Borough of Poole

Short Term Assessment Reablement and Telecare (START)

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

Short Term Assessment, Reablement and Telecare (START) provides reablement support to a wide range of people in their home following either a hospital admission, or a change to the person's ability or independence. The service supported people to regain lost skills, learn new ones, and generally increase their ability and independence. The service is not time specific and provides support in set time slots over a 24 hour period. This is so staff can support people at the pace that promotes the person's independence. At the time of the inspection the service was supporting 17 people.

This inspection took place on 30, 31 May and 1 June 2018 and was announced. The service had previously been inspected in January 2017 at their previous address.

At our last inspection we rated the service outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was not a registered manager in post they left the service one week before the inspection. The deputy manager was acting as manager. They had worked at the service since it was first established in 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The provider is currently recruiting to the registered manager's post. 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.

We received some outstanding feedback about START. Without exception, people, their relatives and health and social care professionals told us they were extremely happy with the care and support provided by START.

People were placed at the heart of the service. Each person had a small team who they knew well. People wrote and directed their support plans with staff. Support plans contained highly personalised information about what was important to the person, what mattered to them, what they would like their team to know and do, and the help and support they needed.

People consistently told us they felt safe and there was an extremely proactive approach to safeguarding. Staff involved people in looking at innovative approaches to safeguarding. This supported positive risk-taking so people could have full control over their lives.

The service was committed to providing a learning and development programme that nurtured staff's knowledge, skill and professional development. Staff undertook champion roles to promote good practice across the service.

The acting manager of the service was very dedicated in creating and championing a culture within the service that was compassionate and innovative. The service had a proven track record of finding extremely creative solutions to meet people's needs. They had worked in partnership with health and social care professionals to provide a reablement programme that helped reduce avoidable hospital and care home admissions. This was characteristic of a highly responsive service that was quickly able to adapt to meet people's needs.

Staff were caring, compassionate and creative in overcoming obstacles and findings opportunities to go' the extra mile' in order to promote people's independence and wellbeing. People told us they valued their relationships with staff and they were treated with dignity and respect.

START provided outstanding end of life care even though this was not a service they usually provided to people. Staff were dedicated, skilled and extremely empathic in their role.

The service had a strong sense of social responsibility; they played an active role in the community and out of office hours they were able to respond to and support people in crisis. They also worked with the local authority to sign post people to services that reduced social isolation.

There was a clear management structure in place and oversight from the provider. The acting manager and staff team placed a strong emphasis on providing a high quality service and looked for ways to continually improve. The service used feedback and any accidents or incidents as an opportunity to learn and improve. People were consulted about how their care and support was delivered and given opportunities to feed back about how they felt the service was doing.

Further information is in the detailed findings below.

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 has improved to Outstanding	**Outstanding** ☆
Is the service effective? The service has improved to Outstanding	**Outstanding** ☆
Is the service caring? The service remains Outstanding	**Outstanding** ☆
Is the service responsive? The service remains Outstanding	**Outstanding** ☆
Is the service well-led? The service remains Outstanding	**Outstanding** ☆

Short Term Assessment Reablement and Telecare (START)

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 took place on 30, 31 May and 1 June 2018 and was announced. One inspector and an assistant inspector visited the service on the first day of inspection. On the second day, one inspector visited people in their own homes and on the third date an expert by experience telephoned people and relatives who used the service.

We met with three people and spoke with six people using the reablement service to learn about their experiences. We also spoke with two relatives, six staff including the acting manager and received written feedback from 15 health and social care professionals.

We reviewed three people's support plans and records in full. We also looked at four staff's supervision and training files, case studies and other records relating to how the service was managed.

Before the inspection, we reviewed the information we held about the organisation including the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the CQC survey responses from people, staff and community professionals.

Outstanding ☆

Is the service safe?

Our findings

The service had improved from good to outstanding since the last inspection in 'is the service safe' question.

People and their relatives told us they felt safe with staff. One person said, "I always feel safe, the reablement assistants sat on the stairs so they could hear me when I first started to wash myself. This made me feel safe and gave me confidence".

Information and guidance about safeguarding people was clearly displayed in the office. Staff were exceptionally well-trained in safeguarding people. They were highly skilled at recognising when people were at risk of abuse or feeling unsafe, and they were comfortable and proactive when challenging and reporting unsafe practice. Staff told us they felt supported by the management team and told us that there was a "Good culture of raising concerns". One staff member told us that if they had to raise any concerns, "Everybody is approachable and responds". Safeguarding and whistleblowing was discussed at every meeting and everyone to one supervision session.

