Suffolk County Council

Bury Home Care

Inspection report

West Suffolk House
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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

Bury Home Care provides a stepping stone to independence, providing people with support to regain skills they may have lost during a period in hospital, learn new ones and adapt to the challenges that independent living can present. It is a short-term service of up to six weeks, which is implemented free of charge following a person's discharge from hospital or significant change in their ability to cope at home. Support is also used as an assessment to determine whether a longer term care package is required. At the time of inspection 100 people were using the service.

Bury Home Care also provides care and support when Suffolk County Council is unable to source another care provider.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
The reablement ethos ran through the service with staff using their reablement skills whenever they provided care and support. Through effective reablement and close working with partners people were supported to achieve high reablement goals.

People received a safe service. Risks were assessed and mitigated by staff working with other healthcare professionals to promote positive risk taking in the reablement process.

Staff spoke highly about the training and support provided. They told us they felt valued and supported both to provide high quality care and with their own development which, in turn, resulted in outstanding support for people. They told us they were proud to work for an organisation that provided high quality care

The service had an open and caring culture. People told us how supportive and caring staff were towards them. This caring and open culture was reflected throughout the service by the way staff worked as a team and with other healthcare professionals.

A thorough assessment of people's needs before they left hospital meant that they received care which effectively met their needs and enabled them to regain lost skills. This included the prompt supply of equipment facilitated by joint working between the service and the local CCG.

Care plans reflected people's needs. They were constantly updated and adapted as people's needs changed as their reablement progressed. This supported people to achieve ambitious reablement goals within a realistic time scale.

Through joint working with the local Clinical Commissioning Group the service had significantly reduced the

amount time of between people being assessed as able to leave hospital and actually going home with the necessary support in place.

Staff and other healthcare professionals considered the service was exceptionally well run with a knowledgeable manager.

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

Rating at last inspection
The last rating for this service was Good. (21 December 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our caring findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our caring findings below.

Bury Home Care

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a six-week rehabilitation for people leaving hospital and also provides care and support when Suffolk Council is unable to find a supplier.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available to provide the information we needed on our inspection.

Inspection activity started on 6 June 2019 and ended on 14 June 2019. We visited the office location on 6 June 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, team leaders and reablement support workers.

We reviewed a range of records. This included two people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the registered to validate evidence found. We sought feedback from professionals and commissioners of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe when receiving support from the service. One person said, " Yes, I feel very safe with them. They have helped me enormously after leaving hospital." A relative said, "We are very pleased with the carers. (Person) feels very safe with them and I would know if there were any problems with them."

● People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people.

● RSW's [Reablement Support Workers] had received training in safeguarding adults and were able to describe the arrangements for reporting any allegations of abuse. They were confident any issues reported to the management team would be dealt with correctly.

●RSW's demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

●There were systems to minimise risks to people using the service and staff. These included training for staff in health and safety issues.

● Staff received training with occupational therapy staff to become approved assessors which meant they were able to order equipment directly from the CCG. Feedback from West Suffolk CCG advised that joint training with occupational health had supported 'seamless care' when people moved from hospital to home.

● Specific risk assessments were in place for people to address identified risks to them. There were clear instructions and guidance for staff. The risk assessments supported people to achieve identified reablement goals.

● People's records were updated regularly to reflect improvements in their abilities.

● Accident and incident reports were reviewed by team leaders and the service health and safety officer. The health and safety officer also spent time with staff. This supported the service to carry out effective risk assessment to ensure people were able to reach their reablement goals.

● We saw an example of where, following repeated incident reports, the service had taken action to reduce the likelihood of people injuring themselves whilst visiting a service user. T

Staffing and recruitment

● The service continued to check that new staff were suitable to work in the care sector. This included a structured interview process and relevant background checks.

● People spoken with stated that they had not had a missed call. The registered manager confirmed that

the service had not missed any calls in the past year.
● The registered manager discussed the challenges to recruiting good quality staff and displayed a good knowledge of the local jobs market.
● The service had participated in a recruitment event at a local college. The registered manager told us that this supported them to both recruit new staff and promote the care sector as a career.

