

Devon County Council

Social Care Reablement - St Michaels

Inspection report

St Michaels
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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?

Good ●

Summary of findings

Overall summary

Social Care Reablement - St Michaels is registered to provide personal care to people in their own homes. It is one of six reablement services provided by Devon County Council. The service provides reablement support to people for up to four weeks following an illness, injury or hospital admission to help them regain independence and confidence. The focus of the service is to enable people to maximise their potential to manage their own care without further support, or with minimal assistance.

At the time of the inspection 29 people were receiving a service. The service employed 25 staff.

We last inspected the service on the 24 January 2014. At that inspection we found the provider was meeting all of the regulations we inspected.

This inspection took place on 6 and 11 January 2017.

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

Feedback from people using the service was positive and they were keen to tell us how they valued the service. People said they were safe using the service because it was reliable; staff were well trained and caring. There were sufficient numbers of staff employed to provide people with their planned service. People said they had never experienced a missed visit; that staff arrived when expected and visits were never rushed. There was an effective recruitment and selection process in place and the necessary relevant checks had been obtained before staff started to work alone.

People benefited from a service where staff understood their safeguarding responsibilities and they knew how to keep people safe from avoidable harm. Risks to individuals had been identified and there was guidance for staff on how to keep people safe. Staff supported people to be independent when managing their medicines. We have made a recommendation to ensure any medicines administered by staff are recorded accurately.

People were provided with the care and support they wanted by staff who had the knowledge and skills they needed. People's right to make decisions for themselves was respected and staff sought consent when delivering care and support. People received support from staff who understood and responded to their health needs.

People were very happy with the care and support they received. People said staff were kind and caring and offered support which met their needs and promoted their independence. They said this enabled them to regain independence and control and to continue to live in their own home. Staff demonstrated a caring

and respectful attitude towards people and knew people well and how they preferred their care and support to be delivered.

People were able to express their views and be actively involved in making decisions about their care and the goals they set. Staff were friendly and approachable. They were also respectful of people's dignity and privacy.

The service was well managed by the registered manager and their team. Regular audits and surveys were used to monitor the quality of the service. Feedback from people showed the service was valued and performing well.

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.

People were protected from the risk of abuse. People had confidence in the service and felt safe and secure when receiving support.

There were good systems in place to ensure risks to people's safety and wellbeing were identified and addressed.

People were supported to manage their medicines. We have made a recommendation to ensure medicines administered by staff are recorded accurately.

There were enough qualified, skilled and experienced staff to meet people's needs. Robust recruitment procedures were in place to protect people from unsuitable staff.

Is the service effective?

Good ●

The service was effective.

Staff were skilled and knowledgeable about their roles, and received support through supervision meetings and appraisal of their work.

People were involved in setting their goals and their consent was obtained. The registered manager and staff had a good awareness of the principles of the Mental Capacity Act 2005.

People were supported effectively with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

People expressed their satisfaction with the care and support they received.

Staff had developed meaningful relationships with people and had sufficient time to meet their needs in a relaxed and

unhurried way.

People were involved in their care and care was provided in the way they wanted it to be. Staff promoted and encouraged people's independence.

People were treated with kindness, respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care was provided in a way that was responsive and flexible to meet the changing needs of individuals. The service responded to people's needs at short notice in order to maximise their independence.

People were involved in the development and review of their goals and support needs.

There was a complaints procedure in place and people were aware of how to raise any concerns. They were confident concerns would be addressed.

Is the service well-led?

Good ●

The service was well-led.

The culture of the service was open, inclusive and transparent. The registered manager demonstrated strong leadership skills and staff worked well together as a team to deliver an effective service.

There were effective systems in place to monitor and improve the quality of the service provided. Feedback was regularly sought from people using the service and improvements were made where possible.

Social Care Reablement - St Michaels

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 11 January 2017 and was announced. The provider was given 24 hours' notice because we needed to be sure the registered manager and staff would be available to speak to us. It was carried out by one adult social care inspector.

We reviewed information about the service before the inspection. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

On the first day of the inspection we met the registered manager, resource manager and team leaders. During the inspection we spoke with four members of staff. We visited two people living in their home with their permission and we spoke with a further three people on the phone. We also spoke with four relatives and one health and social care professional involved in people's care. Prior to the inspection we sent out 17 questionnaires to ask people about the service they received. We received replies from 7 people. We also sent questionnaires to relatives and received a response from one person.

