The London Borough of Hillingdon

Reablement

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This comprehensive inspection took place on 13 February 2018. We gave the provider two working days' notice of the inspection as the service provided care and support to people living in their own homes and we needed to make sure the registered manager would be available to assist with the inspection.

The Reablement service is run by the London Borough of Hillingdon. The service offers support, including personal care, to adults of all ages and was usually provided for a period of up to six weeks. The service helped maximise people's independence and confidence often after a hospital admission. People using the service had a range of needs such as recovering from a stroke or an operation. Some people might also be living with dementia. Support was provided by care workers with occupational therapists and a physiotherapist working in the service to provide specialist support if this was required.

In addition, the service provided evening and night support to people living in sheltered accommodation in the London Borough of Hillingdon and also assistance for people in the evening and throughout the night if they had the telecare line in their homes.

There were 66 people using the service at the time of the inspection. At the end of the support from the reablement service people either had achieved their goals of gaining independence or were transferred to another community domiciliary care agency for longer term care.

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.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good overall. However, we rated 'Is the service Safe?' as Requires Improvement.

People rarely needed help with their medicines. Where this was a task to be completed systems were in place to record when people had received their medicines from the care workers. Records had not been correctly completed for two people using the service and steps were immediately taken to rectify the situation.

People told us they were happy with the service they received. They confirmed having this short term assistance gave them the confidence to regain skills in order to be as independent as possible.

People needs were assessed and a plan put in place to meet their needs and promote and regain their independence. The risks to people's wellbeing had been considered so that people were supported in an appropriate way.

The provider had procedures for safeguarding adults and for responding to accidents and incidents. There was evidence the provider had learnt from incidents and had changed practices to help protect people in the future.

People and relatives were happy with the care and support people received. People said staff were respectful and maintained people's privacy and dignity. Staff understood people's individual care and support needs and worked with them to meet these.

People were given copies of the complaints procedure and said they would feel able to raise a concern if they had one. Informal complaints had been documented so that the registered manager had information on what, if any, were the common themes

Care workers told us they felt supported and had the training they needed. They confirmed that they could speak with their line manager or the registered manager whenever they needed and they enjoyed their work. There were enough staff to meet people's needs and they had been recruited in a suitable way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People had consented to their care and the provider was working within the principles of the Mental Capacity Act 2005.

The registered manager and staff team worked closely with other professionals to make sure they were up to date with best practices. There was a clear management structure and the senior staff knew their roles and responsibilities. There were systems for monitoring the quality of the service and making improvements. People's views were sought on the service so that changes could be made to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. This was due to medicines management needing to be improved to help ensure people always received their prescribed medicines and that records are maintained to confirm this.

There were systems to safeguard people from abuse. Staff completed safeguarding training and knew how to report any concerns.

The risks to people's safety and wellbeing were assessed, reviewed and planned for.

There were sufficient numbers of suitable staff employed to meet people's needs and keep them safe.

People were protected by the prevention and control of infection.

Action was taken to learn from incidents and events and to make improvements where necessary.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

Reablement

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 13 February 2018 and was announced. We gave the provider two working days' notice of the inspection as the service provided care and support to people living in their own homes and we needed to make sure the registered manager would be available to assist with the inspection.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us in December 2017. The PIR 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.

Before the inspection we contacted people who used the service and their relatives for feedback. These telephone calls were made by our expert-by-experience. They spoke with 14 people who used the service and two relatives.

We emailed 15 care workers prior to the inspection for their feedback on the service and eight responded to us. We also contacted nine professionals for their views on the service and four replied to us.

At this inspection we spoke with the registered manager, two operational managers, one physiotherapist, a senior care worker, a staff member who planned the rotas and an occupational therapist. We reviewed the care records for nine people using the service. We also looked at four staff recruitment files and records related to the running of the service. These included, audits carried out on care records, checks on care workers and satisfaction surveys to monitor quality in the service and make improvements.

After the inspection the registered manager sent us further information, for example, action taken to address the medicines recording issue, the staff team training plan, a sample of minutes from various staff meetings, details of complaints and a sample of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with the support they received from the service. One person said, "I feel safe. It's re-assuring, a safety net for me. I feel that I can manage, but there is someone to help if I am struggling." Another person told us, "I felt very safe with the carers, they were very good at getting me to do as much as I could for myself but would help if I couldn't manage." A third person confirmed, "They [care workers] always make sure I have my alarm on me and check whether there is anything I need before they leave me."

