

East Midlands Crossroads-Caring For Carers Carers Trust Epping, Havering, Harlow and Redbridge (TuVida)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Carers Trust Epping, Havering, Harlow and Redbridge (TuVida) is a homecare service which provides personal care to 17 people. One of the aims of the service is to provide respite to family carers allowing them to have a break from their usual caring responsibilities. The support included accompanying people to planned activities and supporting people while their main family carer was not available. The service provides support to older people, some living with dementia, people with a learning disability and autistic people. Not everyone who used the service received personal care. Care Quality Commission (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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and autistic people to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Right Support: Model of Care and setting that maximises people's choice, control and independence
Staff, relatives, and people who used the service were positive about the leadership of the service, which centred around the experience of people. Staff were motivated to make a difference to people's lives. The culture of the service encouraged inclusivity for people. Staff worked collaboratively with internal teams and external organisations to provide people with the best possible outcomes. Staff were passionate about promoting people's rights to make their own decisions wherever possible and respected the choices they made.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights
Staff were well skilled and provided person centred care which achieved positive outcomes for people. Care, support, and guidance were informed by the most current, evidence-based practice. There was a focus on supporting people to be as independent as possible and to lead healthy and fulfilled lives. Staff knew people well and used their expertise to care for people in a way they preferred. They were creative in how they supported people to maintain their hobbies and interests and to keep in touch with their loved ones. 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.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People were supported to take positive risks to support their development and promote their independence. There were detailed risk assessments in place describing how to support people and mitigate risks. People and relatives told us they felt safe with staff. Staff received safeguarding training and understood their roles and responsibilities. The service had sufficient staff and deployed them to meet the individual needs of the people.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence, and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care promoted within the service maximised people's choice and promoted their independence. Care was person centred and promoted people's dignity, privacy, and human rights. The leadership at location and provider level had achieved a service that was effective and responsive. The service was dedicated ensuring continuous quality improvement made a difference for people. Person-centred care enriched people's lives empowered them and helped them to achieve their aspirations which led to positive outcomes. One relative told us, "I feel that we as a family are fully involved in any decisions about the care my relative receives and any wider decisions which might affect us. We have regular meetings with the manager and are regularly invited to complete surveys."

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

Rating at last inspection and update - The last rating for this service was good (published 12 February 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carers Trust Epping, Havering, Harlow and Redbridge (TuVida) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Carers Trust Epping, Havering, Harlow and Redbridge (TuVida)

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors and one Expert by Experience who contacted people who used the service and relatives after our visit to the office. 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the Care Quality Commission (CQC) has received an application for the manager to be registered with us.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven relatives of people who used the service to help us understand the experience of people who could not speak with us. We also spoke with one person using the service. We spoke with the manager currently undergoing registration, the interim manager, one supervisor and six care workers. We reviewed seven care records of people using the service, seven personnel files of care workers and other records about the management 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from the risk of abuse. These included procedures shared with care workers.
- Care workers understood their responsibility to raise safeguarding concerns both internally and externally to the appropriate agencies.
- One care worker told us, "The people I support are vulnerable and I would report any kind of abuse to my line manager and the local authority safeguarding team."
- People who used the service and relatives spoke highly about the care workers. One relative said, "Our carer [name] has been with us for over 20 years. My relative and the care worker have a great relationship and as a family we are fully assured that my relative is safe."

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed, planned and were regularly reviewed.
- The service assessed risks within people's home environment, including fire risks, pets and moving and handling. Care workers had clear and robust guidance in how to manage such risks. This ensured that risks in relation to people receiving care and support were monitored, minimised and people received safe care and support. One relative said, "[Name] came to see us recently to discuss that my relative is safe when going out with their care worker, [name] listened to what we had to say and updated the care plan."

