

Cumbria County Council

Cumbria Care Domiciliary and Reablement Service - Copeland and Allerdale

Inspection report

West Cumbria House
Jubilee Road
Workington
CA14 4HB

Tel: 07876447957

Website:

www.cumbria.gov.uk/cumbriacare/cumbriacarereablement.asp

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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

Cumbria Care Domiciliary and Reablement Service - Copeland and Allerdale. provides personal care and rehabilitation services. They do not provide domestic services. 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. When the inspection started the service was supporting approximately 150 people.

People's experience of using this service and what we found

Cumbria Care Domiciliary and Reablement Service - Copeland and Allerdale is operated by Cumbria Care, the in-house provider of Cumbria County Council. The service provided reablement, domiciliary care, crisis care and overnight care to adults in Copeland and Allerdale.

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.

People told us they felt safe being supported by the care teams. Staff were suitably recruited, trained and developed. The staff provided respectful, dignified care and support. Staff were experienced and suitably trained to provide reablement support and personal care.

Risks were well managed and good assessment of needs was in place. Care planning covered all aspects of people's needs and preferences.

No one we spoke with had any complaints but understood how they could air their views about the service.

The management of the service was of an extremely high standard. The registered manager and the provider ensured high quality care and support was provided. The registered manager and the provider had developed the service during the pandemic to ensure needs of people and staff were met. They had developed the domiciliary branch of the service, introduced a crisis intervention service and had made sure the night service in the area was functioning well. People had a range of needs met in a holistic way.

The culture of the service promoted independence and the reablement model could be seen in all parts of the service. The people and staff we spoke with were very satisfied with the service.

Staff welfare had been given high priority during the pandemic. Staff had access to occupational health support, counselling and management support. This meant people received good outcomes because staff were given the right levels of support to continue to be motivated, professional and caring.

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 this service was good (published 7/03/2018).

Why we inspected

This was a planned inspection based on the previous rating. We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

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 effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Cumbria Care Domiciliary and Reablement Service - Copeland and Allerdale

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.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience who undertook telephone calls to people using the service. 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. This service provides reablement services, overnight care, short term crisis intervention and some home care services.

The service had a manager registered with the Care Quality Commission. This means 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. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 October 2021 and ended on 10 November 2021. We visited the office location on 26 October 2021.

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 visited the office and met with the registered manager, the deputy and the service manager, who supports the service. We then telephoned people who used the service and staff. We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including care staff who worked in domiciliary care and reablement services.

We reviewed a range of records. This included five care files, records of medication given, training records, staff files and the policies and procedures relevant to this inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality and strategic planning documents, We also contacted professionals who regularly use 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. This meant people were safe and protected from avoidable harm. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse

- The provider had extensive policies and procedures to safeguard people. The registered manager reported any allegations in a prompt and appropriate manner.
- People told us they felt safe with the staff. They judged staff looked after them and their homes. One person said, "I had no qualms about [receiving reablement support] and all the carers were professional in their attitude."
- Staff received training and safeguarding was discussed in supervision and team meetings. Staff told us, "I am aware of how to report and if it was happening and it was needed I would ring the police if I had to... If I wasn't sure the supervisor on call at night would advise us." Other team members said they wouldn't hesitate to report anything of concern "No matter who was doing the harm..." Staff had access to senior managers of the county council if they felt systemic abuse was happening in the service.

Assessing risk, safety monitoring and management

- Thorough risk assessments and risk management plans were in place for all aspects of the service for people, staff and the public.
- Individual care files had detailed assessments of risk for the person, the person's home and for staff. These were completed by staff with specific training in assessment. The provider employed staff based in hospital who started the initial assessment of need prior to the service starting. Reablement officers then completed a further assessment once the person came home. One person said, "I was able to say what I wanted because I was listened to and it was set up from there. I was asked whether I minded having male or female carers; [and] the carers call me by my preferred name."
- We saw risk assessments for medicines, manual handling, lone working, home working and risks related to Covid-19.
- Staff were aware of the risks of lone working and used the logging on and off system so that management knew where they were. Staff also used an application on their phone that could be used if they were at any risk. This ensured staff would remain safe whilst delivering care. A night worker said, "Sometimes we go to areas where we could be at risk, but we have plenty of support and understand the risks to us and to service users. We know how to deal with risks."