Using medicines safely
● Most people spoken with did not need support with their medicines. However, where the service did support them people told us this was done appropriately.
● There were appropriate arrangements in place to ensure the safe administration of medicines.
● The local CCG described a 'shared approach to medication training' which, along with improved handovers when people left hospital, had reduced the risk of errors when people left hospital

Preventing and controlling infection
● People told us that staff followed appropriate infection control procedures. One person said, "They are very conscious of good hygiene. They wash their hands and wear gloves."
● RSW's underwent regular infection control and food hygiene training.
● RSW's were aware of the risks to people from infection and the implications of them acquiring an infection in terms of their health.
● The service had a member of staff who acted as the infection control lead, attending external meetings and cascading information to RSW's.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service.
- The service was working with the local CCG to implement the Department of Health, discharge to assess policy. This is a scheme where people who are assessed as being medically fit to be discharged and did not require an acute hospital bed but may still require care services are provided with short term, funded support to be discharged to their own home.
- Where people were to be discharged from hospital under this pathway a member of Bury Home Care staff attended the hospital with an occupational therapist (OT) to carry out a thorough assessment of the person's needs before they were discharged.
- Staff held weekly meetings to assess people's needs and review progress. Care staff, Occupational Therapists, Physiotherapists and other health and social care professionals attended these meetings to provide feedback on peoples' progress. When additional needs were identified this joint working meant these needs could quickly be addressed by the appropriate professional.

Staff support: induction, training, skills and experience

- People told us that they received care and support from RSW's who were well trained and had the skills to meet their needs. One person said, "The carers are very well trained but also they just know how to look after people very well." Another person said, "They are very professional, and I only have to ask once, and they remember for the next time they come."
- Staff told us that the training equipped them to do their job. A team leader said, "The training is really good. Being a team leader, I can put RSW's on training ensuring our teams are as geared up as they can be to perform. This is as well as developing in areas they (RSW's) want to develop for example dementia, trusted assessor, potential secondment to hospital. There is lots of support to develop."
- Before working alone new care staff carry out a minimum 14 hours shadowing a senior member of staff.
- A range of compulsory training was completed by new staff during their induction. This included moving and handling, medicines, basic life support and reablement working.
- RSW's had been provided with a small laminated booklet, complete with pictures of good practice relevant to reablement support.
- Staff received regular supervision and support and supervision. Every member of staff spoken with described this as constructive and supportive both with regard to their own development and the support they provided to people. An RSW told us, "I feel supported as if I have any issues with customers they are dealt with quickly and feedback is relayed back to us. Team leaders are all approachable if they don't know the answers to any queries they will find out and get back to us."

Supporting people to eat and drink enough to maintain a balanced diet
● Where the service supported people with food and nutrition their dietary preferences were recorded.
● The service recognised that preparing meals was an important part of a person's reablement. RSW's told us how meal preparation was broken down into manageable, achievable steps for people. For example, collecting the food from the fridge, heating in the microwave and then serving.

Staff working with other agencies to provide consistent, effective, timely care
●The service worked closely with other agencies both as part of the discharge to assess policy and other care packages they provided. This meant people received consistent care when moving between services.
● A social care professional told us, "We have good weekly meetings [with Bury Home Care] about current care packages. These help us to keep up to date with what is happening. If we have a problem we can approach them."
● When people reached the end of their six-week reablement support or when they no longer required reablement support, the service provided a comprehensive handover to the agency that would be providing support.