Staffing and recruitment

- People were receiving care and support from staff that had undergone the necessary safer recruitment checks.
- We reviewed staff recruitment files and found applications on file. Employment history had no gaps and references were verified and were on file before staff started employment. Disclosure and Barring Service checks were completed before staff started to work. These checks helped to ensure only suitable applicants were offered work with the service.
- The manager told us that while the service had a high level of staff retention. The service found it challenging to recruit new staff and accept new care packages due to ongoing recruitment difficulties. The provider has increased the salary and introduced a refer a friend scheme to improve the ongoing recruitment process and increase the number of potential care workers applying for posts. These actions taken by the provider had made some improvement to the recruitment of new staff. The manager advised us that recruitment is ongoing to enable the service to accept new referrals of care packages in the future.
- At the time of our inspection the service did not have a fully established electronic monitoring system. Electronic monitoring refers to the computerised recording, tracking, and reviewing of work done by care staff when they are working outside of the workplace, for example when working from home or from a

different working location. However, a new system was in the process of being implemented the week following our inspection visit. The service currently monitors care calls manually. We have received feedback from people who used the service and relatives advising us that care workers most of the time arrive on time and stay the allocated time with people who used the service. People who used the service and relatives raised no concerns around time keeping and told us that care workers would always inform them if they were late.

Using medicines safely

- Peoples medicines were managed safely.
- Where appropriate we reviewed paper copies of medicines administration records (MARs) held at the head office.
- Records viewed demonstrated that people who received applications of creams to the skin were consistently supported safely.
- Care workers had received training and their competency was assessed when supporting people with their medicines.
- The service had a robust system to monitor the administration of medicines, which made sure that any issues in relation to missed medicines was resolved in a timely manner and people were reassured that their medicines were managed safely.
- The manager demonstrated clear understanding of STOMP, which stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. A psychotropic describes any drug that affects behaviour, mood, thoughts, or perception. Care workers had received training in STOMP and told us that they would always try everything else possible before administering psychotropic medicines. We found no evidence of psychotropic medicines being used excessively.

Preventing and controlling infection

- The service had arrangements in place for preventing and controlling infection. This included making sure there was enough personal protective equipment (PPE) and ensuring staff had the necessary infection control and food hygiene training.
- Staff confirmed they had access to PPE, such as masks, aprons and gloves. Staff told us they could access additional PPE from the office and the manager would deliver PPE to people's homes.
- People told us that care workers observed hand hygiene and wear masks, gloves, aprons and shoe covering when supporting them. as and when needed and kept extra stock in their cars.

Learning lessons when things go wrong

- Systems were in place to ensure accidents and incidents were documented and lessons were learned if things had gone wrong.
- The manager told us that since our last inspection there had been one incident. They told us that they had discussed the incident with care workers during their supervisions or during staff meetings to ensure lessons were learned and the risk of similar incidents happening in the future were minimised. We saw that the service had made improvements by updating policies and implementing new systems to minimise the risk of similar incidents happening in the future.
- The manager was clear that certain incidents and accidents had to be reported to the CQC.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to taking up the service. The assessment covered needs such as medical, wellbeing, physical and communication.
- Information obtained during the initial assessment was included and formed people's care plans. There was also an ongoing review process to respond to people's changing needs.
- One member of staff told us, "We review people's needs throughout the year and will make changes to care plans and risk assessments if this was required."

Staff support: induction, training, skills and experience

- Staff had undertaken training that was needed to support people effectively. People and relatives spoke positively about the skills and knowledge of care workers. One person told us, "Yes, it is all good. They meet all my needs, they are well trained, 'number one' in all things."
- There was a system in place to monitor staff training and the training matrix confirmed that there was 100% completion of training. Care workers had completed mandatory online training and face to face training which included safeguarding, fire safety, first aid and moving and handling. In addition to the mandatory training care workers took part in learning disabilities training, autism training, epilepsy training and medicines training, which included STOMP.
- Care workers had regular one to one supervisions with their manager, which were arranged at a minimum of every quarter. During supervisions we saw that areas such as performance, training, staff development and issues in relation to care of people was discussed with care workers. As well as regular supervisions care workers were offered annual appraisals to discuss their performance and further development within their role.

