

Essex Cares Limited

Essex Cares South East

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Essex Care South East provides a reablement service for up to six weeks for people who are discharged from hospital. The focus of their support is to rehabilitate people back to independence or if needed support transition to ongoing care services.

People's experience of using this service:

People received a service that was safe. Systems and processes were continuously reviewed to ensure risks to people's safety were mitigated and staff had the information they needed to provide safe care to support people to achieve their goals.

The care provided by the service was very effective. Staff were exceptionally well trained and supported by wider health and social care professionals. The provider was committed to upskill care staff to support people to achieve their best outcomes.

Staff had an excellent understanding of mental capacity and how to support people to make informed choices about their care. Should people lack capacity this was quickly identified, and measures put in place to support those people in line with their preferences and goals.

Staff were very caring. People we spoke with commented on how supportive and caring the service was at all levels of the organisation.

Care plans were responsive and constantly adapted to ensure people received person centred care tailored to their own unique goals and progress. When people required additional ongoing care, the service remained with them until the ongoing care could be found.

Care staff were proud to work for the organisation and were led by a strong registered manager and management team.

The registered manager and management team were committed to building a strong workforce with high morale based on shared visions and values that put people at the heart of service provision. They recognised staff were central to this goal and offered exceptionally high support. It was clear from talking with staff, people receiving a service, their relatives and external health and social care professionals that staff at all levels of the organisation shared the same visions and values.

Exceptionally robust quality and governance controls meant that the risks to the service were identified and mitigated quickly and that when errors did occur lessons were learnt and shared to prevent reoccurrence.

Rating at last inspection: The service achieved a rating of Good in all domains and an overall rating of Good. This report was published on the 14 April 2016.

Why we inspected: This was a scheduled/planned inspection based on previous rating.

Follow up: We will continue to monitor this service in line with our guidance.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective

Details are in our Effective findings below

Outstanding ☆

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally Well Led

Details are in our Well Led findings below.

Outstanding ☆

Essex Cares South East

Detailed findings

Background to this inspection

Background to this inspection

The inspection:

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

Inspection team: The inspection team consisted of one inspector, one assistant 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 care service.

Service and service type: Essex Cares South East provides short term care at home for people recovering from illness and injury.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

An expert by experience carried out telephone calls to people receiving and who had recently received the service. This took place on the 1 May 2019 and ended on the 2 May 2019. The inspection site visit activity took place on 2 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did: Before the inspection we reviewed the provider information return, statement of purpose and current information about the service that all registered providers are required to send to us.

During inspection: We spoke with 20 people who were using or had recently used the service; two relatives, the registered manager, the quality and governance manager; a care coordinator and two members of care staff, an office planner, Occupational Therapist and an Occupational Therapy assistant.

We looked at various information held at the service, including quality audits, staff training, two of the most recent staff employment files, compliments and complaints and a variety of other tools used to monitor the quality of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People received a service that was safe. Systems and processes were continuously reviewed to ensure risks to people safely was mitigated and staff had the information they needed to provide safe care to support people to achieve their goals.
- The registered manager was proactive in raising concerns about vulnerable people to the relevant safeguarding authorities in line with their legal responsibilities. We found that when these concerns were submitted, the service had carried out robust analysis of the cause. If safeguarding concerns were raised about their own staff group, these were managed transparently, and appropriate actions taken to safeguard people.
- There was a dedicated safeguarding lead who could offer advice and review any concerns.
- Care staff received yearly training in safeguarding vulnerable adults. They had an excellent understanding of safeguarding issues and took a proactive approach to raising concerns.
- The provider had a whistle blowing policy to support staff to report safeguarding concerns without fear of recrimination. Staff told us, "I have no problem reporting any concerns, the management are really approachable and would take anything I say seriously."

Assessing risk, safety monitoring and management

- There was a positive risk-taking approach that empowered people to meet their goals. Dedicated and well-trained trusted assessors carried out risk assessments with people to establish their short and long-term recovery goals and how they could be supported to safely meet these.
- Staff could quickly access physio and occupational therapists within the team to ensure that people had the correct equipment to encourage independence and safety. Regular weekly reviews with these professionals and care staff who knew people ensured that identified risks were managed quickly.
- The service had thought innovatively in how to reduce the time people spent waiting for an ambulance whilst floor bound following a fall. They had invested in a specialist chair called a razor lift, that could be taken to people's homes and that would build around them, to lift them from the floor. Occupational therapists and other trained staff would immediately be available to support this in the community. At the weekends there was always someone trained in the use of the chair. This had significantly reduced the risk of people waiting for hours to be moved, the risk of pressure ulcers and, if no injury, there would be no need to call an ambulance, freeing ambulance time to visit people in urgent need.
- People were categorised depending on their needs to ensure they received safe care and a team of dedicated office planners meant staff could respond quickly to meet people's needs. One member of staff told us, "If I am held up with a customer due to them needing more time, or that they are not very well, there is no pressure to leave them or hurry them. The planners are able to quickly contact staff and they are also on the rota so that they can pick up a few calls so the impact on people waiting is limited."

