

Oldham Care and Support Ltd

The Reablement Team

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

The Reablement and Crisis Team and Helpline/Response Service provides personal care and crisis support to adults living across Oldham. The Reablement Team offers a seven-day service, providing planned short-term intensive reablement support to promote independence, and avoid admission to hospital or residential care. The Helpline and Response team provides a seven-day, 24-hour emergency response service. These services are part of Oldham Care and Support Ltd; the parent company being MioCare Group, a care and support provider owned by Oldham Council. Since February 2019 the service was joined by Pennine Care Oldham Rapid Community Assessment Team (ORCAT).

Not everyone who accesses the Helpline/Response 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

Robust quality monitoring systems had been embedded helping to identify any areas of improvement. Through our discussions it was evident the registered manager and senior management team had a strong commitment and were passionate at driving improvements so people received the highest standard of care and support.

The integration of the Reablement Team with ORCAT had made a positive impact on the service delivery. The service also worked collaboratively with other agencies so people's social, emotional and physical health care needs could be safely and effectively met.

People, their relatives and staff said the service was well-led, with one person commenting, "Yes they are well led, they're excellent at every turn". The registered manager was described as, "Brilliant" and "Driven" in leading and supporting the team to achieve the best outcomes for people.

Safe systems had been maintained to help ensure the safety and protection of people who used the service. These included the safe management and administration of people's medication, thorough recruitment and training processes, assessment and management of areas of risk and infection control procedures.

People spoke positively about their experiences and felt the service responded effectively in meeting their individual needs. People felt confident staff had the knowledge and skills needed and knew how to support them in a personalised way. Staff spoken with clearly understood the importance of respecting people's privacy, dignity and independence.

Information about people's needs and wishes were detailed in a care plan, which was kept under review. 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.

Staff received the training and support needed to carry out their roles effectively. Staff had been safely recruited and there were enough staff to provide people with the personalised support they needed.

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

Rating at last inspection –The last rating for the service was Good (published 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Outstanding ☆

The Reablement Team

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 team comprised of an inspector and 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

The Reablement and Crisis Team and Helpline/Response Service provides personal care and crisis support to adults living in their own homes. The Reablement Team offers a seven-day service and provides planned short-term intensive reablement support to help promote independence and avoid admission to hospital or residential care. At the time of the inspection the service was supporting 56 people. The Helpline and Response team provides a seven-day, 24-hour emergency response service.

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

The inspection took place on the 19, 24 and 25 June 2019 and was announced. We gave the service notice of the inspection visit as we needed to be sure that managers would be available. On the first day of our inspection we contacted people and their relatives by telephone to seek their feedback about the service provided. On the second day we visited the office location to meet with managers and staff as well as review care records and information about the management and conduct of the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. 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 this information to plan our inspection.

During the inspection

During our inspection we spoke with 14 people who used the service and the relatives of four people by telephone to seek their views about the service. We spoke with seven members of the team including the nominated individual, associate director, the registered manager, resource manager, an assessment and reviewing officer and two support workers. Feedback was also provided from the manager of Pennine Care Oldham Rapid Community Assessment Team (ORCAT) and a member of Age UK, who worked closely with the service as part of the integration between health and social care.

We reviewed the care files for five people, medication administration records (MARs), six staff recruitment files and training and development records as well as information about the management and oversight of the service.