Eight people who were using the service needed help with their medicines. Records documented what type of support people required to ensure they took their medicines. One person said, "On one occasion I'd got confused and taken one of my tablets at the wrong time. The carer phoned the doctor to check what we should do and sat with me until we were sure I wasn't going to need medical help." People also told us the care workers checked with them to ensure they had taken their medicines.

People's care plans contained information on what type of support they needed with their medicines and for many people they either managed this task themselves or their relatives helped them. There were medicines consent forms in place so that if they were able to, people signed confirming they were happy with the support they would be given. We looked at the medicine administration records (MARS) for one person who had recently received a service and two people who were still receiving support from the service. For one person who had recently stopped receiving a service their MARs had been introduced at the end of the care package and only had a few days of recording. The care workers had correctly recorded the doses administered and in some cases where the person had refused their medicines the MARS had been correctly initialled by the care worker. On a second person's MARS where they had support with one medicine there were some gaps in signatures on their MARS. There was no other information to confirm if the person had received this medicines. On a third person's MARS there were also unexplained gaps in signatures, with one daily record noting that the person did not require any lunchtime medicines when they did have two medicines that needed to be given during this period. We showed this particular MARS to the registered manager and operational manager so that they could investigate what had occurred. They later contacted us to tell us that the person's medicines had been administered where required but the care workers had not always signed the MARS appropriately.

The remaining seven people who required various levels of help to receive their medicines were visited the day after the inspection and the registered manager confirmed their MARS were all completed correctly with no identified errors with the quantity of medicines in people's homes. Three of the seven people visited had progressed towards more independence and either looked after their own medicines or were no longer taking any medicines.

The care workers had received medicines training and the MARS were checked at the two week review meeting with the person receiving a service. However, for one person their two week review meeting had not taken place yet and therefore the MARS which had the gaps had not been seen by the senior care worker until it was brought to the office for us to view. The registered manager sent a reminder to the care workers regarding raising issues if they had concerns with the recording on a MARS and recording accurately in the

daily records if someone required help with taking their medicines. They had also met with the care workers who had been involved in visiting the person to remind them to follow the medicines policy and procedures, which included reporting recording issues to the senior care worker or to the office so that any issues could be addressed quickly.

We were satisfied that the registered manager had rectified the problems we had found and had checked that people had been receiving their medicines and that it had been a recording issue. The registered manager confirmed to us that they had made immediate improvements, such as those people receiving support with their medicines were to be visited weekly so that the MARS could be regularly checked. Furthermore, the risk assessments for medicines management had been reviewed and would be introduced as an additional tool to use when supporting people with their medicines

Care workers knew they needed to report any safeguarding concerns to the registered manager or their line manager. They told us if they had a concern they would, "Ensure the safety and care of the vulnerable person. I would then immediately report to my line manager or in some very bad cases, like physical abuse where the service user is at risk of harm, I might call the police and I would document it." Care workers were also aware of reporting concerns to the safeguarding team and the Care Quality Commission (CQC). They received training on safeguarding adults and there was a policy and procedure made available to them to provide them with guidance on what action to take if they suspected there was abuse taking place. The registered manager had appropriately reported a safeguarding concern, when a care worker had raised a concern during a visit. The issue did not relate to a care worker employed by the service but the situation had potentially placed the person using the service at risk and therefore the care worker had acted quickly in informing the registered manager of their concern.

Most people said they did not have a regular care worker visiting them and it depended who was rostered to work with them. This did not appear to be a problem and care workers wore identity badges and a uniform so that people knew it was safe to let them into their homes. However, care workers told us they mainly worked with the same people throughout their time with the service so that they could offer consistent support.

The senior care workers carried out risk assessments for people in their own homes so they could assess any risks including those associated with mobilising, falls and the environment and action could be taken to minimise them. Equipment was noted in people's records so that if care workers were using equipment they could be confident safety checks had taken place by the company providing it. Care workers undertook training in health and safety topics including first aid and knew the action to take if someone was unwell or had an accident, including contacting the emergency services.

