt to the needs of the population and, via innovative pathways, support the flow of patients from both acute and non-acute hospitals." Another professional complimented, "The provider supports the timely discharge of hospital patients in a safe and timely manner. This supports the hospital discharge team as this means referrals into the team have reduced allowing them to focus on our more complex patients." A third professional reflected, "The Urgent Response Service is dynamic and supportive with good outcome from patients."

The provider looked for and encouraged the safe use of innovative and pioneering approaches to care and

support, and how it is delivered. The provider had established a service that provided temporary overnight care for people who were discharged from hospital but were at risk of readmission. These people no longer required hospital treatment, but had overnight care needs which traditionally would require a stay in residential services. In an example, one person was discharged from hospital after suffering a broken leg. The provider was commissioned to provide overnight support to the person during the initial period of recovery. The person had expressed a strong reluctance to going into a residential service and was highly anxious about the prospect. By meeting the person's overnight needs at their home, the provider promoted the person's recovery, the person avoided need for a residential placement and after one month, they had no ongoing overnight care needs.

In 2017, The Urgent Response Service provided overnight care to 127 people in their own homes after discharge from hospital. Because of the care provided, only 12% of these people required temporary or ongoing residential care and 53% of these people left using the service without the need for any overnight care needs.

The provider had effective support systems in place to help facilitate and promote effective hospital discharge for people. Their office was open 24 hours a day with a dedicated team to oversee the night service. This meant that people and staff could call for guidance or additional support from senior staff outside of office hours. By ensuring there was a constant management presence in place, the service had robust systems in place to facilitate highly effective discharge support irrespective of timing.

The provider had excellent links to assistive technology services which promoted people's independence and supported the delivery of high-quality care. People's care visits were continually reviewed and assessed with the emphasis on people reducing their need for support as the planned six-week interventions progressed. The provider had an excellent track record of helping people source equipment which they could use to help them with everyday living tasks which increase their independence and reduce their need for ongoing paid care in these areas. Staff were highly knowledgeable about equipment available and could source aids to help people with medicines management, eating and drinking or mobility.

In one example, a person was introduced to a device which stored and dispensed their medicines at the prescribed time. The person could be forgetful and required support to prompt them to take their medicines. Initially, staff provided these prompts with physical visits. Once the person became comfortable with the assistive technology, staff could reduce their input in medicines support and eventually the person was able to manage their medicines independently. One healthcare professional wrote in a testimonial to the service, "I have been really impressed how the service is able to flex to meet spikes in demand and with their ability to problem solve for specific patients when needed." This demonstrated that the provider had a clear understanding and commitment to highly effective solutions to people's care needs.

The provider ensured transitions to new services were effectively planned and overseen. After the commissioned six weeks input with the provider, some people still had ongoing care needs. The provider was extremely proactive in working with incoming providers to help ensure these transitions were smoothly done. This work included, shadowing existing staff, regular review meetings between stakeholders, sharing of care plans and ongoing support to incoming providers once transitions between services had taken place. In one example, the provider was contacted by a person's incoming provider to make them aware they were struggling to cover care visits. The registered manager organised for their care staff to carry on visits after the agreed time for handover of services. This ensured that the person still received the care services they required until the incoming provider could source appropriate staff. This helped to ensure that these transitions were thoroughly planned to consider all eventualities.

New staff received a five-day classroom based training programme, which was in line with the Care Certificate. This is a nationally recognised set of competencies staff must meet to demonstrate they are effective in their role. Where people had specialist needs, the registered manager sourced training to help to give staff skills and knowledge to work in these areas. Examples of this were diabetes, end of life and substance abuse training. One relative told us, "The staff I have received have a high level of training and knowledge. They made [my relative] feel at ease which I think helped their recovery [from injury]." This helped to ensure that staff understood people's health conditions and specialist care needs.