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

- Safe systems were in place to help protect people from abuse or poor practice. No issues were raised with us by the local authority about the care and treatment of people who used the service.
- People we spoke with and their relatives felt they were kept safe and had access to support if needed. When asked if people felt they were safe, we were told, "Safe, absolutely", "I'm in safe hands", and "I've only been using the service for a couple of weeks, yes I feel safe. I think the helpline is very good."
- Policies and procedures and a programme of staff training were provided to guide and support staff. In addition, four staff members had undertaken a level 2 qualification in Dignity and Safeguarding. Once completed they will support the team, sharing their learning so that best practice is followed
- Staff spoken with were aware of the types of abuse and knew what to do if they witnessed or an allegation of abuse was made to them. Staff said they were confident any issues raised with managers would be dealt with appropriately, adding "They would deal with things straight away" and "They listen to what you say."
- People told us, with their agreement, that staff gained access to their properties using a key safe. Access numbers were held securely so information was only accessible to those who needed it. The service did not take responsibility for people's finances.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed and planned for as part of the care planning process. Assessments outlined potential hazards and action taken, to minimise such risks. This may include the provision of additional aids, such as, commode, walking frames, shower chairs and kitchen perching stool.
- The service completed an environmental risk assessment exploring both internal and external areas, such as; space, lighting, trip hazards, kitchen safety, fire safety and the use of cleaning products. Additional advice was sought from other professionals, such as the fire officer, to help reduce such risks.
- Many people also accessed support from the Helpline & Response service. Staff had access to transport, hoisting equipment, and protective clothing when attending a call out. People felt this offered them or their relative reassurance in the event of an accident occurring. One relative told us, "My wife has a neck pendant, it's a fall detector." Another person told us, "I wear a pendant around my neck."
- The service monitored accidents and incidents, such as falls, and had worked closely with the falls team exploring ways in which people could be supported to help reduce incidents.

Staffing and recruitment

- Robust recruitment procedures continue to be maintained so that people were kept safe.
- The service had worked closely with Skills for Care in developing a 'values based' recruitment process. We

were told this had proved successful resulting in 14 new staff being offered employment.

- Due to the nature of the service the number of people requiring support fluctuated, which meant the staff rotas were subject to change. People we spoke with said different staff visited them. However, they enjoyed the visits. One person told us, "Different people visit every day, it's nice."
- Staff spoken with said there were sufficient numbers of staff available to meet the needs of people. We were told that, "It seems to work as we are not with people for long." Managers also said that staff from the helpline and response team would be utilised to cover shifts, if needed.
- The service also operated an on-call system where managers were available 24 hours a day throughout the week. Where necessary, a senior on call manager could also be contacted providing additional guidance and support.

Using medicines safely

- People continued to be supported with their prescribed medicines safely. Policies, procedures and staff training were provided to guide staff on the safe management and administration of medicines. In addition, records showed staff had their competency to administer medicines checked regularly to make sure their practice was safe. Any identified areas for development or where a concern had been additional training or appropriate measure were put in place to make sure practice was safe.
- Levels of support were clearly recorded on people's care files. These showed people's consent had been sought for staff to support them with their medicine. A medication plan and risk assessment were drawn up with guidance for staff to follow.
- As part of the programme of quality monitoring regular audits were completed of medication administration records (MARs) to make sure records were accurate and complete.

Preventing and controlling infection

- Information and training were provided for staff to help guide them on preventing, detecting and controlling the spread of infection. The service has a dedicated IPC champion who is responsible for ensuring high standards of practice were maintained. As well as attend organisational meetings, plans were being made for them to complete a level 2 qualification helping to promote continuous learning and share good practice.
- Personal protective equipment (PPE) including disposable gloves and aprons, which were seen to be available to staff in the office.
- Several people we spoke with said staff wore protective clothing when offering support. One person said, "Yes they have gloves & aprons." Staff we spoke with confirmed that PPE was always available and used when offering personal care support. One staff member said, "We're provided with everything we need."

Learning lessons when things go wrong

- Continuous monitoring and scrutiny of the service helped to identify any themes or areas of improvement. Action plans were updated on a regular basis and identified outstanding areas of work as well as progress made in all areas of service delivery.
- Any safeguarding issues were clearly reported and analysed by the Finance, Audit and Risk Committee. We saw evidence in the internal quality audits and continuous action plan to show checks were made to ensure procedures were followed and any learning identified was shared across the organisation.

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; Ensuring consent to care and treatment in line with law and guidance

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

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.

- Information and training was available to staff with regards to capacity and consent Staff spoken with were able to demonstrate their understanding of the MCA, describing how they encouraged people to make their own decisions and choices. One staff added, "That's what the service is about, 'enablement', helping people do what they want."
- Information about people's individual needs was gathered through the initial screening process and assessments completed by social workers. Packages were allocated to assessment and reviewing officers (ARO's) for the duration of support, up to 6 weeks. ARO's liaised closely with people and their relatives in developing support plans based on their individual needs and wishes. Records showed people had been consulted with and had signed their consent, agreeing to the planned support.