We reviewed four people's care records; staff training records, three staff recruitment and support files and other records which related to the management of the service.

Is the service safe?

Our findings

People contacted during the inspection said they felt safe using the service. All those responding to our questionnaire confirmed they felt safe from abuse and or harm. One person said, "The service has been superb in every sense and extremely reassuring..." Other comments included, "I feel safe with staff; they are well trained. I've not had a problem with any of them" and "They (staff) reassure me. They have helped me an awful lot." A relative said "The service is absolutely fabulous." They described the reassurance it provided for them in knowing their family member was being supported appropriately. They added, "They (staff) have been amazing..."

Professionals expressed their confidence in the safety of the service. One said, "This is one of the better services and outcomes are generally very positive getting people back to some level of independence..."

Staff supported people to be independent when managing their medicines. The registered manager and team leaders said the service did not support people with the administration of their medicines as the aim of the service was for people to be independent. Staff provided support by prompting, reminding and removing medicines from containers. The medicines policy stated staff were able to support "level 1 – general support tasks." This included the application of creams and patches as directed by the individual. However, we found staff had been assisting one person to manage their pain patch medicine. Daily progress records showed staff had administered the patch most days. However, there was no record of the medicine being used, the dose or how often it was to be used. We recommend that the service consider current guidance on recording medicines administration and take action to update their practice accordingly.

Where staff provided support with medicines, this was described in the care plan and a consent form had been signed by the individual. Staff had been trained to 'level 1' to help support people with their medicines and their competencies had been checked by team leaders during spot checks. People confirmed they managed their own medicines, with minimal support from staff. They said they were happy with the assistance they received. One person said, "They (staff) do ask me if I've taken my medicine. They just check to make sure." The PIR confirmed there had been no medicines errors in the past 12 months.

The provider ensured sufficient staff were on duty at all times to meet people's needs safely. The service was not time specific or time limited as staff were responsive to people's needs at each visit. Therefore specific visit times were not allocated. This was explained to people during the initial assessment of their needs. The vast majority of people said they were happy with this arrangement. One person said their visit had been allocated from 8.30am to 10am, which meant they found it "awkward to plan" their day. However, they also said they accepted this was the nature of the service. People said they had never experienced a missed visit and that staff did not rush their visit but ensured people had plenty of time to achieve their daily goals. One person said, "Never a missed visit. Never rushed me. They did exactly what I wanted. They were excellent..." Another person described how their visits had been flexible to accommodate their hospital appointments. They said, "(staff name) made sure staff were here before we left and when we got home. They couldn't have been more helpful..."

The service used a computerised system to plan the daily/weekly timetables. The system had features which avoided the risk of planned visits being missed. It also matched staff skills and competencies to each person and alerted team leaders to any potential error or omissions. The capacity to accept new referrals fluctuated from week to week. This was because it was dependant on individuals' progress and the reduction of their visits. The registered manager explained new referrals were only accepted if the service had the capacity and if they were sure they could provide a consistent and effective service.

Staff used 'Smart Phones' to receive information about people using the service and also to log in and out of visits to people's homes. Care records were regularly scanned by staff and sent by phone to the office for the team leaders and registered manager to review. Staff felt the system was helpful and ensured they had up-to-date information. They confirmed they had sufficient travel time in between visits. They generally covered a geographical area which reduced travel time and helped to ensure visits were planned effectively.

There was an out of hours 'on call' system in place. People using the service and staff were aware of who to call should there be an emergency or should they need to change the time of their visits when the office was closed.

There was an appropriate recruitment and selection procedure in place to ensure people were supported by staff with the appropriate experience and character. This included completing an application form about their experience and skills, and a formal interview process. References were obtained and a Disclosure and Barring Service (DBS) check was carried out. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People were protected against the risks of potential abuse. Staff had received safeguarding adults training, which was verified by the staff training records. The service had a safeguarding policy and procedure in place. Staff were aware of the local safeguarding protocols and provided examples of how and when they would use these. Staff expressed confidence that any concerns would be dealt with by the team leaders and registered manager. One said, "I am confident the manager would deal with any concerns. If I thought it wasn't being dealt with then I can report elsewhere...to the local safeguarding team or CQC." This meant staff had the knowledge to respond appropriately should abuse or neglect be suspected. The registered manager and team leaders were well-informed about how to deal with and report any concerns. No safeguarding concerns had been received by the service or CQC in the past 12 months.