Risks were considered if a care worker needed the presence of another care worker to help minimise any issues with their safety. This was important if they were visiting an area deemed to be poorly lit, where there was limited parking or an area that was not assessed to be safe. We saw that for one person this arrangement was required but was not noted on the main part of the electronic system that the care worker would read from their phones. We talked with the staff team at the office that this information needed to be clear on all the relevant documents so that everyone knew which visits required a second care worker and why. Care workers were also given torches if they could not park near to a person's home and shoe grippers for when there was snow on the ground so that they could safely walk when visiting people.

There was an electronic system used to enable staff in the office to see what time care workers arrived and left the visits. It also aided staff to check that visits were not missed. Every person's schedule and length of visit varied and could be increased or decreased as the care workers became more familiar with the person's

needs. The usual minimum time for a visit was 30 minutes. Feedback from people using the service was that overall the visits were on time. Care workers mainly worked in one geographical area so that they could get to visits on time and we were told they all drove cars so that they did not need to rely on public transport to get them to each visit. The majority of care workers said they had sufficient time, if there were no traffic problems, to get to people's homes. Three care workers told us there was not always enough time for travel, especially if they were travelling at peak times. We fed this back to the registered manager for them to consider if this was a problem for some care workers and to then address any concerns.

Recruitment processes were followed and checks carried out to ensure the provider only employed suitable staff. All care workers confirmed they had gone through a recruitment process before working in the community. They told us, "I was interviewed by two people, I had to provide two references and could not start until I had all my checks" and "I was interviewed and had a new Disclosure and Barring Service (DBS) check done." Application forms were completed and once candidates were interviewed, pre-employment checks including two references with one being from the previous employer, proof of identity including copies of passports and Disclosure and Barring Service (DBS) enhanced criminal checks were completed. The DBS check was renewed every three years so that the provider could check on any changes.

People and relatives all confirmed that care workers used personal protective equipment (PPE) including gloves and aprons when providing personal care. Care workers understood the importance of infection control and said the service provided them with PPE including gloves, aprons and shoe covers, so they had these to use when attending to people's care.

Incidents and accidents were recorded. These did not occur regularly and the registered manager explained there was a new electronic system in place to record these types of events and monitor if there were any trends.

We saw evidence that the registered manager took action and ensured lessons were learnt when there had been an incident out of hours. They had acted quickly to investigate what had occurred and saw where they needed to make improvements so that the staff team had the necessary information when working out of usual business hours.

Good

Is the service effective?

Our findings

People told us that the support they needed had been discussed with them before their discharge from hospital and that everything was put in place for when they returned home. People said they had felt involved in their care and were able to say how they wanted to be supported. One person explained to us, "The aim of the service is to help you progress week by week so that by the end of the support period, you can do things yourself." Another person told us, "The care workers came when I first came out of hospital and their help has been invaluable."

People were referred to the service after an initial assessment usually carried out by the social worker and once accepted for reablement support a senior care worker completed a more in-depth assessment of their needs in line with good practice guidance. The assessments and care plans we viewed identified the care and support each person required. The care plans outlined the tasks care workers needed to complete with people in order for them to ideally achieve all their individual aims and objectives. Some people soon after receiving a service were assessed as requiring a different level of support and in these cases people were referred back to the relevant professionals to re-assess their needs and find an alternative service. The main way the reablement service operated was to start by offering regular visits, up to four times a day, with the goal of decreasing the amount of visits as people's skills improved.

As there were physiotherapists and occupational therapists working in the service people did not have to wait to have equipment put in place or were supported with exercises to aid their recovery and gain independence.

Staff received training to provide them with the skills and knowledge to care for people effectively and people and relatives confirmed this. People we spoke with told us that the care workers were well trained and the help they received was effective at helping them return to full health. The provider had an induction training programme, which gave new care workers time to complete all the required training and to shadow and gain hands on experience prior to working alone with people. The registered manager confirmed that new care workers would be completing the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Staff training records included training undertaken in first aid, food safety, dementia care and mental capacity. Care workers confirmed they had received specialist training where they needed to support a person appropriately.