Staff support: induction, training, skills and experience

- An on-going programme of training, development and support was provided. Staff continue to receive a range of training opportunities using e-learning, workbooks as well as face to face courses. Assessments of competency were also completed to check staff were confident in areas of practice. In addition, members of the staff team had gain further qualifications at level 2 in mental health, dementia, safeguarding and dignity and equality and diversity. Two members of the management team were also completing a level 5 qualification in Leadership and Management and two reviewing offers were completing level 3 Health and Social Care for Lead Carers. A further staff member had been awarded an apprenticeship award at the Oldham College annual student awards. This demonstrated a commitment to developing the team so that people received a good standard of care and support.
- All new staff completed a comprehensive induction in line with the Care Certificate. The Care Certificate is

an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. New staff had a period of shadowing, working alongside an experienced member of staff until they were assessed as being competent enough to work independently. This helped to ensure staff understood their role and responsibilities.

- One new staff member we spoke with confirmed what we had been told. They told us that people's changing needs were "well communicated." They said, "There's great support, all the staff are approachable" and "I'm happy and enjoying it, it's a great service."
- Managers and assessment and reviewing officers (ARO) carried out individual supervision meetings with staff. Supervision is a one to one meeting where staff can speak with a senior member of staff about their work, any concerns and areas of development. In addition, team meetings were also held and included bi-monthly meetings between Reablement and Health teams so the service delivered was consistent. A review of records and discussion with staff confirmed group and individual meetings were held, providing staff with the support and direction needed to carry out their duties.
- Staff spoken with were knowledgeable about how to effectively support people in meeting their individual needs. Staff confirmed they had regular training updates; adding, "There's always some training course being rolled out."
- We were told communication between the team was effective and staff were kept informed about events within the service as well as people's changing need. One staff member said, "The staff team is great, right attitude" and "Good communication, always passing things on."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Following the move to a more integrated health and social care system, the team works closely with other professionals so people received a 'joined up' package of care. These included, nurses, physiotherapists and occupational therapists.
- When required, referrals were made to a range of medical professionals e.g. District Nurse, Speech and Language Therapists and the Podiatry service.
- Assessment and reviewing officers had completed 'trusted assessor' training and were able to assess people's needs for low level equipment and arrange for these to be provided. This meant some packages could be closed quickly once it had been determined the person was safe and able to manage independently.
- The assistive technology team and peripheral loanstore. were also linked to the service and able to provide a more extensive range of equipment, where needed.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were supported by family with their shopping and meals. However, where people needed help with their meals this was recorded in their care records.
- Where people were identified at risk of malnutrition this would be assessed and planned for. Where necessary additional advice and support would be sought.

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 Good. At this inspection this key question has remained the same Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about their experiences and the support they received from staff. We were told, "They treat me with respect & kindnesses", "Kind and caring, honest to God I can't say a bad word, they're magic" and "They are kind and respectful, there hasn't been anyone who is not."
- Equality and diversity policies as well as training were available for staff. One manager had completed a level 2 qualification in Equality and Diversity and played a key role within the organisation developing this area across the service.
- When planning people's support consideration was given to the 'protected characteristics', such as, age, disability, gender reassignment, race, religion or belief, and sexual orientation. For example, as part of the assessment process people were offered a gender specific service. We were told a group was to be set up to explore equality, diversity and human rights and how this could be included in the delivery of people's care and support.
- Staff spoke in a caring and compassionate way about people who used the service. They understood the importance of upholding the rights of people they supported.
- During our visit to the office we heard staff speaking with people who had contacted the Helpline service. Staff gathered relevant information in a polite and patient manner. Relevant questions were asked so that the call handler could determine what help the person needed.

Respecting and promoting people's privacy, dignity and independence

- When asked if staff protected people's privacy and dignity we were told, "Very much so, they do act on what I say", "Very kind & caring" and "They are very kind, treat me with respect & dignity"
- Staff spoke about how they focused on supporting people to regain their independence. Records were updated to reflect the persons wishes. They spoke about people in a kind and respectful way and were mindful about working in people's own homes.
- Aids and adaptations were readily made available where people needed assistance to help keep them safe as well as enabling them to maintain or increase their level of independence.

