Northumberland County Council

North Locality Homecare (Berwick)

Inspection report

McDonald House
Wallace Green
Berwick Upon Tweed
Northumberland
TD15 1ED

Tel: 01665511963

Date of inspection visit:
27 June 2017
28 June 2017
29 June 2017

Date of publication:
18 August 2017

Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

The inspection took place on 27 June 2017 and was announced. We gave the provider 48 hours' notice because the service was a domiciliary care agency and we wanted to make sure someone would be at the office to assist with the inspection. We visited people in their homes on the 28 and 29 June 2017.

North Locality – Berwick is provided by Northumberland County Council. It is part of the Short Term Support Service [STSS] which is managed in partnership with Northumbria Healthcare NHS Foundation Trust. It provides three distinct services; re-ablement, crisis intervention and a 'bridging' service. Re-ablement concentrated on supporting people following a recent illness, hospital admission, or an exacerbation of a longer term condition, with the aim of getting them back to an optimal level of independence. The crisis intervention service supported those who required immediate support due to a sudden change in their circumstances such as an accident or acute illness. The bridging service supported people until a long-term provider was assigned.

At the time of the inspection, the service was providing care and support to nine people in their own homes.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

People, relatives and health and social care professionals told us that staff were exceptional in enabling people to become independent. This was confirmed by our own observations. People's care plans documented every small step and improvement in people's abilities.

People and relatives were extremely positive about the caring nature of staff. People's care and support was planned proactively with them. Staff used inclusive ways of involving people so they felt consulted, listened to and valued.

People and relatives described the responsiveness of staff as outstanding. Health and social care professionals told us that the service was focused on providing person-centred care and it achieved exceptional results. One health and social care professionals told us, "They are an absolutely invaluable resource and service that we can link into. It's a service you can access and it's multi-disciplinary. It's excellent."

The service was exceedingly flexible and responsive to people's individual needs and preferences. Staff explained they were able to be very responsive because times of visits were flexible. One staff member told us, "We have the luxury of time." A number of research based assessment tools were used to ensure the best possible outcomes for people.

Various inclusive feedback systems were in place. Reviews were carried out once or twice a week by supervisors to monitor people's plans of care and ensure they were happy with the service provided. People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place.

People and relatives were exceedingly positive about the service. Comments included, "They really are the complete package" and "It's outstanding."

We found the provider's integrated model of care facilitated hospital discharges, helped avoid unnecessary hospital admissions and reduced the number of people requiring long term care by supporting people to regain their independence.

There was a joined up approach to providing holistic care that met the needs of people. This was enabled by an integrated system of leadership to help ensure people experienced the best possible outcomes which was confirmed by people, relatives and health and social care professionals.

There was a strong emphasis on continually striving to improve. Numerous checks were carried out to monitor the quality and safety of the service and ensure that people were receiving excellent outcomes.

Staff were highly motivated and demonstrated a clear commitment to providing dignified and compassionate care and support. They told us that they enjoyed working at the service and morale was excellent.

People told us they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. There was a safe system in place for the management of medicines.

People, relatives and staff told us there were enough staff to meet people's needs. There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of people who used the service.

There was no one requiring assistance with eating and drinking at the time of our inspection. Staff had supported people whom we visited to become independent with their dietary needs.

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.

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 told us they felt safe. Appropriate safeguarding policies and procedures were in place. Medicines were managed safely.

Safe recruitment procedures were followed. People, relatives and staff informed us that there were sufficient staff deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff told us and records confirmed that training, supervision and appraisals were carried out.

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.

Staff had supported people whom we visited to become independent with their dietary needs.

Is the service caring?

Outstanding

The service was very caring.

People, relatives and health and social care professionals told us that staff were exceptional in enabling people to remain independent. This was confirmed by our own observations.

People and relatives were extremely positive about the caring nature of staff.

People's care and support was planned proactively with them. Staff used inclusive ways of involving people so they felt consulted, listened to and valued.