- The planners produced daily reports to identify risks to service delivery and how these could be managed. This included rapid changes of needs of people and any staffing challenges such as sickness.
- The registered manager had considered the risk of the electronic system going down and the impact this would have on people's safety. There were excellent fail safes in place to ensure that should the electronic system fail, staff would continue to have the information they needed to meet people's needs.

Staffing and recruitment

- All staff recruited had to undergo safety checks to ensure they were suitable to work with vulnerable people before they could independently support in care tasks.
- The provider employed a Recruitment and Retention Lead to ensure that they recruited above the established need. This enabled the service to be flexible to people's needs and to support consistently safe care.
- Staff received a robust induction that included all mandatory training and extensive shadowing and observations of practice. One member of staff told us, "My stoma care training was postponed due to staff sickness, but I didn't support anyone with those needs until I had received that training. I can say if I need more training or if I feel I don't have the skills for something, the manager is supportive."
- The registered manager had thorough risk audits in place that identified when they would be unable to take on any more care packages. This meant that the service never had to use agency staff to cover shifts and provided some continuity for people receiving care. The registered manager told us, "There have been times where we have stopped taking admissions even before that risk benchmark; for example, to ensure that staff received training when they needed it." One external professional told us, "[The registered manager] is very committed to providing a high quality and safe service. Although she will always try to accommodate requests for new clients into the Reablement service, she will only do so if she can be sure there is appropriate capacity in the service."
- One member of staff told us that weekends were difficult to cover. The provider had identified this as a pressure area and had begun a recruitment drive to specifically recruit for weekends. In the meantime, regular staff were given generous overtime pay to cover shifts and the registered manager and planners checked with staff wellbeing regularly so that they were having appropriate rest periods in between shifts.

Using medicines safely

- Staff received comprehensive medicine management training before being able to support people with their medicines.
- People had care plans in place that informed staff how to support people to regain independence. We saw some plans where people had short term memory problems and how staff would prompt and check that medicines were taken as required.
- The trusted assessors carried out robust audits of people's medicines and medicine records. There was clear guidance of how to manage any medicine errors and we saw evidence these were robustly managed.

Preventing and controlling infection

- Staff had access to personal protection equipment such as gloves and apron. They received mandatory infection control training.
- Trusted assessors carried out regular observations on staff which included staff demonstrating good hygiene practices. One member of staff told us, "I was doing really well on observation until I took my gloves off to make a bed. Silly mistake but the assessor pointed out this was not good infection control."

Learning lessons when things go wrong

- The provider had exceptionally robust systems in place to review lessons learnt., They had developed lessons learnt review form so that learning could be shared with all staff groups to avoid reoccurrence.

These were also presented at quality improvement forums attended by staff and managers across the organisation.

- The provider had been on a three-year journey of improvement from having received an inadequate rating. At this inspection, we found that they had continued to sustain improvement in areas previously inadequate and were now using imaginative and innovative ways to learn, identify and manage risk. The service also looked externally, outside the organisation to lessons learnt in other organisations. The governance lead used these examples to compare against the service offered by the provider and ensure that they had measures in place to mitigate these risks.
- We saw many examples of how the service learnt from incidents and actions taken mitigate risk of reoccurrence. This included how the service supported people in event of emergency, such as adverse weather conditions. Another identified when a missed visit had occurred which left a person at risk and a complaint was raised. The investigation highlighted a contact error mistake and robust actions were taken to mitigate future risk included a review of CACI (a handheld phone that staff used to record visits and review care needs), supervision for staff, and workshops for customer care staff that focused on ensuring accurate record keeping, problem solving and strengthening buddy support and oversight of tasks in the office.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Outstanding: □ People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service was incredibly person centred and ensured that all care provided was based on the "good lives" values as set out within the Care Act 2014. Staff shared the good lives visions and values and staff gave many examples where they had adapted their response to support people's changing needs. This included when people had exceeded their initial goals or when their health had deteriorated.
- Staff held weekly meetings to assess people's needs and review progress. Care staff, Occupational Therapists, Physiotherapists and other health and social care professionals attended these meetings to provide feedback on peoples' progress. When additional needs were identified that could support independence and recovery these were quickly accessed.