Staffing and recruitment

- Staffing and recruitment were well managed by the registered manager and the provider.
- The registered manager had consulted the provider about fast tracking recruitment to compensate for the problems around recruitment across the county due to the pandemic. Agency staff had been used to prevent any shortfalls when permanent staff were shielding, unwell or isolating. Recruitment was ongoing due to the service expanding. Staff retention was good; two staff said, "We have about 65 years of service with Cumbria Care between us two... we wouldn't dream of changing jobs. We love it".

- We saw four recruitment files from the week before the inspection and these had been fast tracked. All checks were in place. A relatively new person told us about their fair and well managed recruitment and about being interviewed for another post they were interested in. Staff thought there was potential for promotion.
- Grievance, disciplinary and staff well-being matters were dealt with in an open, measured and objective way. Staff told us they had been supported during shielding and ill health. One team member said, "The manager and my supervisor were great and Occupational Health were marvellous...I am back at work but can say if things are too much for me." Any potential grievance or disciplinary matters were dealt with swiftly by the registered manager or by senior officers of Cumbria Care.

Using medicines safely

- Quality monitoring in the service had discovered some issues around medicines administration.
- Senior staff had dealt with errors made earlier in 2021 and resolved these with no harm to any person using the service. Staff had reported errors straight away when they had made a mistake. The registered manager had analysed these gaps and had identified these had been made by staff who were still living with after effects of Covid -19. Any staff member who had made an error in medicines administration was taken off medicines calls and given support. A new training and competence check session had been devised by the registered manager and her deputy with all the staff who had made errors. These were one to one sessions and were done in-depth. Staff said, "I had training and a competence check with the deputy. It was supportive." After this staff confidence and competence was checked by supervisors in people's homes. Errors had reduced after this intervention giving improved outcomes for people who needed this support.
- People told us they trusted staff with medicines. One said, "The carers are there when I take my medication, just to check I've taken it – every time." Staff supported people to take medicines themselves, where appropriate. Records of medicines were comprehensive and audited regularly. Staff asked for reviews of support plans when necessary and would involve social workers or health professionals.

Preventing and controlling infection

- The registered manager ensured that up to date guidance was followed to prevent and control infection. There were suitable policies and procedures in place.
- The provider admitted people safely to the service and ensured that new people had been tested for Covid-19. Staff were made aware of new positive tests and would take the correct measures to deliver care and support safely.
- Staff used Personal Protective Equipment [PPE] effectively and safely. One person told us, "We had staff coming out throughout the lockdown wearing all the protective gear – aprons, gloves and masks – which they still do. They roll them up and put them in a bag then into a bin bag I give them."
- Staff told us they had received training in infection control and the use of PPE. "We had updates every time the guidance has changed. Plenty of PPE- I feel quite safe even if the person has tested positive."

Learning lessons when things go wrong

- The registered manager gave evidence to show they and the provider used a lessons learnt approach as part of their quality monitoring.
- The registered manager had made changes to medicines management when things had gone wrong and had identified causes and taken practical steps to lessen this risk. There had been no further errors.
- Rostering had been difficult during lockdown and the registered manager had undertaken a full review of rostering, the make-up of teams, and how they were managed. This was done to ensure the service user 'journey' would be smooth and consistent.
- The provider and the registered manager had identified the changing nature of care and had looked at ways to move forward. The service had expanded and there were new teams and new roles in place. These

were in line with Cumbria Care's development plan and were helping to lessen risk of unmet need.

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 now remained the same. 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

- The registered provider worked with health and social care colleagues to ensure care delivery met the relevant standards and legislation.
- This service provided reablement for people who need support to recover from a range of illnesses or disabilities. All potential people had a full assessment of needs by a team of professionals. This included staff from the service, social workers and health care professionals. Good assessment of need was seen on file.
- The service employed an occupational therapist and reablement officers who were fully trained in assessment. They also employed 'trusted assessors' who worked in hospital settings to provide the first assessment of need.
- Assessment was ongoing through the person's support journey. People told us, "The support definitely helps me because there's no way I could manage without it. It seems to be stopping my [condition] getting any worse, which is a big thing." and another person said, "[My relative] lost confidence with moving about. The carers have got them very mobile now, getting to the toilet etc. [My relative is now] determined to improve."