Is the service responsive?

Outstanding

The service was exceptionally responsive.

People, relatives and health care professionals described the responsiveness of the service as "Outstanding."

The service was exceedingly flexible and responsive to people's individual needs and preferences. Staff explained they were able to be very responsive because times of visits were flexible.

Various inclusive feedback systems were in place. Reviews were carried out once or twice a week by supervisors to monitor people's plans of care and ensure they were happy with the service provided.

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place.

Is the service well-led?

Outstanding ☆

The service was extremely well led.

People and relatives were exceedingly positive about the service.

There was a joined up approach to providing holistic care that met the needs of people. This was enabled by an integrated system of leadership to help ensure people experienced the best possible outcomes which was confirmed by people, relatives and health and social care professionals.

There was a strong emphasis on continually striving to improve. Numerous checks were carried out to monitor the quality and safety of the service and ensure that people were receiving excellent outcomes.

Staff were highly motivated and demonstrated a clear commitment to providing dignified and compassionate care and support. They told us that they enjoyed working at the service and morale was excellent.

North Locality Homecare (Berwick)

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.

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

We visited the service on 27 June 2017. The inspection was announced. We gave the provider 48 hours' notice because the service is a domiciliary care agency and we wanted to make sure that staff would be available at the office to assist us with our inspection. We visited people at home on the 28 and 29 June 2017. Our expert by experience spoke with people and relatives on 28 June 2017.

We checked information which we had received about the service prior to our inspection. This included notifications which the provider had sent us. We did not request a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We visited five people at home and spoke with one relative during our visits. Our expert by experience spoke with two people and three relatives to obtain their views of the service.

We spoke with the registered manager, senior manager, team manager, team supervisor, occupational therapist, physiotherapist, rehabilitation worker, technical assistant and five care workers. Following our inspection we contacted the nominated individual by email to obtain her feedback about the service.

Following our inspection we spoke with two community matrons, the team manager from the hospital to

home team, a team manager from the social work team, a team manager from the care management team, a consultant in elderly medicine and two support planners from Northumbria Healthcare Foundation Trust. We also spoke with a Macmillan social worker, the manager from the Joint Equipment and Loans Service, a health and wellbeing manager from a local charitable organisation, four registered managers and a deputy manager from care homes in the Berwickshire area, a registered manager from a local domiciliary agency, a GP, a practice manager from a local GP surgery and a project manager from Berwick Community Trust food bank.

We examined six care plans and records relating to staff. In addition, we checked records relating to the management of the service such as audits and surveys.

Good

Is the service safe?

Our findings

People told us they felt safe with staff who came into their homes. One person told us, "Oh yes [I feel safe] they are all lovely girls who come." We spoke with one health and social care professional who told us, "They are integral to the safe discharge [of people from hospital]."

There were safeguarding policies and procedures in place. Staff had undertaken safeguarding training and were knowledgeable about what action they would take if they suspected abuse had occurred. No concerns were raised by people, relatives or staff. The local authority safeguarding team told us there were no organisational safeguarding concerns regarding the service.

Most staff had worked at the service since it had started in 2011. There was a very low turnover of staff. One member of staff said, "Nobody leaves, it's a lovely job." We checked one staff member's recruitment file and noted that a Disclosure and Barring service check (DBS) and references had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions.

We looked at the way medicines were managed. A medicines procedure was in place. There was no one requiring medicines support at the time of the inspection. Staff had supported one person who had initially needed support to become independent. We checked this person's medicines administration records when support was required and noted these were completed accurately. We found there were systems in place to ensure the safe management of medicines.

People and relatives told us that there were sufficient staff deployed to meet people's needs. A computerised management system was used to allocate care workers to calls. The system was also used to monitor staff safety in line with the provider's lone working policy.

We accompanied four staff on their visits to people's homes. Staff carried out their duties in a calm unhurried manner.

Risk assessments were in place which had been identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction such as maintaining independence.