Supporting people to live healthier lives, access healthcare services and support
● Records demonstrated, and staff told us, that where people required support to access healthcare support this was provided.
● The thorough assessment process allowed people's needs to be identified when they began receiving reablement. This supported people to maintain and improve their health and physical abilities.
● Joint reviews with other professionals such as social workers, occupational therapists and hospital staff ensured that any changes to a person's support needs were quickly identified and addressed. For example, where a person's mobility had improved a 'perch' stool had been provided.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.
● There were policies and procedures in place relevant to the MCA.
● Staff had received training in the MCA and explained how they put this into practice when providing support.
● People told us that RSW's sought their consent when providing support. One person said, "They will say, "is it ok if we" before they move him or do anything like that."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Outstanding. At this inspection this key question is rated Good. This meant people were truly respected and valued as individuals; and empowered as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to tell us that staff were incredibly kind, caring and supportive. One person said, "Carers are very kind, nothing is too much trouble for them. I only have to ask."
- A written compliment from a relative stated, "May I take a little of your valuable time to enable me to express my appreciation of the exemplary excellent care that each one of your staff gave to my [relative] during their rehabilitation back to almost domestic normality. All of your staff and colleagues were always cheerful, competent, efficient and courteous to us and my [relative] was made aware of their concerns towards her eventual improvement in wellbeing and confidence to return to normality."
- Conversations with all staff demonstrated that they were highly motivated to provide support in a compassionate and supportive manner.
- A senior member of staff said, "Part of my job is going to see the customers. That is what I work for, to see the difference I can make to a person's life." They went on to give us an example of how they had supported a person to maintain their social contacts following an illness which had left them less mobile.
- A member of staff also gave us an example of supporting a person who had been discharged from hospital to a homeless hostel following a stroke. Due to social issues they had lost contact with their family and their friend lived some distance away and used public transport. Care staff found the person had been discharged without their medicines, had no food in the cupboard and no bed linen. Staff worked to both build up a relationship with the person and source practical support.
- Staff identified people's diversity and pro-actively adapted care responses to support people as they preferred. For example, due to their previous occupation a person was used to getting up early every day. They also wanted to go to church on a Sunday. The person had an early morning call which ensured they could continue rising at a time they preferred and could attend their preferred church service keeping in contact with their local community.
- Family and professionals' feedback commented on the caring and supportive nature of the front-line staff delivering care in people's homes. A health care professional told us, "Bury Home Care is very flexible to the needs of the customers they support. Often customers do not want their care transferred to another provider because of the high standard and person-centred care provided by the Bury Homecare support workers."

Supporting people to express their views and be involved in making decisions about their care

- Dedicated trusted assessors from Bury Home Care carried out thorough pre-assessments with people before they left hospital. This meant that a package of support which comprehensively met their needs, including equipment, could be put in place as early as possible.

●Through effective communication used to gain a thorough understanding of people's reablement objectives staff were able to set high but attainable goals. This motivated people to achieve the best outcome possible from their reablement.

● Continuing this effective communication people's progress was regularly reviewed with them to ensure that they were experiencing the best possible reablement support. Reviews could be as often as daily if people's progress supported this.

● People told us that staff communicated with them well." One person said, "They are all very chatty and friendly. They are always interested in me and my family."

● Staff not only supported people, but their families, recognising that those relations were essential to supporting the person's recovery. This was consistently fed back in compliments to the service. In a written compliment a relative had written, "We wish to thank you and your staff for the care and comfort you gave to our late [relative] over the past months. I also appreciate the help and support you gave to me during this difficult period."

Respecting and promoting people's privacy, dignity and independence

● People consistently told us that staff respected their privacy and dignity and promoted their independence. One person said, "They do respect me and my home. They treat me very well."

● The ethos of the service was to develop people's independence after a period where their independence may have been reduced such as a hospital stay

● Care staff promoted people's independence whilst respecting their dignity. One person said, "They are always very respectful and are aware of my dignity when they are helping me shower"

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us they felt involved and listened to in the care planning and assessments. One person said, "They are very kind and thoughtful. They always ask if I am okay and can they do anything else for me." A relative said, "I think they are very kind and accommodating. They go the extra mile for (person)." Another relative said, "I felt involved in the care that [relative] received which I felt was good. [Relative] would say that the girls were good."
- Staff recognised that, for a person to reach their full reablement potential they needed to be fully involved in their care planning and committed to their reablement goals.
- The registered manager told us, "We adjust care packages regularly. Care plans are a working document. We can close down one bit that they have achieved. We set easy goals which motivates people."
- A social work professional told us, "Customers care plans are person centred and the team accommodate requests where they can which are important to meeting the needs of our customers such as religious and cultural beliefs. The support workers have supported customers to attend church to ensure their religious needs are met and what is important to the customer is valued and clearly documented in their care plans."
- Since our previous inspection the service had employed a dedicated member of staff to go into hospital and carry out an assessment with people prior to discharge. This meant that the person was fully involved in the assessment. It also contributed to reducing the length of time people stayed in hospital. Health care professionals told us that a reduced length of stay in hospital meant people were able to retain more independence on discharge.
- RSW's continually assessed and recorded people's progress with them against the goals set in their care plan. Goals were amended and updated to reflect people's progress. Continual review meant that goals supported people to attain a high level of reablement.
- This information was fed back to the office by a secure IT system and was reviewed at regular meetings between Bury Homecare staff, occupational therapists, social workers and other health care professionals. Professional input into people's progress supported high achievement of reablement goals.
- Healthcare professionals told us that people supported with reablement by Bury Home Care regularly exceeded reablement expectations both in the what activities the person was able to carry out and the time it took to achieve this. A typical example was a person who had been struggling at home for some time supported. They had become increasingly frail leading to frequent hospital admissions. The person's confidence was low, and they had begun to doubt that returning home would be possible after their last hospital admission. They were referred to Bury Home Care and agreed to go home with support. Based on the assessment the reablement plan focussed on improving the person's self-confidence and their mobility