Staff support: induction, training, skills and experience

- The service had a well-trained, skilled and experienced team and we saw records to confirm training, supervision and competence checks.
- The staff team had received appropriate induction and training for their role. As employees of Cumbria County Council, they received training provided by the local authority and had also received service specific training. Staff had received training on rehabilitation and recovery. One relative said, "The team advised us that we needed to increase the number of visits per day; or have longer visits. They're thinking things through, and I'm very impressed with that. There are some very experienced people." Another person said, "They all know what they're doing and if they've got a new person the experienced ones help them and show them what to do. I do feel they're well-trained."
- Staff were skilled in supporting people in reablement. Care plans included the steps to take to assist in this and staff had both skills and experience to support people. One staff member said, "The goal setting is excellent and easy to follow. We get good results."
- The teams were also delivering domiciliary care due to the problems around availability of services. Staff were trained, skilled and experienced in delivering personal care and support to a range of people and at all times during the day and night. They had started to deliver end of life care and further training was underway.

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

- Staff supported people to eat and drink well, where required.
- Reablement staff supported some people to prepare nutritious meals for themselves and encouraged people to stay hydrated. They also prepared meals for those people who were unable to do so. One person said, "They cook my meals, all three. They do everything I ask, for my meals and everything else, and I'm happy with that."
- Where people had problems with swallowing, or specific dietary needs these were assessed and planned for prior to the start of reablement. Staff had received training on nutritional needs. They used recording tools if they were concerned about people at risk of malnourishment or dehydration. Staff said, "We don't make many meals...what we do is support people to make meals, snacks and drinks and learn to use the microwave." One person who had needed reablement but then needed fewer visits said, "The carers also filled a thermos with hot water and left it next to my chair, so I could make myself a drink when I was on my own".

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a wide range of professionals to deliver appropriate care and support.
- The registered manager had a lot of contact with other agencies working in the community. These networks were far reaching and involved adult social care, hospitals, health colleagues but also included contact with community groups and organisations like the homelessness team. The night care team had given support to this team. Staff had access to information about voluntary and statutory groups and could support people to start attending these. One person said, "I now go to a gardening club. They helped me to get started."

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with health care providers to ensure people were encouraged to live healthier lives.
- Staff monitored people's health and well being during reablement and were able to contact physiotherapists, community nurses, G.Ps and specialists. A staff member told us the Occupational Therapist employed by the service could be contacted. "I rang her and she came out with our equipment and made a new assessment and dealt with the problem. The person now has the right aids to get out of bed. It was all sorted within two hours." The service had a van that contained moving and handling equipment. from their equipment store. This meant people didn't have to wait for this practical help.
- Staff also ensured that any concerns were followed through. One person said, "One carer noticed and rang the out of hours doctor at the weekend. The next carer, on the Monday, checked if anyone had come and when I said they hadn't, they rang the GP's surgery and a nurse came that afternoon".
- Staff working with all groups were trained to notice changes to a person's health, to support healthy lifestyles and inform professionals and, where appropriate, family members if there were problems. The team also worked with people who have had mental health problems or had issues with alcohol or substance abuse and they were supported by mental health and community teams.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority.

- There were no requests or authorisations in place.
- This reablement service did not take people who lacked capacity to the extent that an authorisation might be necessary. The rehabilitation and recovery processes needed full understanding and consent to care and support.
- Staff were aware of their responsibilities and had received training on the MCA. They would discuss issues with the registered manager and other professionals if they considered people were deprived of their liberty.

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. 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 were treated as individuals and their equality and diversity were respected. One person told us staff were, "Very conscious of my relative's dignity, they really are. They care for him, and about him. They're very professional and don't talk about other people or anything like that."
- Staff spoken with displayed empathy and genuine care for people, They discussed equality and diversity and said that they followed the provider's guidelines and could access support for cultural needs if necessary. They confirmed they had completed equality and diversity training. One staff member said, "We try our best to understand each person's needs. It's not a science; it's people that we deal with." Another staff member said, "We worked through all the difficulties because we want to help people. It is our job."

