

Portsmouth City Council

# Community Independence Service

## 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?          | Good         |
| Is the service responsive?      | Good         |
| Is the service well-led?        | Outstanding  |

# Summary of findings

## Overall summary

### About the service

Community independence Service (CIS) provides reablement and rehabilitation services for people in their own homes to promote their daily living skills and independence. It is an occupational therapy led service. At the time of the inspection 55 people used the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection three people were receiving support with personal care.

### People's experience of using this service and what we found

There was a highly positive culture at CIS with a strong ethos for quality care. The service was consistently well-led and positive feedback was received about the registered and acting manager. People were extremely grateful to have received support from CIS and staff were proud to work at the service. Professionals felt the service was a valuable resource in the local community.

Robust quality assurance processes were in place and there was a great emphasis on continual improvement. There were clear roles and responsibilities within the service which supported highly effective outcomes for people.

A comprehensive holistic assessment of people's needs meant their individualised goals were identified and support was aligned with these. Outcomes for people were often better than expected and people enjoyed an enhanced quality of life following the input of CIS.

The registered and acting manager recognised that the on-going development of staff skills, competence and knowledge was central to ensuring high-quality care. Staff spoke positively about their role and felt well supported to carry out their roles and responsibilities effectively, so people received care and support in-line with their needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People received a service that was exceptionally personalised and supported people

to make choices and develop their independence. We saw people had been supported to move into their own homes and enjoy a meaningful and fulfilled lifestyle. The service had an exceptionally person-centred culture and welcomed feedback.

Strong partnerships with other agencies and health professionals had been established. Staff who worked at CIS worked collaboratively with them to ensure people received highly effective joined up care.

People were supported to be safe. Staff supported people to take medicines safely. Staff were safely recruited, and turnover was low. Robust infection control procedures were in place and followed current national guidance. People were enabled to take positive risks which maximised control over their care and support.

The team were proactive in identifying and implementing creative ways to ensure people were supported to live as independently as possible. People were treated with kindness and compassion. People's right to privacy was respected by the staff who supported them, and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.

Staff were committed to delivering inclusive personalised care and support. Care records in place were person-centred and focused on progress people were making towards independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 10/10/2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on when the service registered with us.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring.

Details are in our caring findings below.

Good ●

### 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 ☆

# Community Independence Service

## **Detailed findings**

### 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out the inspection. An assistant inspector supported by making calls to people and staff.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. The registered manager was on maternity leave and the service was currently being managed by an acting manager.

#### Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider, registered manager or acting manager would be in the office to support the inspection.

Inspection activity started on 12 October 2021 and ended on 19 October 2021. We visited the office location on 15 October 2021.

### What we did before inspection

We reviewed information we had received about the service since it had registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, acting manager, an occupational therapist, an independence support assistant and two independent living support workers. We received feedback from five professionals who had worked with the service. We reviewed a range of records. This included three people's care records and one person's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse.
- We received positive feedback about the safety of the service from a person, relative and professionals. For example, one professional told us how the service helped to keep people safe in their own homes. A person told us the service they received made them feel safe.
- Staff understood their role in protecting people from abuse and had received training on the safeguarding of adults.
- Staff were confident if they raised a safeguarding concern with the provider or acting manager, it would be taken seriously. One member of staff told us, "The acting manager would act on concerns, I've got no doubt."

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- People were enabled to take positive risks which maximised control over their care and support. A professional told us how CIS were not risk adverse which ensured the rehabilitation and reablement programmes had good outcomes for people.
- People were involved in managing risks and risk assessments were person centred, proportionate and reviewed regularly.
- A variety of risk assessments were utilised depending on the individual needs of the person. For example, risk assessments regarding areas such as assistive technology, the environment and people's health needs were in place to support safety and well-being.
- We identified an area for improvement in relation to managing falls where people were taking medicines that could increase the risk of harm if they fell. This was acted on promptly and the acting manager provided us with an updated risk assessment following the inspection.
- Staff we spoke with had thorough knowledge about the people they supported and understood how to minimise risks to them.
- There was an open and transparent culture about safety. Staff knew how to raise concerns and were confident that improvement would be taken in relation to any near misses, accidents or concerns.