People were supported to take risks to regain their independence and confidence whilst any known hazards were minimised to prevent harm. Assessments to identify potential risks to people's safety were completed at the first visit to people's homes and plans were developed to minimise any risk. This included risks related to their support needs and the environment. For example, moving and handling, medicines, nutrition, behaviour, equipment, and the premises. Where risks had been identified actions and agreements had been reached to reduce those risks. For example, one person was at risk of developing pressure damage. In order to reduce this, a pressure cushion was used. Another person required a walking aid to maintain their safety, and we observed they used this confidently when we visited them at home. One person told us how staff suggestions for using equipment had helped them to regain more independence. They said, "They (staff) showed me how to use my kettle safely...it was very useful and helpful for me..."

Where people had complex moving and handling issues, health care specialists were involved, such as occupational therapists (OT) and physiotherapists. An OT explained their role was to consider interventions to promote people's safety and independence. For example, assessing access to people's homes; their beds and bathrooms and suggesting equipment, adaptations and techniques to be used. They described the service as "brilliant".

Staff were aware of the reporting processes should a person have an accident or incident at home while care was being provided. Accident/incident forms contained details of the nature of the accident and whether any injury had been sustained and the action taken by staff. As well as completing the forms, staff called the office if an accident or incident occurred to ensure the appropriate action was taken. For example, calling emergency services or referring people to other professionals for review, such as the community nursing team. People's risk assessments and care plans were updated as necessary, to ensure staff had the necessary information to support people safely. Accidents and incidents recorded in the past 12 months showed no significant injuries had been sustained by people using the service.

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People confirmed staff had the skills and knowledge to give them the care and support they needed. One person said, "The staff were well trained. Every one of them provided support to the same excellent level..." Another said, "They knew exactly what they were doing...I had complete confidence in them..."

Relatives said staff had the right skills and knowledge needed to give their relative the required care and support. One commented, "I have high standards and I am full admiration for the service and staff...they have been brilliant..." Another said, "We really couldn't have managed without them..." A professional said, "They (staff) are working with a 'reablement ethos'. They are skilled in reablement..." They said outcomes for people using the service were positive.

Staff had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff confirmed they received the training and support they needed to carry out their duties. Comments included, "The training and support is very good and always up to date. We have all we need to be safe..."; "We definitely have the training and support to do our job..." and "All of the mandatory training is up-to-date and we can request additional training. They (team leaders) are organising stoma care training...the extra training helps us to support people and understand why they are feeling a certain way..."

The training matrix and information in the PIR showed essential training was up to date, such as moving people safely; fire safety; risk assessment training; first aid; food hygiene and infection control. Other training included dementia care; catheter care; equality, diversity and human rights; positive behaviour support and nutrition and assistance with eating. The training matrix alerted the registered manager when training was due so they could plan and ensure staff received refresher training in a timely way. The PIR confirmed that 64 per cent of staff had obtained a nationally recognised qualification in health and social care. This demonstrated staff had completed a variety of training which gave them the skills and knowledge to carry out their role.

New members of staff completed induction training at the start of their employment, which followed nationally recognised induction standards (including the Care Certificate). The induction training was designed to support each individual member of staff. It included a period of 'shadowing' experienced staff to help new staff get to know people using the service. A new member of staff said, "The training has been brilliant...I shadowed other staff, the girls were so friendly and very good support for me...I couldn't ask for a better team to work with."

Staff confirmed they received supervision on a regular basis; this was through one to one meetings and observations that were completed when team leaders accompanied them on visits. Supervision enabled staff to discuss any concerns or training and support needs. They also received feedback about their performance. Staff said any problems or concerns were dealt with quickly. One said, "There is always

someone at the end of the phone. They are there to help..." Staff were able to visit the office at any time and during the inspection several dropped in to speak with the team leaders and registered manager or to get additional paperwork. Office based meetings were also held. These offered peer support and an opportunity to discuss new equipment, promoting independence, and working with and motivating individuals to achieve positive outcomes and increase confidence. Annual appraisals were completed and where improvements were identified in respect of staff performance, this was planned for and dealt with. The PIR confirmed staff attended annual occupational therapy update days to reflect on and share good practice. One person using the service said, "I would have been very proud if they had been my staff..."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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.