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

- People were supported by the staff and by health and social care professionals to make their own decisions about reablement and about their future care and support needs.
- Prior to the start of a reablement programme each person was asked their wishes. These views formed the basis of the goals set for their recovery. If people lacked capacity to understand the plan to be followed they were not accepted on to the programme.
- Each person was involved in the assessment of need, the programme of support and any special support needs. Care plans were reviewed during and after the period of recovery. Every person was visited by supervisors and reablement officers during this time and they received a survey at the end of their programme. One person told us, "A supervisor came out a couple of weeks ago to talk with us. She said she felt she knew us because she supervised the team of carers we had, which I thought was nice." Other people said, "I'm all-round happy, and the service is quite definitely meeting [my relative's] needs," "I'd give the service 10/10", and "I would recommend the service to anyone who asked."

Respecting and promoting people's privacy, dignity and independence

- Cumbria Care was committed to providing person centred, dignified care in all settings and this service was dedicated to supporting independence through reablement.
- All staff were undertaking refresher training in person centred care and this included promotion of privacy, dignity and independence.
- People told us staff were kind, caring and respectful and they promoted independence. Their comments included, "They never took over, just helped as much as I needed." and "Staff say 'Right, should we try this now, do you fancy...?' They don't push my relative, they leave it up to him to have as much help as he wants."
- The audits of quality showed that reablement gave good outcomes for people and that people always felt

respected. One person said, "Staff have helped to make a positive difference to me and they're all very good."

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

- Care plans were detailed and based on individual needs and preferences.
- One person told us, "A lady came to see me at home to set up my reablement plan, and the first carer came that same night. The care plan was reviewed after three weeks and longer term care set up." Care planning gave this person very good outcomes and needs had reduced. People spoke about benefits to their mobility, "The carers have got Dad very mobile now.", changes to their mental well-being "The carers come in and cheer him up. They joke and tease with him, singing and laughing all the time. I can see he is brighter; they're very good for him." and support people to engage with the wider community "I am going out to social groups again".
- A staff member said, "I think we do a good job and we can see people becoming more independent and more confident".

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.

- Cumbria Care met these communication needs in a proactive way.
- Individual assessments of need ensured that specific communication needs were met. Staff received generic training but could also access specific training for individuals. They could access training in sign language and the occupational therapist employed by the provider could access specialised support for equipment and further training.

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

- This was a reablement service and did not organize activities but did support people and their families to access activities that reduced social isolation..
- The staff had access to information about community activities and resources and assisted people to return to previous activities. They also helped people to access new services. These ranged from counselling services to activities like 'Men in sheds', where men can meet, join in activities and talk together.. Reablement had a holistic focus that covered more than support with personal care. Staff helped people with emotional and psychological needs and signposted them to other professionals and to community groups.
- The staff team were aware of cultural needs and respected and supported people to access spiritual or cultural activities if required.

Improving care quality in response to complaints or concerns

- The service had a suitable complaints procedure based on the procedures of the county council
- There had been no formal complaints received by the service or by CQC. Minor complaints were resolved swiftly by the local teams but could be referred to the registered manager. We saw that she always apologised and resolved any issues as quickly as possible.
- One person said, "I'd tell them straight away if I had a [concern or a complaint]. If I were in that situation, I'd make enquiries about how to tell someone at the top." another person said, "Never had to complain but I know how to. I know they would listen and act on it."

End of life care and support

- People in this service were not, for the most part, at the end of life but were being supported to live as full a life as possible. They had recently taken on some end of life care.
- Staff received training in end of life care and the deputy manager was updating her training on this so, if necessary, she can guide staff when they have to care for people at this life stage.
- The service had good relationships with health care providers and would work with them if they were supporting care of this type. They could rely on support from Hospice at Home, Macmillan nurses and the local community nurses and doctors.