Staffing and recruitment

- Staffing arrangements were safe, and people's needs were met by appropriately skilled staff.
- Visits were arranged around the needs of people: They were visited by a consistent team at a time that they had agreed.
- A professional provided positive feedback about staffing arrangements and told us, "They [CIS] will keep a client on for longer if there are goals still to achieve. Therefore, I see the service as adaptable and that it tries

to be flexible to the needs of the clients."

- Staff were recruited safely.

#### Using medicines safely

- Medicines were managed safely.
- Because the service was designed to promote people's independence, staff were often prompting people to take their medicines by themselves. Support that people required was recorded in their care plans.
- Current policies and up-to-date guidance were available to staff about how and when to administer medicines prescribed for people.
- Medication administration records (MARs) were completed to ensure appropriate records were maintained of people's medicines.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been checked to ensure their competence.

#### Preventing and controlling infection

- Robust infection control policies and procedures were in place.
- Current COVID-19 guidance around risk assessments, Personal Protective Equipment (PPE) usage and staff testing were being adhered to.
- Staff had received training in infection control and the safe use of PPE, which included the correct donning and doffing procedures.



# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding.

This meant 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 significantly improved people's quality of life and enabled them to be as independent as possible. This was through the robust and detailed assessment of people's needs, personalised goal setting and delivery of support.
- Assessments captured people's needs and wishes in a truly holistic and personalised way, ensuring that the person receiving the service was central to the process. Each person was asked what they would like to achieve, and a variety of assessments were then undertaken depending on their needs and wishes. For example, one person expressed a loss of identity as they were unable to sleep in their preferred place. Other agencies had suggested for their bed to move downstairs which was causing the person to be low in mood. CIS undertook relevant assessments and worked in a way the person wished until they were able to sleep in their preferred place. The person reported they felt listened to and was exceptionally pleased with the outcome.
- As the service was an occupational therapy led service, support was delivered in line with people's choices and evidence-based guidance from their field. Various ways to achieve goals were implemented such as arranging equipment, altering the environment, seeking the input from other professionals and developing strategies to increase confidence. The expertise and dedication of the team meant people's outcomes were often better than expected. For example, we saw feedback that had been provided to the service stating, 'From the start, when [Person's name] could only walk two steps, the progress so far is amazing. [Staff member's names] have been inspirational in getting [Person's name] to overcome the many difficulties which had prevented her from progressing.' A person's relative also emailed us with feedback which stated, 'Our family are so grateful with my dad's progress, while in hospital, staff were insisting that he needed to be in a care home and because of their [CIS] service, my dad is happy and safe at home and doing so well.'
- CIS arranged for a wide range of equipment and technology to be implemented to support people to live as independently as possible. Numerous examples were provided to us, all of which were personalised to the individual and had an extremely positive impact for them. One example included the use of a virtual assistant for one person. This prompted the person to take their medicines safely at the right time. In turn, this meant they no longer needed a night-time care visit.
- People's diverse needs were considered, and new evidence-based technologies were used to ensure the delivery of high-quality support and outcomes for all people using the service. For example, the registered manager told us how they had implemented a digital support system for an autistic person. This supported them to manage their anxiety and make decisions. This resulted them in achieving their desired goal and significantly improved their quality of life.