We received extremely positive feedback from the local authority safeguarding 'helpdesk' team. They told us they worked closely with the START team and they said, "The team goes above and beyond to make referrals and take immediate actions to keep people safe in the community". They gave us the example that the START out of hours team had access to a 'food bank' and were able to respond by providing food and personal care items to vulnerable people who contacted the local authority's 'Helpdesk'.

We also received feedback from the local authority duty social work team in relation to how START staff had responded to a recent civil emergency. Staff reacted quickly and they provided practical and emotional support, in their own time, to the people involved to make sure they were safe until the civil emergency was over.

Staff involved people in looking at innovative approaches to safeguarding. This supported positive risk-taking so people could have full control over their lives. For example, a member of staff had gone above and beyond their remit by working with 'Lifeline' and the Police in order to maintain a person's independence. This person liked to take regular walks but often got lost after they moved house. In order to know where the person might be, the staff chatted to the person about where they had been that day and checked receipts with their permission to correspond with what had been said. This meant that staff, police and 'Lifeline' staff knew where to look for the person if they weren't at home so they could safely help them home.

People were provided with a range of highly personalised accessible information about how to keep them safe and manage any identified risks. For example, staff produced individualised posters for people, such as a poster supported by pictures and times to remind one person when to eat and take their medicines. For another person, whose first language was Polish, they translated the microwave instructions into Polish and in large print so the person was able to safely operate the microwave.

The service had also proactively engaged and worked with other organisations and agencies to assess and minimise risks to people. Staff had been trained as 'trusted assessors' which meant they were able to assess people for aids and equipment. This meant equipment was quickly provided to people on the staff's assessment and this reduced the risks of them being unsafe and requiring more services. They also worked with the 'Avoidance Admissions Team' based at a local GP practice. This team fed back how the START team had impacted on and managed risks people faced so they were able to successfully remain at home rather be admitted to hospital or a care home.

Staff told us there was an extremely positive and supportive culture about reporting and learning from any errors, accidents or incidents. The level and quality of incident reporting included near misses and any significant incidents were reported and or discussed with the safeguarding team. Lessons learnt records included written reflections by staff involved and errors/incidents were discussed at team meetings and one to one support sessions. The service has exceptional awareness of people's safety and how they could manage those risks to prevent accidents and incidents from re occurring.
Risks to people and staff were safely assessed and mitigated. Environmental risks such as lone working, electrical equipment and fire safety were assessed at the start of the service, as were other risks posed to people. For example, where risks were assessed with medicines people had a medicine risk assessment and plan in place that provided staff with guidance.

Staff recorded all of their contact, support and care provided to people directly on to computer tablets and this information was immediately available to all staff and the management team if needed. This meant that all staff could be quickly alerted to any new risks for people and or any changes in people's care and support needs or circumstances.

There was a stable staff team and the last new member staff had been recruited in March 2017. There were robust recruitment records in place for this staff member. The registered manager had recently left the service to further develop their career. The deputy manager who had worked at the service since it was established in 2014 was acting as manager to ensure consistency of management approach and staff.

The acting manager told us and we saw that the service only supported the number of people that they had staffing for. People also told us they did not feel rushed by staff and staff stayed with them as long as necessary to support and guide them in whatever task or skill they were trying to complete.

Staff were trained in infection control and personal protective equipment was provided for staff. People told us staff wore personal protective equipment such as gloves and aprons when they were supporting them.

Medicine management was safe. There were systems in place to monitor the safe administration of people's medicines. Where any errors or shortfalls in medicines management were found, staff were retrained and their competency was reassessed.

People's medicine support needs were assessed and planned for at the start of their reablement service. Staff worked creatively with people to closely involve them in the management and administration of their medicines. They looked for new ways to promote people's independence, and worked closely with other agencies to do so. For example, one person was not able to manage to administer their own eye drops because of the limited dexterity of their hand. The staff worked with the person's GP and pharmacy to investigate and develop an eye drop dispenser the person could use independently. For another person staff supported them to use a long handled cream applicator so they could independently apply their prescribed creams.

Outstanding ☆

Is the service effective?

Our findings

The service had improved from good to outstanding since the last inspection in 'is the service effective' question.