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

- This service excelled in providing an open, inclusive and empowering culture that achieved good outcomes for people. The registered manager motivated and encouraged staff to give their very best during the Covid-19 pandemic. Staff told us, "We are trained to think out of the box to get good outcomes for people." A relative said, "Staff are helping to make life more comfortable. They always offer more...They say they're there for me as well as my partner."
- Constraints on the service due to the pandemic had not impacted on what the registered person called 'the service user journey'. The culture of the service was positive and focussed on the individual. The senior team were committed to outstanding care delivery. Person centred and empowering care was evidenced when talking with people and with staff. One person said, "The care provider is excellent. You can see the organisation is under pressure (due to the pandemic), struggling to keep up their standards with the resources they've got, but they do manage it somehow." A staff member said, "Care is what we do so we just did the best we could during all the lockdowns."
- People told us there was continuity of care from positive staff, One person said "The carers are all excellent and all do more or less the same thing, in the same way. They seem like one happy family, a nice team." A relative summed up the culture, "They're all good, but very best are 'thinking' carers: they don't just follow a checklist, they'll look at [my relative] and think 'what does this person need, am I the best person to do this or is someone else needed?'"
- People who had gone through a reablement programme had limited access to domiciliary care from other providers due to Covid-19 pressures. The registered manager had then created new teams to support people. The reablement teams continued to provide rehabilitation, then, where needed, the person was supported by an intermediate team, night care teams and/or a domiciliary team. Staff said rostering arrangements allowed them to work across these teams to provide continuity if requested.
- The provider and the registered manager had worked with health and social care providers during the pandemic and were committed to supporting the wider health and social care environment. They had developed a crisis response team to give up to 72 hours of care to prevent admission or readmission to hospital. This allowed people to settle in their own homes and prevented 'bed blocking' at Cumbria hospitals.

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 provider and the registered manager had an open and honest approach to any difficulties or

problems. They notified CQC appropriately and promptly.

- When the pandemic first impacted on the service any problems with calls were dealt with swiftly and steps taken to reduce reoccurrence. The service adapted their rosters and used agency staff to ensure everyone had the support they needed.
- We saw apologies had been given and one person said, "The office staff were extremely helpful and certainly seem to take things on board." There had been some medicines errors which were swiftly resolved and the registered manager had devised a one to one training session for staff to prevent reoccurrence. A staff member said, "I went through retraining after being off sick and now feel confident that I won't make any more mistakes."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had an experienced and highly motivated registered manager who took an overview of risk and quality performance. She was supported in this by the provider, the service manager, other registered managers, a deputy manager, a senior staff team and the external Cumbria Care quality team. We saw analysis and action plans from quality monitoring and planning that supported change and development in the service. There had been daily, then weekly management meetings to look at emerging risks and resolutions across Cumbria.
- The registered manager had identified problems in the rostering of local teams. Staff had crossed areas because shielding and sickness had impacted on delivery. The registered manager had implemented a project where she spoke with every support worker and asked them for their ideas about rostering that would give people the very best experience of care and support. She asked all staff about working patterns to enhance their work experience and to also give people continuity of care. Staff told us, "Things are fine and getting better. Together we are sorting rotas, which is fantastic. We looked at work patterns to give people continuity but also to help us ... things have been difficult but with good work patterns staff will stay and carry on giving good care."
- People understood how to contact the supervisor for their localised team but would talk to staff first. They felt they could ring the office for any other queries. One person said, "I've got the office number but I never need it. Everything's in place and I've no problems. I think I would feel I was listened to if I needed to ring about anything." Staff understood the governance structure, used the supervisors, the occupational therapist and the reablement officers for guidance. They also told us, "The registered manager knows what is happening. She has her finger on everyone's pulse." A staff member said that if change was taking time, "You just include the registered manager in your e-mail and it is sorted on the same day."
- Cumbria Care had a development plan that identified threats and opportunities for the service. This had been done following consultation with people who used service and stakeholders. It identified the need to adapt due to changing legislation and the ongoing concerns around covid-19. It included strategies to promote person centred care, equal opportunities to access care and promoted independence through prevention and rehabilitation. Their vision and values were positive, person centred and empowering.

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

- The service had dedicated systems to engage and involve people who used the service and other key players in the area. This included audits, reviews, surveys, staff supervision and team meetings. External audits were completed by Cumbria Care's quality team. Consultations had taken place with people and key players across Cumbria to develop future strategies.
- The registered manager had identified staff as the key resource. Retention of staff was excellent despite the challenges of the pandemic. The registered manager had counteracted barriers to motivation. Compliments had been gathered together into a resource that staff could look at if they felt downhearted.