There were systems in place to deal with any emergencies. This included access to four by four vehicles to maintain staff safety and support access to people living in rural areas during inclement weather conditions.

Good

Is the service effective?

Our findings

People and relatives were complimentary about the skills of staff. One person told us, "They seem to know very much what they are doing. [Name of staff member] was on a course in Alnwick the other day."

All staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. The registered manager provided us with information which showed staff had completed training in safe working practices. This included safeguarding adults, health and safety, first aid and moving and handling. Staff had also completed training on the specific needs of people who used the service. We spoke with a community matron who said, "I have just done training with the majority of staff on eye care, ear care, anti-embolism stockings and catheter care."

Staff told us that they felt well supported. We noted that staff supervision sessions were held and an appraisal system was in place. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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.

The registered manager told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA) legislation.

We read people's care files and noted people had signed consent forms to indicate they agreed with the plan of care to be provided. During our home visits we observed staff sought people's verbal consent before carrying out any care or support tasks. One person told us, "They always ask before doing anything."

We checked whether people's nutritional needs were met. Information about people's dietary requirements was included in their care files. There was no one requiring assistance with eating and drinking at the time of our inspection. Staff had supported people whom we visited to become independent with their dietary needs. One person said, "I can now make my own breakfast." Another person said, "The staff have supported me, I feel much more confident in the kitchen now."

The service had their own team of physiotherapists, occupational therapists, technical instructors and rehabilitation workers. This meant people had access to a range of therapists to help meet their needs. The service also worked in close partnership with other members of the multidisciplinary team such as speech and language therapists, community matrons, social workers and support planners. People told us that they were supported to access a range of health and social care services which met their needs. One person told us, "I've had everyone here; they came to see about fitting the odd rail and see about grips and things.

Everyone knows each other and they all communicate."

Outstanding ☆

Is the service caring?

Our findings

People and relatives were extremely positive about the caring nature of staff. Comments included, "They are a mental comfort for me, telling me I can do it, that's helped me," "The emotional support – there is a lot I am going to miss [when the service finishes]. It's because it's them, they are all different, I enjoy talking to them, they are all good fun," "Yes, very caring. For example, the person who went in today just sat down and chatted with her which is what my mother needs" and "They come in with a lightness of heart."

We visited one person at home who told us, "[Name of staff member] will come in and have a chat - it's not just the physical stuff." At this point, their relative joined the conversation and said, "And that's been a change, because you were closed off, you didn't want to chat. You've moved on and been allowed to. The team have always seen [name] as a person and on a journey."

Staff were exceptional in enabling people to become independent in various activities of daily living. This was confirmed by people and health and social care professionals. One health and social care professionals told us "It's [the service] all about enabling…I'm very enthusiastic about the whole approach."

We visited five people at home. All of them stated how staff had promoted their independence. Comments included, "They are not all gushy gushy. They will say, 'If you want to, you can do it,'" "I used to have a zimmer frame and I was terrified of it and then [staff member's name] came and got me using it again. I said, 'I'm scared of it,' and he said, 'You'll not be scared by the time I have finished.' At first he got me to hold on to it [frame] and then I stood up and held onto it and then walked a little bit and now I'm using it as you can see," "They don't do things I can do for myself," "They got me the chair, raised toilet seat, picker – I couldn't have managed without these and they wouldn't have let me home if I couldn't manage and had these" and "It's [the service] the complete package."

One person told us she had recently been discharged from hospital and had needed a hoist to transfer. She said, "In [name of hospital] some of the staff said I would never walk again." She explained and our own observations confirmed that she was now able to walk independently. She told us, "The change – even my face has changed, my face goes up and not down." The care worker agreed and said, "Yes, you were miserable then and now you are upbeat." Her husband told us, "She has a life that she now wants and that's thanks to the staff."

We read people's care plans and noted that every small step and improvement in people's abilities was documented. One person told us, "I did need support with my medicines but now I'm independent." When the service first started staff had recorded, "Care workers are administering from blister pack and trying to get [name] used to the blister pack." At the time of our visit staff had recorded, "[Name] is now able to take the medication from the blister pack."