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

- People and their relatives, where appropriate, were actively involved in making decisions about their care and support throughout their time with the service. Records seen were person centred and included what was important to them. We were told, "They listen to me" and "They care very much, 'A' star, they always."

- Brochures about each area of the service were available and advised people of what they could and should expect as well as how they would be involved in expressing their views and feelings.
- In addition to the feedback surveys the service had received many compliment cards from people and their relatives about their experiences, which revealed a high level of satisfaction. Some of the comments included; "I would like to thank all the team for their care and support during my time, I can't speak highly enough about the carers who have looked after me. I could not have managed without them", "I would like you to know we were satisfied with the service and the people who provided it" and "I'm writing to tell you how much I've appreciated your teams care, when I needed it. The girls [staff] were 'treasures' and I couldn't fault them."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- The integration of the Reablement, Helpline and Response Service with Pennine Care Oldham Rapid Community Assessment Team (ORCAT) has had a positive impact on the delivery of personalised care. The teams worked collaboratively, tailoring individual packages of support which promoted people's choice and control. This helped people regain confidence and live safely in their own homes for as long as possible as well as reduce the need for emergency support or hospital admission.
- People had access to a diverse staff team comprising of assessment and reviewing officers, responders, call handlers, support staff, nurses and therapists. In addition, the service had access to assistive technology and equipment stores such as a key safe, medication dispenser, falls detectors or a helpline unit which promoted people's safety and independence. The service also managed the peripheral loanstores, providing immediate access to equipment which enabled people to become independent quicker.
- People told us staff were highly responsive and were confident the support offered had a positive impact on their health and well-being. People gave examples of how the team worked proactively, to minimise risks, when incidents occurred, such as a fall or feeling unwell. We were told, "They respond pretty quick, they put a balloon under me and got me up, I can't stand on my own", "They came straight away with a Lilo blow up" and "When my wife had an injury, they referred her to the paramedics." We were given another example where a person was at risk at home, a specialist chair was provided from another of the provider services and delivered, without delay using the services transport, to the person's home. This helped to minimise any further risk to the person.
- When planning people's care and support the service ensured people's wishes and feelings were at the heart of the service provided. The team was highly motivated in delivering support, which helped people regain their independence. People's development was continually assessed following each visit. This helped to determine if progress was being made so the level of support could be adjusted accordingly. For example, one person wanted to reduce support from staff as they felt more confident in managing their medication independently.
- Comprehensive assessments and clear person-centred care plans were developed in partnership with people. Plans were kept under review so that information remained relevant and goals were achievable.
- Records were also maintained by the helpline and response team. This included basic information about the person as well as records of any 'call outs' and action taken by the staff who responded to the call.
- As part of the integrated team staff from Age UK were also involved and were proactive in encouraging and supporting meeting people to meet their social and emotional needs as well as preventing social isolation. We were told that following the initial 'crisis', great importance was placed on exploring other areas of support, such as, help with benefits, transport arrangements as well as access to community-based

activities. Every effort was made to help people to continue to live a safe and fulfilling life. One worker told us, "It's an excellent multi-disciplinary team, it provides a holistic service."

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.

- People and their relatives were fully informed about all areas of the service and what they could expect. We were told that information was translated into different languages or different formats, i.e., larger font, to meet the needs of individuals, where needed.
- Where people did not have English as a first language the service also had access to 'language line' who provide interpreters as well as staff within the team who spoke different languages.

Improving care quality in response to complaints or concerns

- A robust system for managing complaints and concerns was embedded. The complaint's policy and procedure were accessible to relatives, people and staff. Since our last inspection there had been three minor concerns. Information showed the registered manager was thorough in reviewing information, any areas of learning were shared with the team. In addition, oversight and scrutiny was provided by the Operations Committee to ensure appropriate lessons were learnt and any identified action had been taken.
- People we spoke with felt confident they were able to raise any concerns with the registered manager and staff. One person told us; "I'm satisfied all my care needs are met, I have no complaint. I feel my time with them has been a pleasure."