All staff had been given a gift for their dedication during difficult times. They had been signposted to counselling, mental well-being and pastoral care. Staff knew that they could talk to the registered manager if they were frightened, unhappy or anxious. One member of staff [with 25 years service] told us, "I couldn't fault the welfare support given during and after my illness. I did induction and retraining before I went out again." The registered manager knew that a dedicated and motivated workforce gave people the best care. She said, "We want to keep our staff and we are committed to giving them all the support and flexibility we can provide, while making sure people get the right kind of care."

- Each person who received reablement had reviews of progress during and at the end of the allotted time they were supported. They also received an exit survey when no longer in need of the service. These contained positive outcomes. For example, "The staff have given my relative his independence back." and, "They gave me the confidence to stay at home." Audits of all aspects of the service were completed. These were analysed and changes made. For example, as the service expanded the registered manager identified a need for a deputy manager and more supervisors. These posts were recruited to and changes made to the governance of the service. The deputy manager played a leading role in this and said, "We keep all of it under review because we check quality all the time."
- The registered manager had ensured that during lockdowns the staff team could call on community groups to support with things like shopping. People were now engaging with groups that would offer activities and social, psychological and emotional support. One person said, "I am now enjoying attending my regular gardening club," and we learnt that staff supported people to go to clubs run by Mind and Age concern. In return the registered manager was involved with community networks set up during the pandemic and assisted with things like the head count for rough sleepers for the local homeless teams.
- Staff had attended equality and diversity training which was included, where appropriate, in care planning and staff supervision. Holistic care was evident in the staff approaches. A male staff member said, "I have never had a problem with gender bias." Staff talked about individual cultural, emotional and social needs. They told us this was considered as part of the rostering project. One staff member said, "I can work round my family's needs but still meet people's needs."

Continuous learning and improving care

- This service was aware of the changes they needed to make in order to keep up with the pace of change in the wider social and health care arena.
- A review of roles had taken place alongside a new way of looking at rostering. The service had divided into different branches to accommodate need. They had developed interim and domiciliary care services to ensure unmet need was reduced. They were at the start of a new crisis service where they put in up to 72 hours of round the clock care to prevent re-admission to hospital. People in the service had same day access to occupational therapy assessment and suitable equipment could be given from the store straight away. They had taken on some end of life care to meet unmet need. The deputy was leading on cascade training for staff to support end of life care.
- Staff told us the registered manager was "passionate" about staff learning and the development of the business. We saw innovative ways of improving care. These included the development of night care, crisis care and domiciliary care, whilst still focusing on reablement work. Staff well-being measures, fast track recruitment, the rostering project, 'hands on' training for medicines, focus on goal setting for all service users, building community networks and developing 'user friendly' care files had all been progressed, despite the pressures on the service. A staff member said, "We have done really well and we are on board with all the changes. Its quite exciting."
- Staff received 'Ways and means' training that encouraged staff to work directly with health and social care providers. This had ensured a 'thinking' team which used problem solving approaches and encouraged joint working. Staff felt empowered and enabled to contact other professionals to ensure improved care delivery. One staff member said, "I am proud to work for them and I feel I can work independently," and another said,

"I experience so much positivity on a daily basis in my job, and there's no better feeling than going home after work knowing you've helped someone achieve their goals. I feel very lucky to be a part of the reablement team."

Working in partnership with others

- The service worked with commissioners of care, social workers and health care providers to ensure people could access the right support at home.
- Cumbria Care's strategic plan identified the changes in legislation and the need to continue to work with all stakeholders. Cumbria Care met with other professionals to ensure planning and delivery were of the highest standard. They contributed to the wider agenda of meeting unmet need across the county. The registered manager was a key player in strategic planning and had inputted into the wider strategic plan. For example, she had been a key player in setting up the 'trusted assessor' role in local hospitals and the development of a crisis team to support local NHS resources. She had also worked on projects involving key stakeholders and service users. She had developed 'user friendly' booklets for each person, had involved all staff in rostering and had been involved in the development of the empowering 'Ways and means' training. This had ensured a 'thinking' team which used problem solving approaches and encouraged joint working.
- A social work manager said, "They are very good...we know we don't need to worry as our service users are in good hands. They communicate well with us and we have seen some wonderful outcomes for people who have gone on to regain independence."