Goals were recorded in people's care files. One person's goal stated, "To be able to make breakfast independently." We visited this person who said, "The first week was fantastic, they came in at 7 and made us a cup of tea and toast, I couldn't do this and it was important. The second week I was back on my feet

and able to get to the kitchen and make breakfast."

Staff were knowledgeable about reablement and the promotion of independence. Comments included, "There's a fine line with encouragement. We may say, 'Do you want to have a go?' and they will say, 'I can't do that' and we will say, 'Don't worry, we'll try again tomorrow. It's not all about doing everything all at once" and "We have meetings where we discuss what is working. We may say, '[Name] has a morning call at 8.30 but she gets up at 5:30 so this isn't working.' So just because initial plans are made; doesn't mean that things don't change. Sometimes, it's nice to go in a little later to see how much they can manage before you get there. [Name] said to me this morning, 'I got up and dressed myself this morning.' It's another step."

Staff spoke with pride about the importance of ensuring people's needs were met. Comments included, "One person, was reluctant to have help with personal care and so I would go in and he would have a coffee and we would do a crossword and after that I would say, 'Would you like a wash?' It was important not to bowl in [rush in] and say, 'You must do this and you must do that,' "I do get some phone calls like, 'How do I pick up my food from Iceland' and 'How do I put my dog in kennels?' The first thing they think about is their animals. These are the things that affect people the most" and "I had a person who was rehoused and they had a scooter which was their priority, but there was nowhere to store it inside, so I went to Argos and got a cover and we also covered it with bin bags so it was kept dry. It's just the little things that are important."

We examined one person's care file and noted they were reluctant to receive any care and support when the service first started. Staff had recorded that the person had told them that they, "could just leave." We read the last care review which had been carried out by a supervisor. This stated, "[Name] got very tearful when I asked how he was getting on with the care workers he said that it was great to have someone to talk to."

Staff promoted people's privacy and dignity. One person told us, "They achieve everything with dignity." Staff were respectful when talking with people and knocked on people's doors before they entered their house. We spoke with the health and wellbeing manager from the local charitable organisation. She told us, "They are very good regarding confidentiality. They don't fax referrals because of data protection; they send everything by recorded delivery."

People's care and support was planned proactively with them. Staff used inclusive ways of involving people so they felt consulted, listened to and valued. People told us, "[Name of staff member] came and explained everything to us," "Yes, I was [involved]; they were extremely good. In fact, it was all sorted within half an hour" and "It's a partnership."

Staff explained how they planned people's care in partnership with them. Comments included, "Everything is always done in agreement with people," "We do the goals in negotiation with the client," "I went to someone today and they said, 'I'm so grateful you've come today.' It's like a partnership with people, we want to work together" and "I talk to people and find out what they want to achieve."

We read people's care plans and noted staff had recorded entries such as, "Discussed what her goals were and what [name] would like to achieve," "[Name] feels she is progressing well. We agreed I would visit again at the end of the week with a view to reducing the plan" and "[Name] feels he doesn't need a call every morning as he is managing to make breakfast for himself."

Staff told us that sometimes they needed to provide care and support to people who were nearing the end of their life. One staff member said, "If you have someone who is end of life care…I feel very passionately about pulling all the stops out, making sure they have the equipment, giving them reassurance and you can sign post them to other organisations."

We spoke with a Macmillan social worker who said, "I think they are absolutely amazing. We have worked with them a lot and they have never let us down, they are really responsive…I've made referrals and they've always been timely in their response because that's one thing my clients don't have is time, so it's really important. They've enabled my clients to be discharged from hospital and enabled them to die at home." There was no one receiving end of life care at the time of the inspection.

Outstanding ☆

Is the service responsive?