The registered manager had encouraged staff to become 'champions' in key areas of their role such as dementia, telecare, end of life care, equality and diversity, direct payments, falls and mental capacity. The champion's role was to access additional training, qualifications and resources to keep informed of best practice in their chosen field. Using this knowledge, 'champions' acted as a point of contact if staff or people required any support or advice in their area of interest. In one example, the 'telecare champion' arranged for a provider of assistive technology to give a talk to staff about assistive technology solutions that people could use to increase their independence. From this, the champion produced a pictorial guide of equipment available, which they could show people to help them make informed choices about which technologies were suitable. The registered manager said, "We have a telecare champion in our team and as a team we have a target which we consistently meet and exceed the target for telecare referrals which proves our staff are effective in highlighting the need and benefit of this to the service user." Champions shared their knowledge with staff through newsletters and in team meetings. This helped to ensure that their learning was shared with the staff team.

Staff were supported to continue their ongoing learning and reflect on their performance in their role. This was achieved through supervisions, team meetings and making links to external professionals to give talks to staff around key areas. For example, the registered manager arranged for physiotherapists to talk to staff about therapeutic exercises that helped to promote people's recovery and wellbeing. By understanding the science behind recovery, staff were better able to understand the principles underpinning the support they provided.

In one example, one person was referred to the provider after a hospital stay due to a serious infection. Upon discharge, they had severely reduced mobility, which required the specialist input of physiotherapists. Staff used their skills to apply this guidance to carry out regular exercises with the person to encourage them to mobilise independently. After a period, these exercises were effective in contributing towards the person regaining their strength and confidence and they could carry out everyday tasks without the help of staff. This demonstrated that the provider was committed to ensuring that staff were highly skilled in providing interventions that promoted people's health and wellbeing.

People's needs around fluid and nutrition were documented in their care plans. As people were recently discharged from hospital, at the start of their care packages, some people required a high level of support with meal and drink preparation. As their health improved, the provider staged a reduction in support around these areas as people became more independent. Where people had ongoing needs, the provider made referrals to speech and language therapists, dieticians or external companies to source equipment such as adapted cutlery or to services such as meals on wheels. This helped to ensure people could be as independent as possible whilst having the resources to meet their nutritional needs.

Staff followed the principles of the Mental Capacity Act 2005 (MCA), when seeking appropriate consent to care. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 decisions, any

decisions made on their behalf must be in their best interests and as least restrictive as possible.

Some people had a cognitive impairment and assessments showed they were not able to make certain decisions, such as the decision to agree to care services. Senior staff visited people to discuss care plans and obtain their consent to the care that was planned. Where people were unable to consent, where relevant, the provider consulted the person's representative, who had lasting power of attorney for their personal welfare to make decisions in the person's best interests. An appointed attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. These actions were in line with the requirements of the MCA.

## Is the service caring?

### Our findings

People and their relatives told us that staff were compassionate and caring. One person said, "The care workers that came to me were great." Another person said, "The staff are a really caring group of people." A relative reflected, "Staff were consistently very professional in their approach, and always showed respect, kindness, and compassion towards my relative." A second relative commented, "Staff have been very helpful, and all the carers were very professional and kind towards [my relative]. It was a massive help to me, for what was a difficult time." The provider had received many compliments from people and relatives, who praised the level of care provided and the compassionate approach of staff.

Staff were dedicated in their role and understood people's needs. One member of staff said, "You do become attached to people, but it is great when they leave the service and you can see how independent they have become." Many staff participated in charity work which the provider promoted. This charity work focussed on causes personal to staff and relevant to people using the service. Initiatives raised money for a local hospice and a food bank charity. This demonstrated a caring and compassionate ethos by the provider and staff.

People told us that they were treated with dignity and respect. People said that they were told which staff were visiting them and were informed of changes or if staff were running late. One person said, "I am never kept waiting and will receive a phone call if anything changes." People told us staff were respectful of their homes and were polite and courteous whilst supporting them with personal care. People were given a choice of which staff they had. The provider used their computer based rota management system to ensure only preferred staff were allocated. This helped to ensure people's preferences around staff were respected.