Care workers described feeling supported by their manager. One care worker said, "I feel supported. We talk about how we are feeling and discuss what's coming up. They [senior staff] ask if we have any problems at team meetings" and "My manager is always there to support me with any issues that arise." Care workers received ongoing one to one and group support so that they could receive feedback on their work, share experiences and look at their professional development. Annual appraisals also took place for all staff so that they could establish aims and objectives and reflect on their practice. A tracker report was in place so that senior staff could check that care workers were receiving regular support from their line manager.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. We checked whether the service was working within the principles of the MCA and found that they were.

The registered manager confirmed there was no one using the service who lacked mental capacity at the time of our inspection. People's rights to make decisions for themselves were respected. One care worker said, "We would support people to make the best decisions for themselves in their best interests." A second care worker confirmed that "At all times I let service users make their decisions about their daily routines and activities." We saw people had consented to receiving support from the care workers and had been involved from the start on how they wanted to return to function, where possible, as they had previously done.

Some people required support to prepare a meal safely. Comments from people included, "The staff were just wonderful, when they first came they helped me with meals which were always my choice but bit by bit they've got me back to doing everything for myself." A second person confirmed care workers always gave them a choice of meals when they visited.

Care workers described the type of nutritional support they provided. One care worker explained, "I leave plenty of fluids and snacks and assist with food preparation and check they have enough food and it's in date" and another care worker said, "It's so important to make sure people are well nourished." We saw there were separate food and fluid documents if care workers needed to separately record what people had eaten so that this could be monitored. The registered manager confirmed there was no-one currently at risk of malnutrition or dehydration.

People were supported to have access to healthcare services and receive ongoing healthcare support. There was evidence that the staff team worked with GPs, hospital and community teams to make sure people received the support they needed. One healthcare professional confirmed, "I have a very positive and constructive working relationship with the reablement team manager and her staff team." The registered manager explained that a healthcare professional had trained some of the care workers in a particular healthcare interventions so that they could provide support for people with these specific needs. If staff could accommodate where people had health appointments this was done to avoid a person missing a visit.

Good

Is the service caring?

Our findings

Comments about the care workers and support people received was positive. One person told us, "I think the service is fantastic. I have never been as well looked after, it is a smashing service. I can't praise them enough for what they have done for me." A second person said, "I have just finished my six week spell with them and I have nothing but praise for them. They have been very helpful, excellent to tell you the truth and I couldn't have coped without them." A third person described how "The care workers were all very nice and would do anything for you. We had a good laugh and they cheered me up."

People said that the care workers promoted their independence and treated them with dignity and respect. Comments included, "I was always treated with upmost respect and was never made to feel embarrassed when being helped with washing," "It's brilliant the carers have all been very friendly to me. They explain how I need to do things very clearly. I can't fault them" and "I have had a real positive experience with this service."

Care workers understood the importance of treating people with dignity and respect. One care worker said they, "Made sure any cultural needs were respected. Made sure privacy was respected when providing personal care." A second care worker told us, "I make sure I knock at every closed door before entering." Whilst a third care worker described how they worked and that they "explained and asked questions about what I am doing while I am in their homes."

People told us the care workers were supportive and encouraging and worked within the parameters of the care plan so that people did not come to rely on them too heavily. This way of working also helped them back to independence. One person stated, "I have been very grateful for the service. They have given me my confidence back. Little by little I am getting back to where I want to be which is independent. I am very satisfied." Another person said, "I quite miss them now they've stopped coming."

The registered manager confirmed that information relevant to the person, such as complaints policies and procedures and details about the service could be made accessible for people requiring a different format. This included producing information in large print or in a language other than English. People were also given the details of advocacy services such as Age UK if they needed advice or support.

Where people needed additional help this was usually identified either by the care worker or senior care worker during review meetings. If people required extra help by having adaptions in their homes or by having particular exercises given to them in order to gain more mobility then this was arranged quickly so that people's requests and needs were addressed.

We heard from the registered manager on how they had supported the staff team when there had been changes to the staff team. Staff worked well together and were thoughtful and caring when they spoke about the people they supported. This demonstrated that the staff were compassionate and empathic about other team members and people using the service.