Staff support: induction, training, skills and experience

- Every member of staff we spoke with was extremely positive about the support they received. This included opportunities to update and develop their skills, supervision and regular formal and informal meetings.
- A culture of developing staff to reach their potential had been established. The registered manager told us, "I'm passionate about career progression." Support staff were able to work alongside the occupational therapists to develop their skills. The service had enabled a staff member who had started in a support worker role to undertake an apprenticeship to become a qualified occupational therapist.
- The induction process was comprehensive and included new staff working alongside a more experienced staff member until they were assessed as competent to work alone. Staff new to care, completed the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care.
- The acting manager told us how they could access training which was tailored to people's individual needs. For example, staff had received training in 'supporting communication with people with dementia' when this was identified as a need.
- As well as training that the provider considered essential, additional training was provided which was relevant to the people they supported and the current climate. For example, staff had attended a presentation from the chronic fatigue team which helped people with this condition, including those suffering from 'long COVID'. We were shown a case study about one person who was experiencing fatigue. Staff identified the person could not independently get into bed for a rest. They changed the bed and worked with the person to enable them to manage these transfers until they were independent. This meant the person could have an afternoon bed rest which gave them the energy to undertake tasks that were meaningful to them which they had previously been unable to do. They also supported the person to understand the importance of regular rests until the person accepted these as part of their routine. This enabled further independence and increased well-being for the person.
- Staff were continually encouraged to reflect on their own practice to support improvement by utilising reflective practice forms following working with people. The acting manager told us this was an embedded culture derived from occupational therapy practice. The acting manager told us that after a particularly complex case or if staff had experienced challenges, they would often hold a reflective team session so they were able to discuss what went well and what may have worked better. The acting manager felt this helped staff to learn in a supportive way. Staff told us how they valued a supportive approach from the registered and acting manager. For example, one staff member said, "We [staff] are incredibly lucky to have the management we do, they are incredibly supportive of staff. To get the team in this position and operate as effectively as we do is a real credit to them."
- The registered and acting manager recognised the importance of ensuring staff understood their training. As well as what the acting manager described as "traditional" training, other methods such as social media and online videos were utilised. One staff member told us training was delivered at a pace suitable to them and they appreciated this. The acting manager and senior staff also carried out observations of staff practice to ensure staff were delivering high quality care. They told us that constructive feedback was given to staff if they felt any improvement was needed.
- Staff knew people extremely well and how to best meet their needs. They used the training they had received to support people and provide excellent outcomes and a good quality of life. For example, people had fed back their positive outcomes to the service which included, 'I couldn't do any cooking or washing, I never left the house. Now I am independent', 'I was afraid of falling, now I'm gaining confidence. I am already able to wash my hair myself' and 'CIS got me walking again.'

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support:

- CIS worked exceptionally well with a variety of health and social professionals which ensured highly positive outcomes for people. We received extremely positive feedback from several professionals. For

example, one professional told us, "My team have done some great joint working with the CIS Team. The team has been approachable, responsive and very client focussed. We have arranged joint visits, shared rehabilitation plans which have had fantastic outcomes for individual clients. My team have a good rapport with all staff within CIS and very much respect and value their involvement with our clients."

- The service was aware of the pressure on other agencies, particularly during the pandemic. They worked hard to reduce this whilst still ensuring positive outcomes for people. For example, a lifting cushion had been purchased which was used when people had fallen. This helped them raise up from the floor. This was used in conjunction with a specially designed app and effective training to ensure people had no injuries. This had a reduction in calling an ambulance crew to help people who were not injured to get up from the floor. Staff were also able to support other services within the organisation during the pandemic. This joint working ensured those who needed care, received it.
- People were empowered to make choices about their health and how it should be monitored and managed. For example, one person who lived with a health condition wished for this to be managed by their family. This was respected by CIS staff. However, staff had received training on the condition and demonstrated how they could act if they were concerned about the person's health.

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

- Some people had a rehabilitation goal of safely accessing their kitchen and being able to prepare their own food and drink. Staff supported and monitored progress with people to achieve their targets. One person's aim was to be able to make a particular meal from scratch and was delighted when they achieved this.
- Equipment such as handrails and perching stools were provided to support people to regain their confidence and support their mobility in the kitchen. One person who had been suffering from fatigue was provided with time and energy saving gadgets which enabled them to be able to get back to their love of cooking. This also meant the person no longer needed a carer at lunch time which benefitted the person and meant resources could be deployed more effectively.

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

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.

We checked whether the service was working within the principles of the MCA.

- Staff assumed people had capacity in line with the MCA and they supported people to make their own decisions. Capacity was reviewed throughout their time with CIS and related to specific decisions.
- The registered manager and acting manager were clear of the process to follow if they had concerns about a person's capacity. For example, we saw a mental capacity assessment had been undertaken regarding the use of one person's equipment. This followed the principles of the MCA.
- Staff had a thorough understanding of the MCA and knew how the legislation applied to their roles. Staff clearly demonstrated they sought consent from people prior to supporting them. One staff member told us how they supported one person to make decisions: "[Person's name] struggles with too many choices so the best way to share information is be as straight forward as possible and not give too many options."