People were involved in making decisions about their care. The registered manager told us, "Co-ordinators work with people to draw up a task plan that meets the person needs in the best possible way to maximise independence. At this visit the service user will describe how they feel their needs can be best met and what goals they wish to achieve. This is recorded on our task plan that is left in the service user's home for the carers to follow." This helped to ensure that people had control about how they were cared for and which outcomes they hoped it would achieve.

The provider was committed to promoting people's independence by helping them regain their daily living skills. One member of staff told us, "You have to take a step back to enable people to do things on their own." This ranged from helping people to regain their mobility or independently manage their medicines to enabling people with their personal care. In one example, one person was admitted to hospital after they were unable to manage their own personal care. Upon discharge, the provider worked with the person to practice a series of strengthening exercises recommended by a physiotherapist. This helped enable them to manage aspects of their personal care independently. This intervention helped to reduce the risk of a failed hospital discharge.

The provider demonstrated a clear understanding through the planning and delivery of care about the

requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care. There provider had also nominated champions in equality and diversity, who had accessed additional training and acted as point of reference for people and staff if they required guidance or support in this area.

The provider went the 'extra mile' in ensuring people had safe and comfortable arrangements relating to their care. The registered manager had organised for the temporary loan of key safe devices to people. Key safe devices help to ensure the safe storage of keys whilst enabling staff to enter properties where people are unable to answer the door. This free service helped promote people's home security. The registered manager encouraged staff to be proactive in ensuring people were comfortable and safe when they finished their care calls. Staff told us they were encouraged to focus on people's needs and not rush to finish care calls with time constraints in mind. This helped to ensure that people felt comfortable and safe when receiving their care.

## Is the service responsive?

### Our findings

The service was proactive when responding to changes in people's health and wellbeing, ensuring the right level of support was in place. Staff recorded observations in relation to key care objectives after each visit. A formal handover between care staff and the office staff took place twice a day, which enabled co-ordinators to plan the most appropriate care from that point. People's care plans frequently changed from day to day according to their level of need. For example, as people's independence increased, they required fewer care calls or the nature of the support might change from direct help to prompting. Or conversely, people's care calls could be increased if they were unwell or struggling with aspects of their recovery.

Senior staff formally reviewed all care documentation at the end of each week and met with people at least fortnightly to review how effective care was to help ensure an appropriate provision was being offered. Senior staff used electronic tablet devices which they took to reviews to make changes to care plans there and then. Care plans were printed out on site using mobile printers. This ensured that people's most up to date care plans were in their property.

There were effective communication systems in place to complement the quick changing nature of the service. One member of staff said, "It's all go, I phone up for my rota every day. It changes really quickly according to how people are and what they need." Staff were accustomed to working flexibly and responsively to ensure that the effectiveness of care visits could be maximised.

The provider had planned to ensure there was sufficient management cover available always of the day. Where people's health changed or an incident took place, senior staff could plan for staff to stay with people until relatives or emergency services arrived. The registered manager and deputy manager alternated between being available to respond to more serious incidents. This helped to ensure there were contingencies in place to respond to changes in people's health and wellbeing.

The service had complied with the Accessible Information Standard by identifying, recording and sharing information about the individual communication needs of people with a disability or sensory impairment. The registered manager ensured that all staff had a good understanding of people's individual communication needs by sharing this guidance in staff handovers, team meetings and supervisions. Senior staff visited people at the start of care services to assess their communication needs. The provider had access to interpreters if staff could not speak a person's language, and a co-ordinator had attended training in sign language to help meet the needs of people with hearing loss. The provider had the facility to provide rota's, care plans and communications in a range of formats to meet people's needs. These included large print, braille and in different languages. This demonstrated consideration of how to meet people's different communication needs.