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

- Care plans included information about people's dietary needs and any concerns relating to these.
- One care worker said, "A person who I was supporting did not have a huge appetite and never seemed to be hungry. I would put the kettle on and offer him something to eat. I would also check in the fridge to make sure he was eating, and that food was still in date. I would give him a variety of choices for breakfast."
- People who used the service and relatives told us that they were satisfied when supported around eating and drinking, this also included when particular equipment was used to assist people to eat and drink. One relative said, "[Name] has a feeding tube and they [staff] know how to use it and clean it." One person told us, "I cook everything from scratch with [name], I enjoy the food."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Care workers supported people to stay healthy and care plans included information about people's health care conditions. The service worked closely with health care professionals if this was needed.
- Care workers took appropriate action when people became unwell, liaising with GPs, dietitians, occupational therapists as well as calling the emergency services when needed. One relative told us, "The carers had received training from the occupational therapist in how to follow the plan provided to hoist [name] effectively."
- Most people were supported to arrange health care appointments by a family member. However, care workers demonstrated understanding of how to respond if there was a medical emergency. One care worker told us, "It depends on the care plan what I do. I will let the family know and call GP or call 999 if there was an emergency. I will stay with the person until whatever has been done is done and follow it up."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Best interests documents were in line with the MCA. There was clear rationale and evidence as to how decisions about mental capacity had been reached.
- Care workers were knowledgeable about the MCA. One care worker said, "The support plan has this information in it. We always presume that everyone has capacity. The person I support doesn't have capacity and the mother helps with making decisions."
- People who used the service and relatives told us that care workers asked them about day to day decisions around their care. One person said, "They [staff] always ask me what I need before they do anything with me. They respect my privacy. I choose my clothes and they help me to get into them. I choose my meals too."

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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. 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

- People who used the service were well treated, supported and benefited from consistent care workers who supported them for a long time and knew them very well.
- The consistent care from care workers who knew people well helped people to grow, gain greater independence and confidence. For example, one person told us, "I have been supported by the same care workers throughout my life by making me feel comfortable with my individual needs. The carers were able to see my physical and emotional journey throughout my time, from nursery, to primary school, to secondary school to college and now, finding work. During some of these times of my life, I had a lot of personal issues that affected my mental health, but the carers would help me get through these times by talking through my emotions."
- The service put emphasis on ensuring if possible, to match care workers with people from the same ethnicity and linguistic background. For example, people were supported by care workers who spoke their language and from the same cultural background. This helped people to feel comfortable with care workers, by building a trusting and supporting relationships because care workers clearly understood what they said and what was culturally appropriate when receiving care and support. One relative said, "They [staff] are very caring and know my relative very well. I completely trust them. They provide exactly what my relative needs." One person told us, "I like specific food and we cook them together and I have learned a lot of new recipes, which I can now make for myself."
- Another example of the positive impact cultural awareness had on people, was due to the support people received with their religious beliefs. Care workers took time to explain that specific cultural preferences and needs can still be met, by actively ensuring that the person's cultural needs were identified, accepted and upheld. Care workers demonstrated respect, created rapport and upheld the person's fundamental human rights. This included ensuring the person only had halal food when being supported to dine at a restaurant and having trial days in supporting the person's first attempt this year fasting at Ramadan.

Respecting and promoting people's privacy, dignity and independence

- The service focused on ensuring that people's privacy, dignity and independence was promoted and respected.
- We saw examples where the support people had received over the years helped them to maintain and increase their independence. For example, the service supported a person to obtain and use an electric wheelchair from a manual wheelchair. This enabled the person to access community-based activities and educational facilities with less staff support and increase their independence. The person told us, "From a young age to present, my carers have and are helping me to be more independent by taking me out to my local areas such as the park and shopping centres. When I was younger, I used to go out in my manual

wheelchair; however, when I got to secondary school, I started with the help of staff to use an electric wheelchair - this helped me to get more independent because I can socialise and travel more."