End of life care and support

- Policies and procedures as well as staff training were provided with regards to 'end of life' care. The service had identified a staff 'champion' who would provide additional advice and support to the team, if needed.
- We were told at times care and support had been provided to people at the end of their life. Every effort was made to ensure the person and their relatives received the appropriate care and support in a dignified manner.

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.

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

- All those involved in the management and development of the service were highly motivated and spoke enthusiastically about the integration of the two teams and the positive impact this had on service delivery.
- The management team were passionate about driving improvements across the service with great investment in the training and development of staff to promote continuous learning and improvements to further enhance the experiences of those who used the service. Staff spoken with talked about the range of opportunities made available to them
- Comprehensive management systems clearly evidenced robust scrutiny and oversight of service. The service was transparent in sharing areas of learning across the organisation to promote continuous learning.
- Staff spoken with described the registered manager as, "Brilliant", "Proactive", "Really leads the team", "Best manager I've had" and "Recognises people's strengths and will use them."
- The registered manager was very visible and continued to demonstrate a good understanding of the service and staff team. The registered manager attended regular meetings and working groups, such as, the Urgent Care Alliance, Quality and Compliance Group and Health and Safety Committee. They had also recently been asked by the Skills for Care Network to chair the registered managers meetings. These opportunities provided networking opportunities as well as helping to share knowledge and understanding across services.
- The management team had the relevant knowledge, skills and experience to support and develop the service. Staff were positive about their roles and felt there was consistent and effective teamwork.
- As part of the Integration Agreement the service continues to actively develop services further with health care partners. This will include a 'hospital at home' team and a single point of access to better manage and coordinate packages of care and support.

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, which is their legal responsibility to be open and honest with people when something goes wrong

- The team demonstrated a strong value base promoting care and support that was person-centred, open and inclusive, helping to achieve the best outcomes for people. People we spoke with told us, "Yes they are well led, they're excellent at every turn" and "Well led, well trained and very professional, nothing to add or change."
- The service had established effective quality assurance systems and processes. The registered manager and senior management team regularly monitored the quality of the service provided so any areas of

improvement could be quickly identified and acted upon.

- Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The registered manager was clearly aware of their regulatory obligations and had informed CQC of significant events, where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Packages of care were kept under review with people's involvement. In addition, feedback surveys were distributed on completion of the support. These provided people and their relatives with the opportunity to comment on their experiences and the service provided. One person told us, "The management came out to check they were doing what they are supposed to do."
- Staff were provided with a mobile phone so that information could easily be shared with them. These were password protected to ensure confidentiality was maintained.
- Staff told us they were able to share their views and ideas through the team meetings, supervisions as well as the annual feedback surveys. Team meetings were planned every 12 weeks and supervision and appraisals were held each quarter or more frequent if requested by staff.
- The service had a newsletter and business brief which was shared with staff so they were kept fully informed about events across the organisation. In addition staff had access to the 'intranet' which provided news, events information as well as providing access to documents and policies.
- The provider had also launched a staff reward scheme and there was an annual 'staff awards' event where good practice and commitment was recognised. Following a nomination from members of the staff team, individual staff members had been recognised in the 'Oldham Council annual staff awards' for their work. This has included a resource manager being awarded 'Leader of the Year', a staff member awarded the 'Making a Difference Award' and another receiving recognition as a 'role model', In the previous year the team had also achieved the 'Outstanding Team Contribution Award'. These awards provided both internal and external recognition for the quality of service provided.

Working in partnership with others

- The registered manager had worked to ensure there was a positive ethos at the service. They worked closely with other teams across health and social care so people's social, emotional and physical needs were met in a timely and consistent way. One staff member said, "It's a fantastic service, everything to everybody."
- So that the service was able to respond appropriately an assessment and reviewing officer (ARO) worked closely with the local hospital each day to ensure safe discharge arrangements were in place and people were safe to return home.
- During our inspection we spoke with a senior manager responsible for the health team, ORCAT. They told us the integration of the team has been very positive with immediate benefits for the service; adding "We can deliver safer and better service to people."