People and relatives told us people were supported by very skilled and competent staff. One person said, "I have different reablement assistants who are all really good, competent, friendly and helpful. They take the time to listen and answer any questions. They are very knowledgeable and have helped me find different ways to do things myself". Their spouse told us, "They go above and beyond what they are expected to… they have a lot of experience and they do things that I wouldn't think of". Another relative said, "They are very competent and my husband is very happy with them".

We received extremely positive feedback from health and social care professionals about the skills and knowledge of staff and how their input has had a positive impact on the people who had used the service. They told us that this had meant people had been able to remain in their own homes with reducing packages of care and support.

Staff told us and records showed they received a variety of core training. Staff training was also developed and delivered around people's individual needs. For example, staff received specific training in supporting people who had a stroke, stoma care, epilepsy, dementia, learning disabilities, diabetes and epilepsy. The training programme was tailored to the individual needs and learning styles of staff. For example, distance learning, on line training and face to face training.

There was a comprehensive induction programme that included core training, the care certificate and shadowing opportunities. The care certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Staff told us they attended regular one to one supervisions and annual end of year reviews. They said they were very extremely well supported and had the opportunity to discuss and reflect on working practices, discuss ideas for the future, discuss learning and development and discuss any concerns they may have. Staff also undertook training that focused on managing and supporting their well being.

There were staff champions at START who were responsible for promoting learning and sharing information about their chosen subject. There were staff champions for 25 different subjects including; CQC's KLOEs, equality, diversity and inclusion, moving and assisting, safeguarding, community services link, assistive technology and other specific health/social conditions. The champion's role was to access additional training, qualifications and resources to keep abreast of best practice in their chosen field. Using this knowledge, 'champions' acted as a point of contact if staff required any support or advice in their area of interest. Staff told us they volunteered for these roles and they were passionate and spoke with confidence about their champion role and how this had impacted on people who used the service. For example, one staff member who was the community resources link showed us, on their computer tablet, all of the resources they were to signpost people and staff to.

Following a referral staff visited the person to complete their first assessment and plan their care and support. During this visit staff and people jointly completed the assessment including an assessment of any risks. Protected characteristics under the Equality Act, such as religion and sexual orientation were considered as part of this process, if people wished to discuss these. Staff gained consent to care and support and identified any equipment or assistive technology or equipment required. Most people's service started immediately following this visit. This meant that any potential delays in receiving a service were minimised through the efficient and effective use of a multidisciplinary approach and appropriate supporting equipment and technology.

The service was truly holistic in their approach to assessing, planning and delivering care. People told us they were fully involved in these assessments and setting their own short and long term outcomes they wanted to achieve whilst using the service. They also told us staff were very skilled about supporting them to identify and set realistic and achievable outcomes.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans. Initial assessments were carried out by one of the senior staff to ensure the person's needs were understood before staff were introduced to them.

People were supported to regain their independence with meals and drinks. Where people were assessed as nutritionally at risk, food and fluid charts were in place. Innovative methods were used to encourage those people who were reluctant or having difficulties in eating and drinking. For example, staff produced a pictorial poster with times to remind one person to eat and drink. For another person, who had not been eating and drinking and had lost a significant amount of weight, staff prompted the person to eat and drink when they visited. The person did not immediately believe they would benefit from the service's support and said they would only agree to having the service for one week. However, after having support from START for a number of weeks the person had then set a goal about increasing their food and fluid intake and decided to be weighed weekly. This was included in their support plan and staff supported them to do this. The person's weight was steadily increasing at the time of the inspection.

The service was committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care and support to people. For example, a social care professional told us the START out of hours service had provided a 'step-down' level of night-time support for a one person who was discharged from hospital. They worked in conjunction with other care providers and professionals and the support START provided meant the person's night time support needs reduced and within a few weeks the person achieved night-time independence.

The START out of hour's team had also developed an assessment information/grab sheet for and with people in case important information was needed to be shared with other agencies or services. The paramedic service had fed back to START that the information provided was easy to follow and the information shared was extremely useful in their initial assessments of people.

Another professional told us they would often contact the acting manager to discuss whether people were suitable to use the service. The professional told us the acting manager would guide them if the service was not appropriate; explain why and always signposted them to more suitable services in the community.