- The service received a number compliments from people who used the service and relatives demonstrating the impact the care provided by the service had on people's life. One such compliment stated how the support provided by staff helped the person to blossom and come out of their shell and enjoy life more. Staff knew the person and looked beyond their condition and understood how the person enjoyed banter and jokes.
- People who used the service spoke positively about the support they received from care workers and told us that their needs and wishes were respected. One person said, "[Name] visits several times per week, [name] supports me emotionally, [name] really takes time to understand and respect me. [Name] arranges appointments and supports me with my shopping, [name] is a god send. [Name] is wonderful and so helpful, I'd be lost without [name] support."

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

- The service ensured that people who used the service and their relatives were involved in making decisions about their care.
- The service engaged with people using their preferred form of communication, this ensured that they were heard and were able to express their views. One person said, "They [staff] listen to me. They are kind and caring towards me. The care meets my needs." Another person told us, "Tuvida has always been professional and understanding to my personal needs. For example, when I need help for an event, Tuvida has always provided care for my needs on that particular day."
- Care workers demonstrated good partnership working. One care worker gave us an example how they worked in partnership with one person who was at risk of malnutrition. The care worker worked closely with the person to establish the persons likes and dislikes, support the person to improve their cooking skills and nutritional awareness. As a result of this work the weight of the person had increased and the person was no longer at risk of malnutrition.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. 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

- People received responsive and person-centred care, which met their needs and had an extremely positive impact on their well-being. Staff worked in partnership with people in creating their care and support plans. They listened to and valued the input from people.
- Care plans were person-centred, comprehensive and up to date. They gave a complete overview of every aspect of each individual, including their personalities, interests, hobbies and preferences. This supported staff to provide highly person-centred care to each person as they knew people's histories, backgrounds and life events of people who lived at the home and the impact these had.
- Care workers had the necessary skills and competencies to work with people in their preferred way, developing a skilled circle of support around each individual. For example, care workers involved as many people possible who were important to people who used the service to act in the best interests of the person.
- Consideration was given to ensuring staff and people were matched according to their interests and promoted positive and supportive professional relationships. People who used the service further benefited from care workers who had consistently supported them for a number of years. This not only benefitted people to build a trusting professional relationship but also being supported by care workers who knew them well. One relative said, "The carers come with us for some of our appointments, especially injections to help and support me by singing and distracting [name]. They are like an extended family now because we've had them for such a long time. They do things automatically now. It makes it much easier for me knowing this. It keeps [name] happy because they know her so well, they know all her little idiosyncrasies."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service ensured people's varying communication needs were met and addressed. For example, together with speech and language therapy (SALT) input, the service supported one person to use a handheld communication aid to express key emotions. This helped the person to communicate behaviours which directed to specific sounds. Staff told us, "It's a slow process and we work with the person to make full use of the device. So far the person enjoys holding the device and listening to the sound it is a work in progress." Staff have received training provided by SALT in how to involve and work with the person consistently.

- Another example of supporting people to ensure all the communication needs are fully taken into consideration, is the use of '999bsl.co.uk', which is an online service deaf people can use in an emergency.
 - The provider's website had been developed to meet people's needs, for example different font sizes and colours specifically for autistic people.
 - Social media sites used by the provider have been adapted so people who were unable to read, could listen to spoken word.
 - People who used the service and relatives told us that their communication needs were fully met and ensured that they were fully engaged in decisions made about their care.
- 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
- One of the main purposes of the service provided was to support people who used the service to maintain and build new relationships and support people to access employment and education.
 - People and relatives spoke highly of the support provided and the impact this had on people who used the service. One relative said, "Care provided is an amazing experience. [Name] is able to go out in the community, trying out new things, meeting new people. The care from staff is brilliant and nothing is too much trouble. Keep up the fantastic work."
 - The service supported people with protected characteristics. This included supporting people to access the digital world, inclusive language for LGBT, understanding disparities and outcomes for specific ethnic groups and a disability group in the organisation. Confidence with difference was embedded in assessment processes using inclusive language and matching staff and people who share the same sexual orientation. Care plans included questions of pronouns people want to use to ensure that they can be appropriately identified by care workers. For example, a care plan for a transgender person had been reviewed to use inclusive language.