Good

Is the service responsive?

Our findings

People required a range of different levels of support. One person commented, "I never really needed a lot of help. They [care workers] just watched me when I was washing and dressing to make sure I was able to manage. The carers were always standing there ready to help if I needed it." Another person said, "The care workers always ask me what I want done and how and then help me achieve that for myself if I can. They only do the things I can't manage for myself."

A health care professional spoke highly of the service and described how, "We have often been faced with a challenging discharge or situation and worked together to support the patient and family at short notice." Sometimes the staff team were only informed of a new referral the day the person would be coming out of hospital. In these situations the senior care worker would visit the person to assess their needs to ensure they had gathered as much information they could for the initial visits. This would then help the care workers support people in an appropriate way.

People confirmed they had a written care plan in their homes which documented the assistance they needed and that care workers recorded what help they had given on each day in the daily log book. All the care workers stated people had a care plan and risk assessments in their homes. Everyone we spoke with said that when their care was being planned with them staff spent time finding out about their likes and dislikes, what care they wanted and needed and how they wanted their care to be delivered.

The care plans gave care workers important information such as making sure the visits were spread out due to medicines being given with adequate spaces in-between. Other personal information included that one person received visits from their place of worship as they could not visit the church themselves. Details for another person was also that they liked to be called a different name to their birth name and this was noted so that care workers knew which name to use. However, in some places care plans were task focused, for example when describing the support the person needed it was recorded as "strip wash" with no other details on what else the care workers might need to consider that was individual to the person.

We also noted that there was no evidence of the physiotherapist or occupational therapists referral or input required in the written care documents but it was seen on the electronic system. In one case there was an entry in the daily care record of the physiotherapist visit with a note that care workers should encourage the person to mobilise/do exercises but this was not recorded in the care plan and there was no evidence from the daily notes that this had been implemented, although it had been added to care workers tasks on the electronic system which they could access.

We fed our findings back to the registered and operational managers who confirmed they would review the information and where it was documented to ensure details about the support people required was easily accessible to all involved in their care.

If a person's needs had changed care workers told us, "We would do a risk assessment and inform the office so they can send someone to review the person's needs" and "Where a client's care needs have reduced due

to recovery, I would report this improvement and this would be reviewed so that the care needs could be directed to another client."

People described the assistance they had received from the service. One person said, "They [care workers] are really helping me get back on my feet. The lady from the office has been out to check how things are going on but everything is done just right." Another person told us, "The care workers help me walk with my Zimmer frame if needed and they are showing me how to become more independent." A third person confirmed, "The care workers are giving me a lot more re-assurance and I feel I am getting more independent. I've been going out a lot more, whereas previously I couldn't. I feel I'm almost back to normal."

There was a process for reviewing people's rehabilitation programmes to ensure they received the care and support they required to regain their independence. People were visited usually after the first two weeks to ensure the person was happy receiving the care they needed. After approximately four weeks a review was carried out to evaluate the person's progress. We saw that as time went on and people regained their independence, the number of daily visits reduced accordingly.

People were given the complaints policy and procedure at the start of receiving a service. The majority of people we spoke with had no complaints about the service. One person informed us they were waiting on a response to a complaint they had made and we checked this with the registered manager who had not been made aware of any such complaint and carried out an investigation to see if and when the complaint had been made and to who. One person confirmed "I've never had to complain. I think they [care workers] are very good and I would recommend them." There were 16 complaints that had come directly to the service and not through the provider's complaints team. All were well documented with a record of correspondence, statements/interviews with staff members, where relevant and in some cases apologies where appropriate, with clear follow up actions before and after resolution. Most complaints had been resolved on the day of the complaint or within 24 hours.

The nature of the service meant that care workers were not involved in end of life care. If a person's needs rapidly changed then the registered or operational managers would liaise with the relevant health and social care services to ensure the person received the care and support they required. Although it was not likely that care workers would be a part of end of life care the registered manager confirmed they would be seeking training for care workers on this subject so that they were informed and prepared on how to support someone towards the end of their life.

Good

Is the service well-led?