Our findings

The service provided three integrated services; a reablement service, crisis support and a bridging service. Referral to the service was available via a number of routes. There was also the option for people to refer themselves. One staff member said, "It's good because people can refer themselves, so they don't have to go through the medical professionals." This meant there were accessible referral routes to enable people to access the service in a timely manner, at the point of need.

Health and social care professionals told us that the service was focused on providing person-centred care and it achieved exceptional results. Comments included, "They are an absolutely invaluable resource and service that we can link into. It's a service you can access and it's multi-disciplinary. It's excellent…They are able to support immediately. I have occasionally gone out with members of the [service] and we have gone out together and I come back and think that this is an excellent way of working. From my experience they are outstanding," "We have patients who are frail and, need extra support. We all do know long term admissions de-functionalise patients. The service enables the patient to be supported and rehabilitated at home in their own environment. It provides a different alternative – it is the right way forward and helps patients get home quicker" and "We work exceptionally closely, the relationship is fabulous…They have just been involved with a bridging service for one person because we couldn't get the long term service in place in time."

Other providers were also extremely complimentary about the service. We spoke with the registered manager from a local domiciliary service. She told us, "They step in and help out. They also step in with handovers. They work alongside us very well." We also spoke with four registered managers and a deputy manager from five local care homes. Comments included, It's fab, we can refer direct to them," "They are a really good support. They are very good with the residents and they will give us advice about what to do," "Really a good support. They have provided training and give us ideas. They are in regularly. They are really really good" and "They have supported us to get people home [name] he went home it was his wish."

We found the service was exceedingly flexible and responsive to people's individual needs and preferences. We visited one person at home. She told us and records evidenced she had recently been discharged from hospital. She had required two care workers and a hoist to transfer. When we arrived she greeted us at the door and was mobilising with a walking frame. She told us, "I can make my own decisions and have the back-up I need. I can now get out of bed and go to the toilet. I am now down to one carer from two when I had the hoist. It's been a joint effort between myself and the girls. The girls have stood there and let me know what I can do myself." Her husband told us, "The transformation since she has been home is phenomenal."

Staff explained they were able to be very responsive because times of visits were flexible. Comments included, "We have the luxury of time," "If it takes more time, then it takes more time," "We are not a time keeping service we are all about reablement." This was confirmed by people and relatives. Comments from people and relatives included, "They stayed for an hour and a half the first time. They went well over their time but never mentioned it" and "It takes as long as it takes, it's not about clock watching." We visited one

person at home. The planned length of the call was 30 minutes, the care worker stayed for one hour because the person was discussing various options with regards to seeing the hairdresser. The care worker also explained the next steps with regards to the person's goal of getting outside.

Staff spoke enthusiastically about the responsive care and support they provided. Comments included, "It's nice to see people not needing us," "We encourage people to do things for themselves. You have to think positively, you encourage them to do the things they can do," "I just like to make sure that people are coping and getting better and getting the right support" and "It's great when you know that you have made a difference, I skip down the path, knowing we've done it," "We do crisis calls. We can get a call and go straight in…The carers are so good at communicating with each other" and "We are essential to the flow from hospital."

A baseline assessment was completed for each person. This contained information about the people's social history, person centred goals and details of the care and support to be provided. This assessment was used by care and therapy staff to ensure staff had all the information required to be able to provide responsive person centred care and support.

A number of research based assessment tools were used to ensure the best possible outcomes for people. These included, 'The Canadian Occupational Performance Measure' [COPM] which was used to assess people's performance with everyday living skills. We spoke with an occupational therapist who told us, "The good thing [about this tool] is it is the client scoring themselves." Staff also completed the Tinetti Assessment Tool and the Falls Risk Assessment Tool which assessed people's balance and movement. We spoke with a physiotherapist who said, "These [assessment tools] have helped us and prompted us to identify whether a physio or OT assessment is needed." We spoke with one member of staff who said, "It's all about assessment, action, admission avoidance and keeping people at home."