There were systems in place to respond appropriately to people's concerns and complaints. The provider had a complaints policy, which detailed how people, relatives and other stakeholders could raise complaints. Records of complaints demonstrated that the registered manager investigated concerns thoroughly and responded appropriately to people with the outcome of their investigations.

The provider understood the principles of effective and empathic end of life care. Although the service was a rehabilitation and reablement service, there were occasions where staff had provided care to people at the end of their life. Staff had received training in end of life care. They accessed the 'Six Steps Programme'. The 'Six Steps Programme' is a nationally recognised approach designed to ensure people's needs were effectively met during their last days. The provider's 'end of life care champion' had shadowed a local palliative care team and had established links with a local hospice. This helped to ensure that staff were knowledgeable in dealing with these challenging circumstances when they arose, liaising effectively with other stakeholders to help ensure people were safe and comfortable during their last days.

## Is the service well-led?

### Our findings

People and their relatives told us the service was extremely well led. One person said, "From the outset, the care we received was outstanding. I don't know what I would have done without them." Another person wrote to the provider in a testimonial, "I just wanted to thank you for all that you've done for me. Indeed, this could be life changing stuff as far as my future is concerned!" People told us the provider was exceptionally well organised, efficient and attuned to their needs.

The registered manager and staff understood and embodied the provider's ethos. They were focussed, motivated and proud of the work they did and the outcomes the service gave people. The provider's statement of purpose read, 'The Urgent Response Service supports people to remain in their home safely, facilitates discharge from hospital in a timely way and ensures that people do not make decisions about residential care in acute settings.' The registered manager provided excellent leadership in balancing the fast pace, changing and complex demands of running the service by working effectively with other stakeholders to provide consistently positive outcomes for people.

The provider had a very clear purpose and strong set of objectives by which it measured its performance. The registered manager measured the service's performance by monitoring a set of key performance indicators (KPIs). This included monitoring the number of referrals they took, the time it took to set up people's care packages, how independence was promoted through reductions in care or introduction of assistive technology, and how many people received a review of their needs within two weeks of care commencing. The registered manager analysed this data to determine how effective the service was and where improvements could be made. The service consistently met these KPIs and in some cases exceeded them. For example, in July 2018, the service was targeted to help introduce assistive technology to 20 people, but referred 31 people to these services, which helped promote their independence by reducing their reliance on paid support. The registered manager also encouraged people and relatives to fill in feedback and comment cards. These cards asked them to reflect on their views of the service in relationship to key aspects of their experience of receiving care. People's comments were analysed and responded to by the registered manager as part of their assessment of whether the service had met its performance objectives. This system was highly effective in monitoring the key aspects of service delivery in relation to people's experience and outcomes of receiving care.

The registered manager ensured staff shared a commitment to upholding a high-quality standard of care. Information from KPI analysis was shared with staff through team meetings, supervisions and memo's. The registered manager also used meetings to ask staff to assess how safe, effective, caring, responsive and well led the service was. From the responses the registered manager collated information about what the service did well, what they didn't do well and what they should start doing to make improvements. From this, improvements to the organisation of care rotas and the quality of information collected when reviewing people's needs were made. This helped to ensure that staff understood what constituted high quality care and their role in upholding these standards.

The registered manager was a prominent, supportive figure who promoted a positive culture within the

service. One member of staff said, "Absolutely fantastic. You get so much training, shadowing and support. Everyone is doing it in the same way which means it's consistent. As a team we support each other that is from the manager to all staff." Another member of staff told us, "This is the best company I have ever worked for. The support you get and the management are brilliant." The registered manager had dedicated time weekly to meet with staff to listen to their feedback, concerns and ideas. This helped to ensure they had a firm understanding of the day to day culture within the service.

There was a clear and strong management structure within the service. The registered manager was supported by the deputy manager, whose role it was to support the registered manager in the efficient running of the service. The registered manager had recognised the challenges associated with organising a care service for people with short term, complex and changing needs. They vastly expanded their supervisory team by employing 20 co-ordinators, whose role it was to carry out client assessments, reviews and organise rotas. The registered manager told us, "With the fast-paced nature of what we do, we ensure that each person has a single dedicated co-ordinator who will see them through their time with us."