around the house. Advice and support was also given to the person's family. Within three days the person had made good progress, sleeping better at night and was less anxious. Within one week of discharge from hospital all reablement support was withdrawn and the person was confident living in their own home with the support of their family. This meant the person was able to live more independently increasing their sense of self worth. It also meant the family were reassured as to the well being of the family member.

● Statistics compiled when people completed their six weeks of support from the service showed that 98% of people had been reabled. This had resulted in individuals becoming independent and significant savings for the local authority home care budget which benefits the wider community.

● Bury Home Care RSW's also used their expertise and training in reablement to positive effect across all of the care packages provided. A social care professional gave us the following example. Bury Home Care was called in when a care provider failed. The customer was receiving a long-term care plan and had not been assessed as having reablement potential. This customer was receiving 14 hours of care per week. Bury Homecare worked with the customer to put together a reablement package. After 10 days with Bury Homecare the support was able to be reduced to seven hours per week. They told us that this, and other similar examples, had led to them to working with the wider market and social work colleagues to look at people who had previously been assumed had no have reablement potential. It had concluded with a cost saving to the local authority and more importantly a better outcome for the people who had regained more of their independence.

● When people reached the end of their reablement pathway, of people required ongoing support the service liaised closely with the new service to ensure a seamless transfer of care.

● Staff used innovative solutions to support people maintain their social contacts. A member of staff gave us an example of a person who had a stroke and was unable to leave their home. The member of staff told us, "It is part of my job is going to see the customers. That is what I work for to see the difference I can make to a person's life. There as a lady in a village who used to run a social thing in a village. She was upset that she could not go out any more. I encouraged and supported her to have social mornings in her house attended by her friends in the village. They are still going to this day. She is not isolated any more."

● To encourage and promote social inclusion, the service both signposted and referred people to other agencies, such as active living, the red cross and IT suppliers for alarm systems.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The service followed the AIS. For example, the service was supporting a person whose first language was not English. Their ability to communicate verbally had been affected by a stroke. Initially the person was confused as to their situation and the language barrier was a problem. Staff engaged with the person and found that they were able to communicate in writing in the person's first language. The service was also was in constant communication with a friend of the person who supported with the language issues. They lived quite a distance away and were not able to travel to see the person. Through exceptional commitment from Bury Homecare staff the person now has their full independence back and has returned to live in an area they know

● People's communication needs were assessed on initial assessment and any necessary action taken by the service.

Improving care quality in response to complaints or concerns

● People told us they knew how to make a complaint. One person said, "Yes I speak to the manager quite often." Another said, I do have the office number if I need them. No complaints though."

● When they began using the service people were provided with contact details for the office and information on how to make a complaint.
● Records demonstrated that all complaints were taken seriously, and an investigation undertaken.
● Records demonstrated the service received very few complaints and when they did the registered manager and care team were very responsive in investigating and managing them to provide an outcome acceptable to the complainant.

End of life care and support
● The service provided reablement care for short placements and therefore rarely supported people towards the end of their life. When this situation had occurred, staff had received end of life training and worked closely with other health professionals supporting people with this need.
● The service had received a thank you card about the care provided to the relative of a person who the service had supported at the end of their life.

Outstanding ☆

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour

- All of the feedback we received from health care professionals was positive regarding the culture and openness of the service. A member of West Suffolk CCG told us, "I am confident the relationship is truly collaborative with openness and transparency."
- A health care professional on secondment to Bury Homecare from the CCG, "Communication has been really good. The way the team works is really good. It is a massive part of this job. Integrated working is important. We have been able to maintain function and independence as we have worked together."
- Feedback regarding the registered manger and the management of the service was very positive from people, staff and professionals working with the service. A typical comment was, "[Registered Manager] is a well-respected manager, approachable, honest and communicative. She is the ideal link person and one we regularly call upon when needed."
- RSW's described a culture where they felt supported and listened to. A typical comment was, "I am very fortunate to be working in such a great team, our team leaders are wonderful, they are there if we have any issues, make sure we all up to date with our training and have regular team meetings and one to ones. I feel that if I have any issues I'm confident that I would be listened too and acted upon. For me working in a close team has many benefits that improve our service to the customer. I love that I can make a difference with supporting people in their homes."
- Staff worked together across the organisation to provide high quality care. All staff spoken with were incredibly proud to work for Bury Homecare. Comments included, "I have found working for the service very positive and rewarding, and I think and hope the customers feel the same." Another RSW said, "I feel proud to be part of a well lead team."
- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager considered facilitating continuous improvement and striving to improve the quality of care provided to be an essential part of their role. The need for people to experience the best care