Our findings

People spoke favourably about how the service was run. Comments included, "I think it is very well run, without exception the staff have been wonderfully supportive and I'm where I am today because of their help. I can't thank them enough and I would definitely recommend them," "They did a good job, I'm back on top form now. I think they are first class, I was very impressed" and "The lady from the office has been out to check how things are going on but everything is done just right."

People confirmed the support they received was checked by senior staff and there had been no issues. People could give their views on the service through the care workers, senior staff who carried out reviews and by completing satisfaction surveys. The results from these were entered onto a spreadsheet and analysed regularly. Unfortunately there was no date range so it was unclear what period the forms related to or what percentage of people had completed the surveys at any given time. The registered manager was informed of this so that they could address look into how to ensure this information was made available. The feedback was complimentary with 149 forms analysed and 70% stating they had experienced excellent care and 28% had received good care.

Care workers spoke positively about how the service was run and the support they received. One care worker said, "The running of the service is very good, communication is timely and all the managers are so helpful and always available to guide me" and a second care worker told us, "I think the service is excellent and my manager is excellent." Another care worker praised the service and commented, "This service does not need to improve. I've worked for three agencies as well as working for London Borough of Hillingdon for 23 years. There is no comparison." Meetings were held for care workers so they could receive support and updates. They also received updates and other information relevant to their roles to keep them up to date via their mobile phones.

There were a range of audits and systems in place to monitor the quality of the service people received. For example, when people had stopped receiving support from the service their file was returned to the office so that the contents could be checked to ensure good record keeping had taken place. Other ways the service was monitored was by observations carried out on care workers whilst they were visiting people who use the service. This enabled senior care workers to see how care workers were performing and if they were carrying out the agreed tasks. The registered manager checked complaints and there was a spreadsheet noting the date of the complaint, name of the person using the service, nature of complaint, action taken and the date it was closed. This provided a good overview of complaints over the previous year which could be used to analyse themes or trends. The electronic system enabled senior staff to check on visits and to follow up swiftly if there were any issues. We saw action had been taken by the operational manager where there was a pattern emerging with late calls and inappropriate behaviour from a care worker.

The service was also checked by one of the provider's other managers. They looked at different areas of how the service was running and recommendations were made if areas for improvement were identified. These monthly checks provided the registered manager with an independent view of what was working well and where improvements could be made. The service had objectives set that enabled the registered manager to

work on different areas so that the service could review what was working well and where improvements needed to be made. They also checked on an ongoing basis how many people successfully achieved their aims and reviewed after 91 days if anyone had required any adult social or health care services. The majority of people who received a reablement service did achieve their objectives and very few were re-admitted back into hospital or required social care support. Thus demonstrating that for the most part the service met people's needs.

Medicines administration records (MARS) were checked when they returned to the office. However, in light of our findings with some of the MARS record keeping the registered manager has confirmed that these checks would now be done more regularly.

The registered manager had been in post for several years and had a leadership and management qualification. The service was being well managed at the time of our inspection and there were clearly defined roles within the staff team. The registered manager met with the provider's other managers so that information could be shared and support given to each other. They were aware of accessing updates on social care and best practice guidance from external sources such as Skills for Care, which is a training organisation to support providers and staff working in social care. The registered manager confirmed they received support from their line manager who had an "open door policy" so that they could seek guidance whenever they needed to.

The registered manager and staff team worked closely with a range of health and social care professionals, including the NHS Clinical Commissioning Group (CCG) and the hospital team. One health care professional said, "The reablement team work collaboratively to ensure a smooth and professional service is provided." This was evidenced through the weekly multi-disciplinary meetings held to discuss the progress of every person using the service. Also through the referrals that were made to the physiotherapist and occupational therapist to ensure people had the right equipment they needed to be safe and to reach their maximum potential. There was also regular contact with the hospital discharge team so that the service was aware of the people requiring their service.

There was evidence that the provider continuously looked at ways the service could be improved. The registered manager explained that there were plans underway for an integrated team to work together to look at having more effective discharge pathways for people ready to leave hospital. This included other agencies working alongside the reablement team so that people did not remain in hospital any longer than necessary. A health care professional confirmed, "I liaise with reablement on a daily basis and have no concerns with the service. There is clear communication for all cases including those of a complex nature. The managers are quick to assist with any case no matter how simple or complex."