Most people, or their relatives, who used the service were able to contact healthcare services independently. Health and social care professionals told us the links with START were excellent. Where people had complex or continued health needs, staff always sought to improve their care, treatment and support. For example, one person disclosed to a specific staff member they trusted that they had found a lump in their breast. The

staff member offered to take the person to the GP the next day and subsequent urgent hospital appointment. This first appointment was on the staff member's days off but they changed this, so the person was supported by the staff they trusted.

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. Most of the people who received a service had capacity to make their own decisions. However, for the small number of people who best interests decisions were needed for these decisions were made in accordance with legislation. For example, one person's medicines were stored securely and the best interests decision had been made in consultation with the person's representatives, GP and social care professionals.

Staff told us about how they sought people's consent before they helped or supported them. This was confirmed by people and relatives and records showed people had consented to their assessment and support plans. Staff were trained in the MCA and they told us they were confident about using the MCA. Feedback from professionals supported that the staff had a very good understanding of the MCA.

The service had a nominated champion for mental capacity and consent. Their role was to make sure that staff had a comprehensive understanding of the Mental Capacity Act 2005.

Outstanding ☆

Is the service caring?

Our findings

The service had remained outstanding since the last inspection. Without exception, people and their relatives wanted to tell us about the very caring support they received from staff. Comments included, "They are very kind and very nice.", "They [staff] treat me very well', "They are absolutely a wonderful bunch of people" and "Kind and caring…very much so".

People valued their relationships with the staff and the service had collated and reviewed many examples of staff going over and above what was expected of them. For example, staff helped out caring for people's pets so the people could focus on regaining their independence. One member of staff had taken several suitcases of washing to the laundrette for a person who did not have a washing machine. The person could not afford to dry it all so the member of staff took it home to dry, fold and return to the person.

Staff spoke about people with kindness and compassion. Staff told us the best thing about their job was "getting the adults back on their feet again, seeing them achieve". Staff had a good awareness of equality and diversity and they discussed this at every team meeting.

Staff made themselves available to people and or their relatives at times when they needed caring and compassionate support. For example, staff told us and we met one person whose spouse had died recently. The person told us they did not need much physical care and support but the staff spent as long as they needed talking with and listening to them. They said this had made all the difference about how they felt they would be able to manage and carry on their own. Staff had identified that this element of this person's emotional support was much more important than any physical support or reablement they could provide. They had extended the time they had supported the person so they could continue to support them emotionally.

A professional told us about how the team routinely went 'above and beyond' for people and gave us examples. A staff member found out about access to a scheme where they could obtain free items to people in crisis. One person who was recently bereaved had wanted to sit at their dining table to eat their meals as they had used to with their spouse. The person's chair was not safe for them to do so following a change in their physical abilities and they did not have the funds to purchase a replacement. The staff contacted the professional and went and collected a chair at no cost to the person. This had meant the person could then sit at the table and they had fed back that this had given them comfort.

People felt listened to and that they were directing and managing all aspects of their care and support. One person said, "I feel that they [staff] really listened to me when we were looking at reducing the visits and I was able to say what were the most important visits for me to continue to progress".

The acting manager was clearly committed to promoting a strong, person-centred and caring culture throughout the service. They were motivated and passionate about making a difference to people's lives. This enthusiasm was also shared with staff who spoke about people with compassion and affection. They spoke passionately about the service and the impact their support had on people's lives.

Staff cared for individuals and each other in a way that exceeded expectations. For example, staff told us how they had all checked in with each other when they were caring for a person at the end of their life. Staff also told us that their colleagues and managers had supported them both at work and when they had personal or health difficulties. All the staff we met and spoke with told us they felt very well cared for.

Although START is a short term service, the staff understood the importance of understanding people's personal histories and cultural backgrounds so they could care and support for them in a very person centred way. This information was explored and recorded in people's initial assessments and care and support plans.

People's preferences were treated with importance. For example, one person told us they had a preferred gender of staff for the visits when they had support with their personal care. They said they always had a female member of staff for those visits. Another person told us, "I had a male carer but the dog didn't like him, so I told the office and he didn't come again."

People who used the service told us that staff promoted their independence. The organisation's vision statement included, 'The START reablement team supports adults on their journey to regain their confidence and independence, by empowering them to live their life, the way they wish to in the comfort of their own home'. Records showed this happened with each person setting outcomes to achieve whilst using the service.

All staff encouraged people to explore their care and support options and supported them to explore sources of additional help and advice with particular care and sensitivity. For example, staff had identified that one person was socially isolated and they were grieving. They sensitively provided them with information about bereavement support and social groups that they may have benefited from.