and support possible, was effectively communicated throughout the inspection.
● The service had a clear management structure, with the registered manager being supported by team leaders. Each staff member we spoke with was clear about who their immediate line manager was but told us they were both able and felt comfortable going to any of the senior staff. One RSW told us, "I feel we all pull together and support each other."
● Due to the provider being Suffolk County Council, the policies and procedures staff had access to were vast. Staff had attended training in the values of the provider and were able to explain these to us.
● The provider produced robust quality reports based on a variety of audits carried out by the service with a focus on quality and positive outcomes for people and future learning.
● The management team were constantly looking for new ways to enhance the service. During our inspection the provider was consulting with staff on a new operating model
● Regular feedback was provided to staff by way of team meetings. An RSW told us, "We as a team continually attend regular team meetings, enabling us to sit and discuss our customers and their progress, to share ideas, and to ensure we are all delivering the best service possible."
● Staff told us they were supported and encouraged to better themselves through training and career progression. An example of this was the trusted assessor accreditation introduced in collaboration with the CCG. Staff described it as a motivation to improve and develop. A senior occupation therapist from the CCG told us, "For the trusted assessors the development they have undergone sees them become more informed and better able to discharge their responsibilities as an RSW. Their development is noticeable in their professional demeanour, in team meeting interactions and in written recordings."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were at the centre of the service and their views and opinions sought regularly. Care plans and reablement goals were reviewed with the person, daily if their progress supported this. One person told us, "I am improving all the time and it is because they have helped me so much."
● Everybody using the service received a questionnaire when they stopped using the service asking about the quality of the care received. In questionnaires returned between July and September 2018 over 90% of people rated the service as good, very good or excellent.
● Regular staff meetings were held. This included team meetings and management meetings. RSW's told us they valued their regular team meetings as a forum for discussing any concerns. An RSW told us, "Our team leaders are wonderful, they're there if we have any issues, make sure were all up to date with our training and have regular team meetings and one to ones. I feel that if I have any issues I'm confident that I would be listened too and acted upon. For me working in a close team has many benefits, ones that improve our service to the customer.
● The service produced an All Staff Briefing which was circulated throughout the service to ensure best practice was shared within support teams and enable outstanding care to be delivered. Subject in a recent briefing included professional behaviours and roles and responsibilities.

Working in partnership with others
● The service's interest and willingness to work with other services and professionals to help improve care standards both internally and within the local area was clear to see.
● An example of this was the service engagement with the local CCG in the Discharge to Optimise and Assess Pathway One scheme. This is a government initiative aimed at people leaving hospital who would require some care and support.
● Feedback from the CCG stated, "The Bury Home Care team have shown flexibility in developing our local model and worked through significant workforce challenges to ensure data sharing with health, changes to roles to embed trusted assessment and shared risk taking were key features of our model."

● The CCG and the service had closely monitored the effectiveness of working together. This showed a number of improvements to people's experience. This included the amount of time between people being assessed as being medically fit to be discharged from hospital to actually being discharged home with the support they required, had significantly decreased. Joint working on assessment of care needs and the provision of equipment had benefitted people's recovering when at home. This had resulted in the amount of care people required post discharge being decreased. This benefitted people as they became more independent and also meant savings to the local authority care budget.

● The provider regularly reviewed the service it provided with its partners. Following a review, the service now has an OT on secondment from the CCG. We received positive feedback from the current secondee as to how this worked both for the person returning home who received a more seamless service and also enabled them to feedback practical issues in the community to their OT colleagues in the hospital.

● The discharge to optimise and assess model in west Suffolk is now heralded by the emergency care intensive support team (ECIST) as an exemplary example of joined up working. ECIST is a clinically led national NHS team that has been designed by clinicians to help health and care systems deliver high quality emergency care.

● The service also worked with West Suffolk Alliance a group committed to community engagement.