In an example of the benefit of this system, one person was receiving care from the service requiring three calls a day with one member of staff. Their coordinator received a phone call on a Friday afternoon as the person had fallen ill. The coordinator was immediately able to arrange a joint visit with a physiotherapist, who recommend additional mobility equipment the person could use. The coordinator immediately extended the person's frequency and number of staff per visits and arranged to visit the person over the weekend to ensure care was meeting their needs. The person recovered from illness in their own home and avoided the need for hospital admission. This was due to their coordinator having the capacity and skills to dedicate their time to ensuring people received

Some coordinators had obtained additional qualifications which enabled them to assess people's suitability for mobility equipment. This meant that they could ensure people received appropriate mobility equipment quickly without needing to wait for referrals from external professionals. The management structure in place was efficient, organised, robust and highly skilled in meeting the demands and challenges of their service they provided.

The registered manager was strongly committed to making continuous improvements through constant review of the services performance. The registered manager had developed a new 'value based' interview format. The new format incorporated scenarios related to rehabilitation and reablement, which prompted candidates to demonstrate they embodied the correct values to work within the service. The registered manager had also developed a new process for investigating medicines errors. The process included looking for root causes of errors, identifying which part of the ordering, administration, recording or disposal of medicines contributed to the error and remedying causes accordingly. Actions from investigations had promoted improvements through additional staff training and changes in procedures when people start with or leave the service. The provider had seen a vast reduction in medicines errors since the implementation of this new process.

The registered manager welcoming constructive and rigorous challenge from a range of different sources to gain feedback about the quality and safety of the service. They participated in an arrangement where registered managers from the provider's different services would 'peer review' their colleague's services by carrying out audits to determine safety and quality. The registered manager had also commissioned an external care consultant to carry out an audit in relation to how safe, effective, caring, responsive and well led the service was. Staff were also given the opportunity to make suggestions and give formal feedback. They were sent an annual questionnaire to ask them to comment on key aspects of their role and the providers performance. The registered manager used this feedback to help formulate an overall action plan

to identify changes which could drive improvement. People were given the chance to feed back in formal reviews and telephone calls. Due to the short-term nature of their stay with the service, it was not appropriate to send out annual questionnaires.

The provider had established extremely effective working partnerships with other stakeholders. These included providers, commissioners, hospitals and healthcare professionals. This was evidenced through a consistent record of high quality outcomes for people. By fostering these working partnerships, the provider could have a range of resources, equipment and professional expertise quickly available so the effectiveness of people's care could be optimised. The provider focussed on ensuring a high standard of care from the point of referral to when people left the service. This included planning for hospital discharge, ensuring people had the appropriate equipment, overseeing healthcare input, and ensuring that when they left the service they had the appropriate support to meet their ongoing needs.

The registered manager was committed to champion good practice by sharing knowledge and skills with other providers. The registered manager participated in a provider forum facilitated by the local authority. The forum was a platform for providers to showcase good practice and share ideas. The registered manager had been asked to present their medicines error process with other providers as an example of good practice. They told us how providers had approached them for help as they had chosen to adopt this process within their own services. This demonstrated that the registered manager was committed to sharing and modelling excellent practice.

The registered manager had a strong conviction that the progress people made in their recovery should be sustainable when they left the service. When people left the service, staff worked hard to ensure that people had sufficient support systems to promote their ongoing recovery and wellbeing. In one example, the registered manager fostered an effective partnership with an incoming provider. This included shadowing of staff and sharing of care plans to help ensure incoming staff had knowledge of people's needs. The registered manager also regularly made their staff available to support incoming providers post transition. This included covering care visits if the new provider was struggling. This demonstrated that the provider was passionate in helping to ensure that the progress people made during their time with the service was sustained and enduring.