Respect for people's privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. People told us staff were very respectful of them and their homes. They said they always maintained their dignity when providing personal care. When referring to people who use the service staff showed dignity and respect by referred to people as 'adults'.

Staff were all trained in professional boundaries and confidentiality and had a good awareness of what was expected of them. The acting manager told us they ensured people knew how their information was stored and protected. They were aware of the new data protection laws. Staff were very aware of people's confidentiality and asked us if it was ok to share information with us before they did so.

Outstanding ☆

Is the service responsive?

Our findings

The service had remained outstanding since the last inspection. People described a highly responsive service. One person told us, "Although the service is non time specific when I had a hospital appointment the staff came early to support me to get the appointment on time".

People told us they and their family, friends and other carers were involved in developing their care and support plans. People said they felt consulted, listened to and valued throughout. Comments from people and relatives included; "Yes we talked about the care plan and care package", "It was a two way conversation regarding my wife's care plan" and "We had a review of my care plan and package and the visits were reduced because I didn't need so much support".

The service continued to provide highly personalised care that people led and directed. One person said, "I'm now taking charge of myself and doing what I can do. They're doing a wonderful job."

The service took a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was an integral part of the service. For example, staff told us how they worked closely with other community links including the Poole Well-Being Collaborative a service that provides access to a range of non-medical local activities, social groups, services and advice based on needs and interests. This shows outstanding person centred care, above and beyond what is expected to ensure people get the best possible care for their physical and emotional well-being.

One professional told us, "The best way to describe the service for me is 'holistic'. The team look at life beyond reablement and work closely with adult social care staff, health colleagues, other Borough of Poole departments and the third party sector to ensure the adult has all needs met and does not require further services. They prevent 'a revolving door scenario'."

Health and social care professionals fed back that the service provided very person-centred care and support, and this achieved exceptional results for people. This was supported by the very high numbers of people who were able to remain at home with only small or reduced packages of care following the input of the START team.

The service met the Accessible Information Standard. The Accessible Information Standard is a law that aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's sensory loss and communication needs were flagged up in assessments and care and support plans. Staff provided the support people required in these areas. For example, one person was struggling to remember which staff member was visiting next, so staff produced a reusable sheet that showed who was coming next and at what time slot. For another person who was visually impaired they produced a large print medication reminder system for the person and they were able to independently able to manage their medicines.

The service listened to feedback, complaints and concerns to make improvements to the service. There was

a clear process for responding to complaints. People told us they knew how to raise any concerns or complaint but they had not needed to.

One complaint had been received since our last inspection. This had been investigated quickly and thoroughly with the best interest of the person using the service as a priority. This had meant they received the best care possible. The acting manager had arranged a lessons learnt meeting with a multi-disciplinary team of healthcare professionals keen to learn from their experience.

The acting manager took opportunities to seek people's view about the complaints process about how effective the service was in handling complaints and concerns. Following recent feedback from people they had identified that people were not always aware of how to complain even though this information is included in the information given to people at the start of the service. The acting manager acknowledged that at the start of the service people could easily feel overwhelmed with information and may not take it all in. This feedback was discussed at team meetings and now staff remind people two weeks after the start of the service and during their subsequent care plan reviews of how they can raise any concerns and complaints and if they have any.

Because the service is a short term reablement service they do not usually provide end of life care to people. However, there had been recent examples of where the service had remained involved with people whose health deteriorated quickly and unexpectedly. The service, staff team and the people themselves had wanted the staff to continue support them so they had continuity of care from staff they liked and were familiar with. The service linked with the specialist palliative care team and district nurses and worked alongside them. Staff told us they had felt proud and privileged to be able to support those people at the end of their lives.

Staff were very responsive in enabling people to remain engaged and went the extra mile to ensure their preferences at the end of their life were met. For example, one person was being cared for in bed at the end of their life. They told staff they missed being able to look out of the window. Staff put up a mirror on the person's bedroom wall by their bed so they could continue see out of the window when they were lying on their side. The person's family had fed back how invaluable and supportive the staff's care and support had been to the person and them as family members.

Staff told us they were supported by the service with empathy and understanding. They said they were supported by each other and the management team. They all told us had an opportunity to debrief and to have access to a counselling service following the people's death.