Staff support: induction, training, skills and experience

- Staff had to undertake all mandatory training within a 12-week induction period. The provider had robust oversight of when staff needed these refresher courses. This meant staff were very effectively kept up to date with the skills and knowledge they needed.
- Staff new to the role of care worker, or who had no prior recognised training were supported to complete the Care Certificate, recognised fundamental standards for care staff training.
- The provider recognised that it would be difficult for care staff to read and recall all their policies and procedures. The service had completely reviewed and condensed them into an easy to read handheld folder that staff took with them when on duty.
- All therapists received professional support sessions using case studies for sharing and learning and held regular meetings with registered managers across the Essex Cares with a focus on best practice.
- Staff also had also been provided with a portable moving handling booklet, complete with pictures of good practice.
- Trusted assessors carried out regular observations of staff competencies and identified if staff required any additional training. This was supported by regular supervisions with staff, team meetings and peer support with registered health professionals such as the occupational therapists and physiotherapist within the team. This kept staff regularly updated with skills and best practice.

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

- The registered manager identified existing skills that care staff brought with them to their role and encouraged disseminating of that learning to the wider team. One member of staff told us, "I have only been doing this type of work for a few weeks, but I have a catering background and I noticed in one person's home they had a large amount of food considerably passed their due date. I was able to organise some food for this person and shared what happened. They [manager] now want me to do some teaching sessions for

staff on food safety and we now have a checklist for checking people have access to food."

- Staff had identified that one person on discharge from hospital did not have appropriate cold storage for their food and contacted the Advice Officer who was able to source a fridge.
- Occupational Therapy workers told us, "Often people want to become more independent and start preparing their meals again. We assess their environment and devise a plan for staff to follow to help them achieve this goal. Step by step we aim to support people to be independent as possible with this task."

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

- The provider had processes in place to monitor how effective the reablement service had been. This included measuring how many people receiving a service had been able to regain their independence, and how many people required reduced level of support. Thorough handovers of people's progress and needs were given to any service that took over care to support people's transition.
- Care staff worked closely with the local authority and other health and social care agencies, such as GP practices to ensure that if they identified an additional health need this could be managed quickly. All people's files had contact information for relevant health care professionals.

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

- The service had identified that people had a variety of unmet needs which could hinder their quality of life, ongoing wellbeing and recovery. They began to work alongside a local volunteer and befriending service, providing office space for an advice officer at the service. This had been incredibly successful in identifying people's unmet needs and accessing such things as befriending services, benefits and community engagement. As a result, the registered manager had put forward a proposal to increase the amount of time the advice officer was seconded to work with the service to five days.
 - The impact on people's quality of lives and healthier outcomes of this working arrangement had been significant. Examples of this included people accessing benefits that they did not know they were entitled to, befriending services to combat loneliness, reassessment of housing needs and access to supported accommodation.
 - We saw an example of when a couple were struggling to manage in their existing accommodation and this was hindering recovery. Staff contacted the advice officer and they completed benefit forms for the person. This resulted in identifying they were entitled to additional funding and supported accommodation.
 - We saw evidence that staff were thinking holistically about people on visits and how they could improve their recovery and independence. In a recent compliment one person commented on their experience of all staff. This included a member of staff identifying that their walking frame did not have a caddy and helping family to access one. A caddy is something that people could put objects into. The person commented, "I knew nothing of these things. This made my life so much easier as I was able to get things and food."
 - The service provided staff with a folder that contained information about certain health conditions and how to support people well. Information contained quick guides such as how to communicate with someone living with dementia. This had only been in place for a few months but feedback from staff was positive, A member of staff told us, "They are really good to have as a quick point of reference."
 - Through regular discussions were held with people and staff supported people to access a variety of health services to support them to live healthier lives.