Improving care quality in response to complaints or concerns

- The service did not receive any formal complaints since our last inspection. The manager told us that they would deal with any concerns raised by people or their relatives immediately, but these had mainly been around choosing more suitable times for calls or requesting a different care worker.
- The service had a complaints procedure in place and people who used the service and relatives told us that they would be happy to raise any concerns with the care workers or the manager. One relative said, "I have no complaints, the support we receive is excellent. However, I would speak to the manager if there would be anything I need to raise. The manager and office staff contact me frequently to find out if there are any issues or problems."

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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People who used the service and relatives were complimentary about the way the service was managed. We were told repeatedly the service was well led and person-centred. Comments included, "The office and manager respond well to requests from us and always try to help in any way that they can. They are all very approachable. There have been surveys in the past but none recently. I feel confident that they do try to sort things out" and "[Name] is a very good manager. He really shows an interest and cares about my relative and gives us support when we need it."
- The manager was passionate about his role and promoted a clear vision and strategy to provide people with the very best possible care and support. The ethos of Care, Compassion, Competence, Communication, Courage and Commitment centred around people. Staff and managers were empowered to care for people in a way that exceeded expectations. One relative told us, "Staff at Tuvida are very passionate about their job. I guess it is more than a job for them. Nothing is too much, and they will always help us."
- Staff were motivated and passionate about providing personalised care. They told us, "I worked here for over 20 years and have seen a lot of changes but one thing which has stayed the same is the care and compassion the team and the management shows towards the people we support. I definitely wouldn't have stayed here this long if this wouldn't have been the case" and "I really enjoy working for Tuvida and it is amazing to see how people moved on and become more independent."
- The providers vision and values of Care, Compassion, Competence, Communication, Courage and Commitment for the service were cascaded and embraced throughout. Values based recruitment assisted the service in only recruiting staff with the same shared values.

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

- Governance was well embedded into the running of the service. The service had exceptionally clear lines of responsibility and accountability. The management team and staff were experienced and were familiar with the needs of the people they supported.
- During the day of our inspection the service had no manager registered with the CQC. However, we saw evidence that the manager had started the registration process and an application was currently with the CQC registration team to be assessed.
- The provider and manager had oversight of the safety and quality of the service. In addition to the manager and senior staff visiting and contacting people who used the service and carers regularly, weekly, monthly and quarterly audits were carried which were aligned to regulatory responsibilities, fundamental standards

and CQC Key Lines of Enquiry.

- The electronic database provided a central point for all of the providers quality assurance processes. The manager was provided with real time information from these systems. This enabled care and support to be provided in a timely, holistic and personalised way. A review of data gathered showed that people who received care and support from Tuvida experienced consistent, compassionate and passionate care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider promoted commitment to ensuring that there was equality and inclusion across the workforce. The skills and personal attributes of each member of the staff team were recognised and they were supported to develop and progress which supported high quality practice and staff retention.
- The provider and manager encouraged constructive feedback from stakeholders, through meetings, surveys, and regular calls. Feedback was used to develop the service. The provider and management team were committed to developing a high-quality service and networked with other agencies to ensure care and support was delivered in line with current best practice. For example, the provider had a monthly newsletter which celebrated good practice, achievements of care workers and people who used the service.
- The provider used creative and innovative ways to ensure staff feedback was obtained and used to develop the service. For example, the service undertook regular surveys for staff to get a view and understanding of how they feel and where the provider can make further improvements to the quality of care.
- The manager demonstrated clearly that he cared about and valued all the staff and had their wellbeing at heart. The manager said, "It is so important to look after my staff, it goes without saying happy staff means happy people we support, and excellent care provided."
- Staff consistently told us they felt supported and valued by the manager and the registered provider. One staff member told us, "The managers have an open-door policy and are always there to support us. There is support in everything we do, and a real willingness to help. During the height of COVID my manager was calling me every day."

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

- Following serious incidents, the senior management team notified the relevant agencies and worked together with individuals and their families. Outcomes and lessons learned were shared appropriately in line with duty of candour.