The service worked with other organisations to help ensure people's social needs were met. The registered manager told us, "Staff are aware of the impact of social isolation across all of its client groups… With clients agreement they can be referred to support planners who work alongside our team. They are experts in what activities are available in the community and how clients can access them, and in making plans to improve well-being." We spoke with a support planner, who told us, "I think we work really well together. They are very responsive…it works really well."

We spoke with one relative who told us, "They have been involved with my relative, she needed social support and they supported her to access [name of day service]…She is really loving it and it's been really beneficial. They did it in stages and firstly walked with her, then met her there, it was done very gradually and they really increased her confidence and it's made such a difference to her life."

Various inclusive feedback systems were in place. Reviews were carried out once or twice a week by supervisors to monitor people's plans of care and ensure they were happy with the service provided. Northumbria Healthcare Foundation Trust carried out a quarterly survey called, "Two minutes of your time" regarding the service to obtain people's feedback. The provider also carried out their own surveys.

There was a complaints procedure in place. This was available at all the people's homes we visited. There had been one formal and one informal complaint received. Information was available about what action the service had taken to address the concerns raised. This included details of 'lessons learnt' following each complaint, so action could be taken to reduce the likelihood of any similar complaints being received.

Outstanding ☆

Is the service well-led?

Our findings

North Locality – Berwick is operated by Northumberland County Council in 'partnership' with Northumbria Healthcare NHS Foundation Trust.

There was a registered manager in post. Staff and health and social care professionals spoke highly of her. Staff told us she was very approachable and supportive. Health and social care professionals said, "[Name of registered manager runs a tight team" and "She has her finger on the pulse."

The provider had fully adopted the guidance outlined in the National Institute for Health and Care Excellence [NICE] in their publication, 'Transition between inpatient hospital settings and community or care home settings for adults with social care needs.' This stated, 'Consideration should be given with regards to early supported discharge with a home care and rehabilitation package provided by a community-based multidisciplinary team for adults with identified social care needs.' We found there was a joined up approach to providing holistic care that met the needs of people. This was enabled by an integrated system of leadership to help ensure people experienced the best possible outcomes which was confirmed by people, relatives and health and social care professionals.

People and relatives were exceedingly positive about the service. Comments included, "They really are the complete package," "It's outstanding," "I would rate them as excellent," "I tell it as it is, it's exceptional," "I think it's marvellous, I really do. As far as I am concerned it's outstanding and I'm not easy to please" and "It's A++++."

Health and social care professionals also rated them extremely highly. Comments included, "We have a really good relationship with them…I think it's an excellent service, it's absolutely well managed" and "It's great to see the integration between health and social care – it works."

We found the provider's integrated model of care facilitated hospital discharges, helped avoid unnecessary hospital admissions and reduced the number of people requiring long term care by supporting people to regain their independence. There had been 335 care and 609 therapy referrals from April 2016 – April 2017. The number of people requiring long term care at the end of the service's involvement was only 78.

Health and social care professionals confirmed the service's effectiveness at helping keep people at home. The hospital to home manager said, "We have MDT [multi-disciplinary team] meetings…We're all talking and sharing information to make sure service users are discharged safely and as quickly as possible and they [service] are integral to this." The community matron said, "When I have needed to get care at home they are very responsive." The team manager for the social work team said, "They help keep people at home and promote discharge from hospital, it's really good and helps people to remain at home."

The provider sought to share good practice by working with other providers and organisations. We spoke with four registered managers and a deputy manager from five care homes in the Berwickshire area. They all spoke highly about the service and said staff supported them to meet people's needs and on occasions,

helped them discharge people home. The service also provided placements for therapy students from the local University.

The provider worked in partnership with a local charitable organisation to provide a community falls exercise programme. We spoke with the health and wellbeing manager from this organisation. She told us staff worked closely with them and referred people appropriately onto their programme. She said, "They are absolutely brilliant, really good."