Adapting service, design, decoration to meet people's needs

- The provider was constantly looking for innovative ways to adapt the service to meet people's needs, ensuring people received excellent quality of care whilst also being cost efficient. They had recently finished a trial in partnership with the local authority to review the use of two electronic devices for video calls to replace physical visits. Visits were not replaced but these calls worked alongside them. Whilst the service did see some benefit for people, it had little impact on service delivery. What the staff did take from the project

is to continue to consider the use of technology moving forward.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The provider regularly reviewed the MCA Policy to keep up with changes in the law. We saw examples were discussed within quality improvement forums.
- People had their mental capacity reviewed and care records reflected this.
- Staff had good understanding of the principles of the MCA and were able to provide examples how they applied this in practice to support people to make their own choices.
- They knew the importance of gaining consent before providing support. Consent forms were held on record which had been signed by people or their representatives, if appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- The registered manager knew it was important that staff see the positive impact they had on people using the service. They created a visual board filled with dated compliments that the service had received. These referred to how caring staff were, and this promoted a caring, transparent and respectful culture. "The service you gave was better than medicine. All the carers are lovely and always have a smile on their face." Another wrote, "Helpful and kind every one of the carers."
- Staff identified people's diversity and adapted care responses to support people. One person required very specific support with personal care needs due to spiritual beliefs. This included how they were supported to wash and what type of equipment needed to be used for this task. Care plans clearly documented these needs and staff ensured the person had access to all the appropriate equipment. Comments from people using the service included, "Carers are like angels from Heaven, I've been so very pleased to have this service."
- The Advice officer told us, "I worked with one person who was discharged home, but didn't have a fridge, or microwave. Staff found no food in the house on the first visit so went out and brought them fish and chips and reported this to us. We were then able to deliver a food parcel. The person told me they were over the moon with the fish and chips. People tell me that staff are very kind and caring." They also told us, "We are now looking at a buddy up service to take people out under the ECL banner to things like social clubs to build people's confidence."
- The provider was compliant with accessible information standards and staff identified where people's sight, hearing or disability would impact on ability to understand information. This included care information in appropriate sized type for people. This extended further than the service provided. During a conversation with one person about other concerns the advice officer identified that a person was unable to managing their bills due to sight impairment. They supported the person to safely set up direct debits and this reduced the person's anxiety over managing this issue.
- People told us that staff were caring and supportive. They told us, "I Found them all to be very nice and caring toward me;" "They are all very good indeed;" "Even the two gents I had recently were very discreet polite and caring. All are always happy, cheerful and share a joke;" and "[Staff] are brilliant all of them. All very pleasant, caring and kind in their approach to me."
- People also told us that staff were bright and cheery and this was important as often they would be the only people they may see in a day. They said, "All the carers are nice. They chat and are not grumpy and caring in what they do for me." Relatives told us, "They demonstrate an excellent caring attitude, and nothing was too much trouble for them".
- People were incredibly positive about the quality of staff. One said, "All lovely people. It is a compliment to the company that they can find and employ such caring polite carers who are incredible." Another told us, "I

cannot praise them enough. They were so kind and considerate and caring to me. The main thing I found was that they were all so personable. It's like they employ a certain kind of person that really cares and are not just doing it as a job."

- One external professional wrote to the service and said, "I have met a lot of carers from a lot of companies, but I have been so impressed with your staff. Nothing is too much trouble for them, they are truly an asset to your company."
- There were other examples of staff identifying family carers in distress and accessing support from them to either continue to care for loved ones, or in one situation find alternative residential accommodation to prevent the breakdown of family relationships and ensure the whole family network for the person was supported.

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

- Staff not only supported people, but their families, recognising that those relations were essential to supporting the person's recovery. This was consistently fed back in compliments to the service. One person stated, "We met with the assessor, who was extremely efficient, kind and caring. This extended to my [relative]."
- Trusted assessors carried out all pre-assessments with people prior to the service beginning. Care plans demonstrated this. One person's goal was to make their own meal. The care team continuously reviewed this goal and steps to support the person to achieve it.
- People received regular contact from office staff to ensure they were happy with the service they were receiving. These calls were recorded within care notes and care adapted if needed.
- People signed their care plans to say they had agreed to the interventions, and any reviews of their care whilst receiving a service.