People who used the service had capacity and were able to consent to their care and support. The registered manager explained that as the service was goal orientated and aimed at promoting independence, people needed to have capacity to participate fully to achieve their goals.

People had consented to their care; they had signed a consent form and had agreed to the goals set for their reablement. People confirmed they were always asked for their consent before care and support was provided. During home visits we observed staff involving people in decisions about the care and support they received. For example, with their preferred daily personal care routine and their exercise programme. One person said, "I was fully involved every step of the way." Another person commented, "We set my goals together."

Staff demonstrated a good awareness of the need to obtain people's consent when delivering care and support. Training records confirmed staff had received training in relation to the MCA. The registered provider had policies and procedures available to help ensure that the MCA was adhered to when staff delivered care and support.

Some people received support to prepare meals and drinks. Reablement goal plans included the support people needed with respect to meal preparation. One person said, "We prepare lunch together. They never rush me. I am glad to have their support."

When people were supported to prepare meals, their daily food and fluid intake was recorded in their progress notes so that it could be monitored. Staff explained if they were concerned about someone's dietary intake, they would alert the office. Where necessary an assessment would be carried out and, where appropriate, referrals to be made to other professionals. For example to the GP, community dieticians or speech and language therapists for support and guidance.

The service worked well health professionals to ensure people's health and wellbeing was maintained. For example, the service had involved the community nursing team when there had been concerns about a person's skin. The service had involved other professionals including occupational therapists, physiotherapist and GPs where necessary.

Is the service caring?

Our findings

People received care and support from staff who knew them well and who had developed caring and trusting relationships with them. People were keen to tell us how valuable the service had been to them. They described the overall improvements to their confidence and independence. One person said, "I would recommend this service as it gets you going again. It gives me reassurance that I am coping." Comments from other people included, "I was reluctant at first to have the service but it has been really helpful. A great service" and "I really feel the benefit..."

Staff understood their role and showed a passion for their work and the people they supported. One member of staff described their role as, "Giving people confidence, reassurance and support." They added, "The service is tailored to each person's needs and each day is different..." Another said, "My job is to ensure people are safe and independent and able to stay at home...we need to build their confidence..." Staff said they enjoyed their job and got satisfaction from supporting people to meet their goals and regain their independence.

All those responding to our questionnaire confirmed staff were caring and kind and treated them with respect and dignity. People we spoke with said staff were caring, friendly and treated them with respect. One person said, "I am fond of them (staff). They are pleasant people. We get on well, more like friends..." Another person said, "They (staff) are so considerate and kind." A third said, "They (staff) were all perfectly lovely..." A relative talked about how impressed they were with staff and how staff thought of "little details". For example, making sure the person had water by their bedside every evening; getting their pyjamas ready and turning down the bed. They added, "They (staff) are like our friends..."

During our visits to people's homes we observed staff were polite, friendly and professional; they greeted people cheerfully. Staff were consistently considerate and sensitive in their approach. One person was being assisted to complete their daily exercise programme. The staff member gently encouraged the person; gave clear instructions and completed the exercises with them, making the process fun and interactive. During another visit staff assisted a person with personal care. This was done with respect and discretion and at the person's pace. People's care was not rushed.

Achievable goals were identified in consultation with people and they were supported to try and reach them. Staff explained people were encouraged to be as independent as possible. The service was able to provide or suggest a range of equipment to promote people's safety and independence. Such as perching stools, handrails; trolleys and dressing aids. One person said, "They (staff) have suggested some useful gadgets, including a long handled sponge so I can wash my back." They explained the OT had assessed their bathroom to see if a shower could be fitted. The person added, "They think of ways to make life easier...I have done well thanks to all the help I've had..." Another person said, "When you have a fall it takes your confidence. At one point I couldn't get into bed alone. I can do that now and feel much more confident..." A third person said, "The staff are caring. I progressed well with their help. We would have been a bit lost without them...they have all been very good..."