# 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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The culture of the service supported and motivated staff to deliver high quality, kind and compassionate care.
- The provider recognised people needed to be supported by staff who they could build positive relationships with and whom they could trust. This started at recruitment where staff were employed based on their values and caring nature.
- Staff were often matched with people to promote good relationships and outcomes for people. For example, one staff member who had previously been a chef was matched with a person whose goal was around meal preparation.
- Staff had fostered positive and trusting relationships with people and their family members as they had the time and skills to do so. One staff member told us, "I would say we build rapport and trust, everyone is different, but I feel in my service [CIS] that I have plenty of time to do that. I really like that about my job, and we can spend time with people and really get to know what they like."
- Feedback we received and that had been provided to the service praised the kindness of staff and staff were described as 'very caring', 'friendly' and 'inspirational'. A professional told us, "Staff go to great lengths to show a caring approach to incredibly vulnerable individuals. Every patient is seen as important. I have seen staff from CIS go over and above the call of duty to support their clients through the pandemic in very difficult circumstances."
- People's diversity was respected. Training in equality and diversity had been delivered and staff demonstrated a good understanding of how to support people in line with individual characteristics.

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

- People and their families were active partners in their care, they were supported to express their views and their wishes were respected.
- People were actively involved in making decisions. Goals were agreed with people during an initial assessment and reviewed on a regular basis. A relative told us, "[Person's name] was involved with goal setting in the beginning. He needed the help but not too much help and they got the balance right. They seemed to realise just what it was he needed."
- Staff empowered people to have a voice and to realise their potential. The acting manager told us, "Some clients respond well to seeing their progress, we put the rehab programme and next steps sheets in their home. That means they can be involved in reviewing their own programmes."

Respecting and promoting people's privacy, dignity and independence

- Promoting and enabling people's independence was an integral part of the service. Staff understood this, and the values of the service, 'Help me, when I need it, to live the life I want to live' were met ensuring positive outcomes for the people who used it.
- We saw feedback that demonstrated people had regained their independence. Examples included, 'Before, I was afraid of falling, now I am gaining confidence – I am already able to wash my hair myself', '[Person's name] could not walk more than two steps, the progress so far is amazing' and 'I can cope much better with my life.'
- Staff understood their role to support people to regain their independence and were proud to do so. For example, one staff member told us, "I think as a team, what we actually do is incredible to be able to help somebody stay in their own home."
- People's dignity was promoted, and people were respected. One person had provided feedback to the service which stated, 'Most important for me was that I was respected and treated like an individual.'
- Staff described how they protected people's privacy during personal care. This included listening to people, respecting their choices and closing doors and curtains.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service and staff displayed an extremely person-centred approach which was reflected in care plans and evidenced in the care and support people received.
- A person and a relative spoke highly of the service and felt that it met their needs in every aspect of their support. A relative told us, "We felt they [staff] really understood [Person's name] needs. As far as I'm concerned, the support [Person's name] got was absolutely fantastic."
- Support was planned around people's personal goals as part of their reablement. Examples of documented goals we saw included, being able to shower independently, go out in the community and prepare food and drink. These were regularly reviewed, and the service worked in close partnership with people and relatives to make changes if needed. This ensured goals were met whenever possible. A professional told us, "I have seen patients from CIS have very good outcomes and I think that they are one of the few services who really do see patients through and finish the job off properly rather than handing them on to other services."
- Staff demonstrated they knew people really well, they were knowledgeable about their goals, risks and individual preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Information was presented to people in a way they could understand.
- Records showed people's communication needs had been assessed and were known to staff.
- A relative told us of an example where staff had supported a person's communication using visual aids. They said, "Staff put little pictures up everywhere to help provide [Person's name] with what he needed and remind him of things. That was amazing."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

People were supported to follow their interests and undertake the activities they enjoyed.

- Being able to access the community was a key goal for some people. Visits to local shops, amenities and travelling on public transport were areas people had identified as personal goals.

- Staff worked with people to achieve their goals. The acting manager explained how some goals were broken down into separate elements until the overall goal was reached. For example, one person wanted to be able to do their own shopping. Areas such as making lists, using public transport and money management were supported until the person was able to do this independently.
- A professional told us about one person who lived with complex needs and wanted to be able to use a bus. They said, "A staff member approached the bus company who actually sent empty buses at a specific time to allow the client to practice getting on and off. This was cascaded and has been used successfully a few times."