Following these recent experiences, some staff were completing a distance learning course in end of life in their own time. There was a staff end of life champion and a nurse from the palliative care team had also attended a recent team meeting. This was to provide them with guidance and answer any questions staff had about supporting people at the end of their lives.

Outstanding ☆

Is the service well-led?

Our findings

People, their relatives and health and social care professionals told us START was exceptionally well led. The service had remained outstanding since the last inspection.

There was no registered manager in post they had left the service the week prior to the inspection. The deputy manager was acting as manager. They had worked at the service since it started in 2014. The provider was in the process of recruiting a manager. 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.

We received very complementary feedback about the acting manager from health and social care professionals. One professional told us, "The team has recently had a change in leadership however the service has not altered. The team are clearly well supported by [acting manager], the service has had continuity throughout this time of change which can be challenging for any team."

The acting manager told us they were very proud of the team and they were all passionate about what they do. They said that the team had, "Evolved and they were confident, competent and felt positive about being able to celebrate their successes they had achieved for people."

Feedback was actively encouraged. Surveys were sent out to people after they had stopped using the service and the results analysed.

People were also contacted again 90 days after using the service to gather feedback on their experience and to review their access to other services. The acting manager was setting up focus groups of people who had previously used the service. This was so they could look at ways of constantly reviewing and improving the service for people

Staff were very motivated by and proud of the service they provided. One staff member said, "The team is just brilliant. I love to see the difference we make to people and sometimes it's the little things that make all the difference". There were opportunities for staff to progress and develop leadership skills. We were contacted by a previous staff member who had left the service to take up a training position with another care agency. They told us they had been supported and encouraged to develop their career. Staff told us they were trusted and had the autonomy to make decisions whilst they were supporting people.

There was a very strong emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring. Quality assurance checklists were completed by reablement officers during visits to people's homes. These included seeking feedback from people about their experiences and the monitoring of records kept in people's homes. All informal or formal feedback was recorded onto a spreadsheet and this was shared with staff during team meeting. Staff told us how these lessons learnt or actions and outcomes were included in their weekly team meetings

Innovation by staff was celebrated and shared. For example, where there were positive outcomes for people following staff being creative in looking at ways people could be independent, this was celebrated at team meetings and by photographs of people also celebrating their achievements. People had posed to have their photographs taken showing their achievements to be used on a poster in the START office space.

There a was a drive by the whole staff team to continuously improve the service and outcomes for people. The service had recently had a senior staff development day where they focussed on their ongoing improvement plan. All staff contributed to gathering evidence of the impact the service had on people they supported by either writing case studies, obtaining feedback from people, their relatives and professionals and cross referencing these to each of CQC's five questions. They made sure this information was available in separate folders relating to each of the key question CQC asks. Since the last inspection the whole team had focused on how they could improve the services rating in the is the 'safe' and 'effective' questions from good to outstanding, whilst still maintaining the service's outstanding rating in the other questions. Staff understood how the new KLOEs focused on and improved how they worked in a personalised way with people. The KLOEs were a standard agenda item for all team meetings and staff supervision and this meant the principle of person centred care were extremely well embedded at the service.

Learning from concerns and incidents was a key contributor to continuous improvement. All staff told us there was an open, transparent and learning culture of reporting and learning from incidents. For example, following a medicines omission the incident was fully reviewed as team and as a result the medicines administration records were now colour coded.

Staff told us there were very effective communication systems in place. These included a weekly Newsflash, weekly team meetings, handovers and email communication. Any information staff needed to be shared in relation to people was shared electronically so all staff were immediately made aware.

Direct observations of staff were regularly carried out looking at how they supported people in their own homes. We viewed samples of these and saw that if the acting manager or senior staff noted any issues with these monitoring visits these were addressed immediately. Staff told us they found these observed visit useful and valued the feedback they received from their line managers. Medicines and supervision sessions were also auditing and checked by the acting manager to make sure adults and staff were supported appropriately

There was a full range of policies and procedures in place which were available in paper copy format and electronically. These covered all areas of care provision as well as providing specific guidance and safe systems of working in relation to use of equipment. The service had a missed visits and business continuity plan in place. This included action staff needed to take to rectify the missed call and details of the actions to be taken in the event of an unexpected event such as bad weather.

The service's rating was displayed both in the office and on the website as required.

The acting manager had a good understanding of what notifications they needed to send to CQC. The notification always included what actions the service had taken in response to any incidents. This information was always used in lessons learnt exercises.