The service ensured people were given the information and explanations they need to understand what to expect from the service. People confirmed the information they received from the service was clear and easy to understand. They said they were fully involved in setting the goals they wanted to achieve. One person said, "We were encouraged to look at the file in the house. Things were well documented." Another said, "I was fully informed about the service and what to expect. They (staff) did exactly as I wanted. They did everything to try and help us..." The PIR confirmed that during the initial assessment process staff explored what was important to people; how they wish to be addressed; their aspirations and interests and how this could be supported in goal setting and service delivery. During the initial assessment, people were directed through the home based records; the welcome pack and the service was fully explained to them. The home records contained several leaflets signposting to support services; explaining how to raise complaints or concerns and contact details for the office and the out of hour's service.

Is the service responsive?

Our findings

The service was responsive to people's needs. Care and support was well planned and delivered in a way each person wished. People said the service was responsive to their health and care needs and it was flexible and reliable. Comments included, "The service has been extremely reassuring..."; "I have progressed well..." and "I am very happy and grateful for the service..." A relative said, "(Person) had the support and encouragement they needed..." A social care professional commented, "Outcomes are generally positive with people getting back to some level of independence as a result of their (the service) interventions..."

Peoples' needs were initially assessed by the referring health or social care professional to ensure their needs could be met by the service. Following this assessment the person was referred to the reablement service, along with a copy of their detailed assessment. Senior staff at the service then 'screened' this information to confirm if the person's needs and preferences could be met. If suitable, an initial visit was planned to the person to discuss their needs, explain the service and complete a detailed risk assessment. Within 48 hours clear goals were established with the person and recorded in the plan of care. Records we reviewed were detailed and personalised. Individuals had set their own goals with the support of staff. Further discussions explored individual's confidence levels, abilities and any fears that could be barriers to achieving their desired outcomes. Where possible strategies were found to overcome barriers. For example, the provision of equipment.

People reviewed their progress with the staff and the team leaders. Support plans were reviewed and revised as people's needs changed and they made progress in achieving their goals. For example, when a person became independent with their personal care, the support the staff provided concentrated on other goals, such as their exercise programme. The number of visits reduced as people's independence and confidence grew, showing the service was responsive to people's needs. One person said, "I was having visits in the morning and the evening but I have progressed so well I don't need the evening visit anymore."

Staff completed daily progress notes at each visit, which identified people's progress or any other areas of care where they might require support. Staff regularly photographed and emailed progress records to the office. This meant team leaders, the registered manager and other health professionals were able to monitor people's progress.

Staff were able to confidently explain peoples' needs and how they provided support to them. Staff explained that they were able to support people effectively because there was good communication with the office and information was available in written plans of care in people's homes.

The service ensured people were supported to access other services, for example should they need continued care and support once the period of reablement had been completed. One person explained how helpful staff had been in providing information about alternative services to provide continued support. The person said, "They discussed referral to another service with us...that was really helpful." A commissioner said, "Once the service comes to end, if the person requires an on-going care package, they will stay and support the person until another care package can be arranged." This helped to ensure any gaps in service

provision were prevented and a safe handover of care between services could take place.

People were aware of how to raise complaints or concerns, although one of the seven people responding to our questionnaire said they did not know how to make a complaint. A copy of the complaints procedure was included in the 'welcome pack' information provided to people when they started to receive the service. No complaints or concerns were received by us during this inspection. The PIR showed no complaints had been received by the service in the past 12 months. People said they were confident that any concerns or complaints would be responded to. One person said, "I have no concerns only praise...if I had I would speak with the office. Everyone is friendly and willing to help." Another person told us, "I had no reason to complain. I would recommend this service. There was no hitch with anything."

The provider had a detailed complaints procedure. The 'welcome pack' also contained contact details for an advocacy service, Devon County Council and the Care Quality Commission should people want to share their views on the service.

The PIR confirmed that 22 compliments and 'thank you's' had been received by the service in the past 12 months. These described the team as; "Professional, caring, informative and helpful." Comments we reviewed during the inspection included, "Excellent service"; "Angels is an understatement" and "could not have managed without them (staff)..."

Is the service well-led?

Our findings

The leadership of the service promoted an open and approachable culture, which was willing to listen to people's views and requests in order to provide a good service. The PIR confirmed the service aimed to "promote open, honest culture; to report concerns and errors... To apologise when we have made an error..." People using the service, their relatives and professionals said they felt the service was well managed and they would recommend the service to others. Comments included, "The communication with the office was great. I would recommend the service...it was fabulous"; "It is a well managed service. There was always good communication with me" and "Yes it is well managed. Never a missed visit, you can rely on them." A professional said, "This is a good service and one we utilise a lot..."