#### Improving care quality in response to complaints or concerns

- People and relatives were given information about how to make a complaint and were confident any complaints they made would be listened to and acted on.
- The acting manager told us they had not received any complaints but if they did, would use these as a learning opportunity to improve the service.

#### End of life care and support

- The service provided reablement and as such end of life care was not provided by them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and acting manager were extremely committed to creating a culture which put people at the heart of the service. There was a clear dedication by the whole team to helping people to remain independent, enjoying an enhanced quality of life for longer.
- The service focused on each individual and their expected outcomes. The management team closely monitored progress people were making. They worked collaboratively with people, staff and other professionals to ensure any obstacles were overcome and goals were achieved. For example, we were shown a case study where one person's goal was to secure their own tenancy. A wide set of skills such as food preparation, financial planning and accessing employment were needed. This person's relative had been trying to gain support to facilitate their independence for a long time but had come up against many obstacles preventing this. When CIS became involved the progress the person made was significant. The person's relative wrote to the service, stating 'We have been trying to get things in place for [Person's name] since he was 18 and you have given him more in the time he has known you than we have managed to get done in the last 12 years.'
- People received outcomes that significantly improved their lives and well-being. For example, we were shown a case study about a person who had lived in a care home for three years and wanted to live independently again. The service challenged others who felt this may not be possible and worked in an exceptional way with the person to make this happen. The person now lives in their flat and is enjoying their own independence. Other people who had provided feedback to the service stated, 'My overall wellbeing has improved 100 percent', 'Humbling. People that didn't even know me helped me. I am so grateful. You are miracle workers' and 'I don't know what I would have done without you. Marvellous!'
- An inclusive culture had been created and people's diverse needs were respected which had highly positive outcomes for people. The registered manager told us about one person who needed support with their sexuality. The person was able to build up a trusting relationship with a member of staff who supported them to accept and embrace their individuality. The registered manager went on to tell us the person went from experiencing depression to feeling empowered.
- Staff were proud of the organisation as a place to work and took pride and pleasure in changing people's lives for the better. For example, one staff member told us, "I've got a lot of respect and enjoyment for the team I'm in. I genuinely think CIS is an incredibly effective team and does a lot of good for the people of Portsmouth. We've changed quite a few lives and it's really rewarding. The team itself is brilliant. I think it's the best service I've been a part of and I'm so proud to be a part of it."



- The registered manager and acting manager understood the importance of a stable and skilled staff team. They told us they had a "brilliant" team and worked hard to support them. They had created a positivity jar where messages of gratitude and compliments were shared amongst the team. The service had very good staff retention.
- All the professionals we received feedback from praised the leadership of the service. For example, one professional told us, "Both [Registered manager] and [Acting Manager] have been brilliant at establishing an effective team and raising the profile of the service". They also thought the service made an extremely valuable contribution to the local area. One professional said, "I would just like to say it is a wonderful service which promotes independence and has certainly helped us to either keep people safe in their own homes or they have also successfully supported our service users to go back into the community from residential or nursing care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a great emphasis on providing each person with a high-quality service. The quality assurance systems in place were effective in achieving this. These included audits, case reviews and observations in practice. Each quality process focused on the experiences and outcomes of individuals as well as ensuring staff were fulfilling their role and were supported. For example, the registered manager told us how undertaking observations in practice had identified an area where a staff member could improve so was provided with additional training which was followed up by increasing observations for them. This improved the staff members practice and additionally had a benefit to the people who were receiving support from this staff member.
- A standardised occupational therapy tool was used to measure outcomes for people. The acting manager told us although this clearly measured dependency levels at the beginning and end of rehabilitation, it did not capture factors such as people's well-being and overall impact on their lives. They, therefore captured this information by talking with people. This meant both quantitative and qualitative information was gathered to ensure a full picture of people's outcomes.
- A highly effective staffing structure was in place. Occupational therapists and independence support assistants assessed and developed rehabilitation plans for people and the independent living support workers delivered the plans with their support. It was evident that the structure worked, and the team worked exceptionally well together. A staff member told us, "OT's (Occupational therapists) set out the initial format for goals, they then rely on us to feedback, we're like their eyes and ears. That's a strength of our team." An independent auditor of the service stated, 'The professional and personal respect between the [Registered manager] and her staff is a joy to behold. A true team'.
- The acting manager ensured they kept up to date with changes in legislation and demonstrated they had a good understanding of meeting regulation. They told us they were well supported by the provider and received the support of other more experienced managers in the organisation. Notifications about specific events had been sent to CQC in line with legal requirements.
- There had been no incidents that fit the remit of the duty of candour regulation, so we were unable to assess compliance with this regulation. However, the registered and acting manager demonstrated an open and transparent approach to their role.