Respecting and promoting people's privacy, dignity and independence

- Dignity, privacy and respect was central to staff care delivery. One relative wrote a note of thanks which mirrored these values. "I need to thank each and every one of you for the care and kindness shown to my [relative] and [relative] family. This you have all done with humour, professionalism, whilst preserving [relative] dignity and ours. For this we are deeply grateful."
- The whole care team understood that emotional and mental health needs could impact on the speed and ability of people to regain their independence. Their holistic approach ensured that in most cases people did achieve their goals. One person was unable to mobilise, and the team had identified this was because they had lost their confidence and had a fear of failing. The team worked together, engaging, encouraging and working to help the person to overcome this fear and regain independence in a dignified way.
- Staff encouraged people's independence whilst observing their dignity and behaving in a respectful way. One person said, "[Care staff] are very respectful. They would put a shower mat down before they helped me to the shower and helped me do the things I could not ensuring my privacy was observed;" "[Staff] are respectful... They ensure I am covered so I don't get cold and let me do what I can myself;" and, "They were most respectful and made sure I was never left with nothing on."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's plans of care were developed by trusted assessors who used a good lives approach. This approach aimed to ensure that customers were involved in identifying their individual goals and then how the service could support them to achieve these.
- Trusted assessors completed very person centred, goal specific care interventions that were achievable and informed by specialist staff such as occupational therapists and physiotherapists.
- This multiple professional approach supported excellent outcomes for people. One person went from staying in bed to being able to be out of bed and sitting in an armchair. Improved the persons quality of life, reduced their risks of pressure sores, promoted mobility and supported them to interact with their family and eat meals whilst sitting in the chair. This had significant on the persons morale and quality of life through the service provided.
- Staff identified when people required additional equipment to support them to achieve their recovery goals and this could be accessed very quickly by the occupational health and physiotherapy team. People commented, "All the [staff] have been great at helping me to walk again." One person contacted the office to compliment the physiotherapist support "[Staff] advice and kindness helped with the problems I was encountering when walking. With the aid of the stick, this has had an enormous positive effect on my mobility."
- One external health and social care professional told us people who used this service achieved positive outcomes. They told us, "They have a high percentage of people who go self-caring as they provide a very person-centred approach to all their customers to ensure the best outcome." They went on to say, "Many adults have advised that they don't want to leave their service, mainly because their service has been so good, and this is a testament to the carers that visit as they have built very good rapport with the clients. This is crucial in ensuring maximum independence."
- The service ensured that people who had completed their reablement care package and were ready for discharge but were waiting to be placed with a new care provider continued to get a responsive service. A health and social care professional told us, "ECL have gone above and beyond with regards to adults [ready for discharge to mainstream care] as a result of difficulties sourcing long-term care."

Improving care quality in response to complaints or concerns

- The service received very few complaints and when they did the registered manager and care team were very responsive in investigating and managing them. We saw that a few people had complained that they did not always receive a service from the same carers. As the service was short term, care had to be arranged around peoples changing needs and risks. However, the planners tried exceptionally hard to ensure that where it was possible, people had the same group of carers.
- When people had cause to complain the registered manager investigated these thoroughly and in line with the service's policies and procedures. A letter was sent explaining the outcome and apologising for any

distress from the chief executive. This was accompanied with a token of apology such as a pot plant. One person told us, "Only made one complain at the start...I phoned up and they acted straight away."

- The registered manager had effective processes in place should complaints be upheld and lessons needed to be learnt through supervision, staff meetings and regular newsletter updates.

End of life care and support

- The service provided reablement care for short placements and therefore rarely supported people towards the end of their life. When this situation occurred, staff had received end of life training and worked closely with other health professionals supporting people with this need.

- One person who had been discharged to home from hospital was referred with four calls a day, assistance of one. However, at initial assessment the trusted assessor identified the person required end of life and all care in bed. The service put in extensive therapy support to ensure that the persons last few weeks were comfortable and dignified. In a letter of thanks, the relatives write, "[person] could not have, had better support from anyone else. You have all helped to make [persons] last few weeks easier for myself and my family. For that I am truly grateful."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