Staff also liaised with the local food bank and referred anyone who was in need of a food parcel, especially those being discharged from hospital who didn't have any food in the house. We spoke with a project manager from the food bank. She told us, "We both realised that there was a gap in provision and that they [North Locality - Berwick] would be in the best position to address this...[Name of team manager] has attended meetings and we have discussed the way forward, so if they have any concerns [about people] they will contact us."

There were extremely effective communication systems in place to ensure the smooth running of the service. These operated across all organisations involved in people's care to make sure that people received safe, effective, responsive and compassionate care.

Weekly meetings were carried out at the service to discuss new referrals and people's progress. One staff member told us, "These are important to make sure nothing gets missed and no one slips through the net." We spoke with the manager of the Joint Equipment and Loans Service [JELS]. He told us, "We have regular meetings. [Name of team manager] is on our JELS support panel for special equipment, they are involved… There is a lot of integration, we try and get it as integrated as possible."

The health and wellbeing manager for falls prevention programme told us that meetings were carried out with them to review the progress of the programme. The consultant in elderly medicine, hospital to home manager and community matron told us that staff attended weekly multi- disciplinary meetings at the local hospital. These were carried out to ensure people's appropriate, safe and timely discharge from hospital.

Daily situation reports were completed and submitted to the service's operational manager. The registered manager told us, "This is done to alert the operational manager when the care teams are reaching full capacity (amber) or are at full capacity (red). Green would indicate there is ample capacity to cope with an up-lift in demand. This is particularly important at times of pressure in the system to ensure the 'flow' of patients being discharged from hospital. This enables the operational manager to identify resources across the service to support area teams as required, responding to daily changes."

Staff used the 'Situation, Background, Assessment and Recommendation' [SBAR] to communicate between each other and with other health care professionals such as GPs and social workers. The SBAR technique provides a framework for communication between members of the health and social care team about an individual's condition. The Institute for Health Improvement describes the tool as an effective and efficient way to communicate important information.

The provider used a computerised management system to assign care workers to specific calls. The system provided an overview of the number of calls each care worker was allocated. This enabled management staff to assign staff promptly when urgent requests for care were made.

Staff were provided with mobile phones. They used these to log in and out of a person's home by touching their phone against a special tag which was located in people's care files. This data assisted management

staff to monitor the safety of people and staff if the system flagged up that a care worker had failed to make a visit.

There was a strong emphasis on continually striving to improve. Every aspect of the service was audited and checked. An action plan was devised following these checks which highlighted areas which needed attention. We read an action which stated that the COPM outcome measure should be implemented to 'ensure a client centred approach.' Records confirmed that this tool had been implemented. A 'You said, we did' report was undertaken following surveys and feedback which had been received from people. We noted that positive feedback from people was relayed to the staff involved. Accidents and incidents were analysed, no trends or themes were identified. There had been no missed calls and no medicines errors.

Northumbria Healthcare NHS Foundation Trust carried out a quarterly survey called, "Two minutes of your time" regarding the service. We read a number of positive comments about the service including, "This is an excellent service for people to have the minimum stay in hospital and return to their own home ASAP" and "I was very satisfied with all my carers, they were all brilliant. I have never had so many lovely girls in my house. Thank you for your services to me." The provider also carried out their own surveys. We read four questionnaires which had been completed in July 2017. They all gave the service the highest score. One person had stated, "I have been delighted with all of the carers and indeed all of the staff who have helped me in my recovery."

Following the inspection, we contacted the nominated individual who told us, "As a director with joint responsibility across health and social care, this has benefited all services but more so in STSS. Health and social care professionals are managing and supporting service users jointly, ensuring the right member of staff with the correct skill set is focussed on the best outcomes for the service user. Cross fertilisation of training and awareness between therapists and support staff is evident in the offer to service users and results in high satisfaction levels, low numbers of clients who are requiring on going care, and low numbers of readmissions. The ability from the team to call upon health or social care advice, from principle social worker or chief matron or pharmacist lead has enhanced the standard and the quality of the service, which is well led managerially and clinically."