Continuous learning and improving care: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- CIS was established as a pilot scheme. The registered manager, acting manager and team had worked extremely hard to see it succeed. A professional who provided feedback to us stated, '[Registered manager] and [Acting manager] have been brilliant at establishing an effective team and raising the profile of the service whilst having to constantly provide rationale and evidence to try to secure ongoing funding'.

- Two other professionals we received feedback from told us the service was now seen as a valuable and highly respected resource in the city.
- There was a particularly strong emphasis on continuous improvement. The registered manager and acting manager engaged with people, staff and professionals to develop and implement high-quality ways of working to achieve outstanding outcomes for people. For example, feedback received from people, staff and professionals demonstrated the need for shorter waiting times following referrals. Measures were put in place which reduced the waiting time and ensured people could start work on their rehabilitation goals without delay.
- People were asked to review the service they received, and we saw from feedback that people were grateful for the positive impact the service had on their lives. People said they could not think of anything the service could do better. Although people could not think of ways to improve the service, the acting manager and staff had recognised the pandemic had a detrimental effect on some people's well-being. Therefore, steps were taken to increase mental health, including developing staff to be mental health first aiders and utilising a staff member to undertake well-being telephone calls to people during lockdown. This meant people's well-being improved. One person provided feedback to the service which stated, 'Without CIS my mental health would have been a lot worse.'
- Staff were involved in the continuous improvement of the service. One staff member who was quite new told us, "Because I came from a different area, the [acting] manager asked me to look at things with fresh eyes and let her know if I felt any improvements were needed but I couldn't see anything that could be improved." During the pandemic staff were not always able to attend training. Following feedback from staff, the acting manager organised additional virtual training and also organised some face to face training to be delivered at different times which increased attendance.
- Professionals from the local area were asked for their feedback and were involved in the ongoing growth of CIS. One professional told us, "The CIS service is still developing and will get bigger in due course, it is working with other services to achieve this."
- The registered manager had sought an external auditor to assess and evaluate the service. This was a rigorous and challenging exercise which involved people and staff. The findings demonstrated how valuable CIS was for individual people whilst reducing the pressure for other services. They described CIS's success at doing the right thing for people as unprecedented.
- Where improvement had been suggested the registered manager and staff team worked to ensure this took place. For example, it was suggested that recording of support could be streamlined which prompted a move to recording digitally.

#### Working in partnership with others

- The service had a proven track record of working collaboratively with other professionals, families and stakeholders.
- Professionals told us the service had been instrumental in helping people to stay at home for longer and supported people to either regain independence or remain as independent as possible. This supported other local services and reduced the need for their involvement on occasion. For example, we saw that on numerous occasions, people's care was either stopped or reduced, people were supported before they reached crisis point and hospital admissions were reduced. This had a positive impact on numerous partner agencies.
- Staff from CIS liaised with multiple agencies such as adult social care, physiotherapists and mental health teams to ensure people were cared for holistically and their needs were met. They championed people's right to remain at home and live the life they wanted to and professionals told us they worked in an imaginative way to ensure this was achieved. For example, the restraints caused by the pandemic meant the service had to quickly adapt their ways of working including the use of virtual methods to ensure partner working remained as smooth and seamless as possible and people's outcomes were met. The registered manager told us, "We like to problem solve and think outside of the box." We were provided with examples

of how they had done this such as staff learning new skills that were usually undertaken by other agencies.

- The registered and acting manager had plans to extend the provision of the service to GPs and discharge to assess units. They felt this would further support people and partners.