- Although the provider provided short term care over a six-week period, almost every person we spoke with told us this was an exceptional service who not only met people's identified reablement needs but introduced them to services that could meet other unmet needs. The registered manager told us, "It's not just making a difference now, it's also about making a difference to people's lives in other ways to keep them as independent as possible. It's essential for people's on-going wellbeing."
- The provider ensured this approach was promoted by regular staff newsletters identifying compliments given by people using the service and recognising staff who had acted in an exceptionally person centred and caring way. We saw examples of staff staying with people until the early hours of the morning after they had been unwell.
- The registered manager and care team completed regular case studies detailing how people had successfully been supported to reach their goals and regain their independence.
- Staff had an excellent understanding of what was meant by person centred care and gave examples of this in practice. One such example, "I support someone who can become really distressed and angry because of their memory difficulties. We know this is because they are trying to communicate their distress, so we will take time to stop what we doing to try and understand what they need. You have to fit care to the person not the person fit in with you. We never get in trouble if we have to stay longer with someone, and the office always make sure that if we will be late to the next person either someone else can support them or we let them know."
- The service had a strong collaborative approach from the carers working on the front line, to senior managers and the chief executive. Staff were incredibly proud to work in the service. One member of staff told us "I feel really proud of what we can do to help people become independent again. All the work we do really has a positive impact on people. It's great to see people's confidence grow. I love my job."
- Staff told us that managers were very supportive and offered high support. Through regular supervisions, team meetings and involvement with care reviews staff were kept up to date with the service's progress. A member of staff told us, "They are all so lovely. I have no problems letting them know if I am uncomfortable with something or if I have made an error." The registered manager told us, "Even the CEO [chief executive officer] will don an apron and gloves and get out and help people on the ground. They have undertaken all the mandatory training we expect our care staff to take."
- Of the service people told us, "Very well run and managed. They certainly know what they are doing and what care is all about;" "It was fantastic. The men were fun and hilarious with me and brightened my day up and they were all so kind and never rushed me. Full credit to how it is run and managed;" "It ran very well indeed for me and seemed to be well managed with everything;" "I found the whole thing wonderful. So,

credit to all who run it," and "It was brilliant, and I even wrote a note and sent it to them telling them how pleased things had run."

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

- The provider was constantly learning and improving the service. There were robust systems in place for monitoring service provision. This meant that it was rare for people to have a missed call.
- A governance team produced robust quality reports based on a variety of audits carried out by the service with a focus on quality and positive outcomes for people and future learning. The management were constantly looking for new ways to enhance the service. Findings of these audits were reported back to the board, and staff through regular quality improvement forums.
- The provider carried out their own internal inspections to measure whether they were meeting the fundamental standards of care as set out with the Health and Social Care Act 2015.
- The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of events, the outcomes for people and any action taken.

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

- Staff regularly contacted people receiving a service throughout their care to ensure they were happy with the service. All people we spoke to told us they would recommend the service. People said, "I was very pleased with [service] so yes I would." "Without hesitation." "Definitely. Wish I could stay with them;" "I certainly would they are marvellous;" "100% I would. Almost cried when they had to stop coming to me," and, "Yes, I would they were all very good with me."
- Office staff undertook regular monthly satisfaction surveys which measured whether the service was achieving its goal. In April over 50 people using the service were contacted and nearly all agreed that the service had involved them in planning their care and any reviews in line with their preferences and individual goals. All but one person reported the service had, had a positive impact on their wellbeing and life.
- The provider had various ways to engage with staff working for the service. This included team of the month, star of the month and an excellent array of staff benefits. Staff told us, "I love working for this organisation they are so supportive."
- The registered manager was passionate about ensuring people had excellent outcomes. They said, "Our staff are key to having a service that truly meets the needs of people. I firmly believe that if we support, look after and nurture our staff then we will have a great service. The provider is very open to new ideas of staff support and showing appreciation to staff when they go above and beyond the call of duty."
- The provider recognised the contribution that staff had made to continue to provide a service following extreme weather. Each member of staff who worked received a bouquet of flowers, card and voucher to say thank you for their contribution. Staff told us, "It was really lovely to get recognised it wasn't a great time and it boosted morale." We saw several letters of appreciation sent to the manager and chief executive.

Working in partnership with others

- The registered manager, provider, and staff team strove to achieve excellence for the people who used the service through regular consultation with people, internal staff, external stakeholders and other health and social care professionals.
- They were constantly looking for new ways to improve how the service monitored quality and how staff could be supported to meet peoples changing needs. This included identifying and meeting people's unmet needs, as described in the effective domain.
- The management team completed regular case studies, and these were used to share learning across all stakeholder groups. There was a strong emphasis on the importance of reflective practice to drive forward

constant improvements in the aim to be an outstanding service.

- The registered manager and trusted assessors had excellent collaborative working relationships with local hospitals as referrals often came directly from hospital social workers. Planners provided daily reports to the hospitals about whether they could support dischargers from hospital. Weekly multi-disciplinary meetings were held with hospital and local authority departments to discuss people's support needs and how the service could support people on the reablement journey. Monitoring of people's progress demonstrated that people had very good outcomes. One professional said of the service, "They have a high percentage of people who go self-caring as they provide a very person-centred approach to all their customers to ensure the best outcome."