The registered manager was experienced and qualified and had been in post for a number of years. They were supported by three team leaders and three administrators to manage and co-ordinate the service. Team leaders managed a group of staff and oversaw the care and support provided to people by these staff. People said the team leaders were approachable and always responded to any queries and were willing to discuss any aspect of their care. One person said, "Staff empathised with us...all of them were damned good..."

There were clear lines of accountability within the service and staff were aware of their roles. Staff said they worked well together as a team and that the registered manager and team leaders were available and approachable. Comments from staff included, "There is good communication between us. The support is very good...just ring up – they are there help you..."; "We have good back-up from the office...we have a really good team..." and "The service is well managed and well organised...as a lone worker the support and back up is very good." Staff were aware of the whistle blowing policy. However they said they had not used this as they were confident they could speak with the registered manager or team leaders about any concerns. Whistle blowing gives staff the opportunity to raise concerns in a way that protects them from potential reprisals within the service.

The aim of the service was to 'support people to take control of their life as far as they were able...' Staff fully understood these aims and described their role as enabling and supporting people to regain their independence and confidence. During the inspection staff demonstrated in practice how they implemented these aims.

The provider had an effective system to regularly assess and monitor the quality of service provided. There was a system in place to help team leaders plan each visit and to ensure visits were not missed. Staff rang a dedicated number on arrival and leaving each person to provide evidence of their visit. People's progress was reviewed on a regular basis to ensure the service was meeting their needs and daily progress records were reviewed by the team leaders weekly. Direct observations of staff were carried out three times a year which looked at how they supported people in their own homes. Samples of these showed team leaders monitored staff performance and addressed any problems with individual staff.

A 'reablement goal audit' completed by the occupational therapy (OT) team in 2016 showed an

improvement in the setting of SMART goals by staff (SMART - specific, measurable, agreed upon, realistic and time-based). An OT working with the team explained the goal setting had been improved by staff training and support. They added, "This service is brilliant...it is a quick moving service and staff do brilliant job to keep it running smoothly..."

A number of audits were completed on a regular basis by the registered manager and the provider, Devon County Council (DCC). The DCC quality and improvement team completed a comprehensive audit of the service twice a year, based on meeting CQC essential standards. There had been one recommendation from the last audit completed in August 2016. This related to office based records and had been addressed at the time of the inspection. The registered manager undertook a monthly review of the service. This included reviewing a sample of people's records and risk assessments; the timings of visits and whether any had been missed or particularly late; staff supervision, observations and training, and whether any complaints or concerns had been received. A report of the findings was sent to DCC senior management team.

Accidents and incidents were monitored by the registered manager to help identify any themes and consider if additional steps needed to be taken to reduce potential risks. This information is shared with the provider's senior managers and health and safety officers, to enable them to monitor any changing patterns or increase in specific incidents. The registered manager confirmed that no serious injuries had been sustained as a result of accidents and incidents in the past 12 months.

People confirmed they were asked what they thought of the service and their views were taken into account. Questionnaires were given to people to complete once the service had come to an end. The provider collated a report for all of their reablement services across the county. The registered manager explained information in the report was not specific to the service provided from St Michaels'. We looked at the quarterly report from July to September 2016. This showed a high level of satisfaction in the services. For example it demonstrated that the vast majority of people had regained or developed their independence and control as a result of the service.

People's information was treated confidentially. Personal records were stored securely in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

The service worked in partnership with the commissioners (people responsible for purchasing the service) and health and social care professionals. A commissioner for the service told us, "All the team (within commissioning) are keen to refer as such a positive service...we meet with them (the registered manager) to discuss the service; any stumbling blocks and how to work more effectively together." As a result of feedback from commissioners and professionals the service had established a 'queuing list', which meant a deduction in the duplications of referrals from commissioners. The commissioner said, "That has been very useful..."

The registered manager was aware of their responsibility to submit statutory notifications to CQC as required by law, relating events at the service, such as changes or allegations of abuse. This enables CQC to monitor the service and how these incidents were dealt with.