

Enviva Care Limited

Enviva Care Limited

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

Enviva Care Limited is a live-in care agency that was providing personal care to 36 people at the time of the inspection.

They provide a live-in care service to people living with a disability, people living with dementia and older people.

Since the last inspection in December 2016, ownership of the provider Enviva Care Limited changed; in June 2018.

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

People's experience of using this service:

The service continued to be outstandingly caring and to demonstrate a strong, visible person-centred culture.

People received exceptionally caring, kind and empathic care from staff.

People living with dementia especially, received excellent care, due to the consistency they experienced in the provision of their live-in care staff.

The service continued to be outstandingly responsive. The service was highly person centred.

Staff went the extra mile and enabled people to continue to live the life they had previously lived wherever possible.

People were asked about their wishes, preferences and what was important to them in the delivery of their care.

Staff supported people to achieve their aspirations and goals and to pursue their interests.

People benefited from an organisational culture that was continually focused on identifying areas for further improvement in relation to their safety.

Since the last inspection in December 2016, processes, guidance and staff training in the areas of safeguarding, reporting, risk assessments and medicines had been reviewed and further improved.

People benefited from the continuity provided by the recruitment of the new registered manager from within the service. They had a wealth of knowledge and experience about people, staff and the service which they used to drive further improvements.

Staff were well trained, and the provider ensured staff updated their knowledge annually to ensure it remained current and they could provide effective care for people.

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

Rating at last inspection:

At the last inspection the service was rated outstanding (09 December 2016).

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the

published timeframe for services rated outstanding. We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-Led findings below.

Enviva Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience in caring for older people.

Service and service type:

This service is a live-in care service.

They provide 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.

Notice of inspection:

We gave the service 48 hours' notice of the start of inspection activity, to ensure staff we needed to speak with were available. Inspection activity started on 1 March 2019 with calls to three live-in care staff and ended on 4 March 2019. We visited the office location on 4 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection the provider sent us a Provider Information Return (PiR). Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law.

We contacted three professionals to seek their feedback and received feedback from one.

During the office visit as most people could either not manage an interview about the service or had nominated their relative to act as their representative in relation to their care. We made telephone calls to 10 relatives/representatives for their views about their loved one's care. We also spoke with a care manager, the registered manager and the regional director.

We reviewed records for four people, three staff files and records relating to 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

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

Systems and processes to safeguard people from the risk of abuse

- Relatives told us their loved ones were very safe in the care of staff. Their comments included "Never had to worry about any safety issues," and "[Loved one] feels quite safe with the carer."
- People were provided with information about how to raise any concerns.
- Staff underwent face to face safeguarding training at their induction, which they updated annually during their refresher training. They had access to relevant safeguarding guidance to inform and guide them.
- The registered manager contacted the relevant safeguarding authority for guidance and advice following any incident, if it was not immediately clear that it was safeguarding. This demonstrated their transparency and honesty.
- The registered manager's investigations into safeguarding's, were robust and thorough. Learning took place, staff received additional training if required and any required improvements to processes were made for people's safety.

Assessing risk, safety monitoring and management

- Relatives told us their loved one had a, "Full risk assessment." They all reported staff understood any risks to their loved ones and managed them well.
- Specific risk assessments were in place for people to address identified risks to them. There were clear written instructions and guidance for staff which they understood. Staff were instructed who they should alert any concerns to.
- People's risk assessments identified what they could do for themselves to manage the risk. In order not to either limit or curtail their freedoms and rights.
- Where people required two staff to support them safely, this was identified, and suitable arrangements were in place.
- People's risk assessments addressed any potential issues related to their security at home and how these were to be managed.
- Office staff ensured the equipment care staff used to support people at home was safe for use and regularly serviced.
- Staff completed a variety of training to enable them to manage risks to people in their home. Staff's practical competency at moving and handling was assessed annually, to ensure they remained competent.

Staffing and recruitment

- All staff underwent appropriate pre-employment checks, to ensure their suitability for their role. A staff member told us, "I did all my pre-employment checks prior to commencing work, including a full employment history." The checks included an assessment of their written and verbal language skills to ensure they were sufficiently skilled.

- Staff's completion of the five-day induction enabled the registered manager to assess applicant's attitude, approach and people skills for their suitability, prior to their final offer of employment.
- The induction programme was run twice a month and staff scheduling was completed well in advance. This ensured there were sufficient staff to roster for people.

Using medicines safely

- Relatives told us staff ensured their loved ones received their medicines safely and their administration was documented.
- Staff completed face to face medicines training during their induction, which they updated annually. They underwent an annual medicines competency assessment, to ensure their competence.
- Staff had access to a comprehensive medicines policy to guide and inform them.
- People's medicines and required level of support were documented in their care plans.
- Medicines had been one of the registered manager's key areas of focus since the last inspection, as they felt existing processes could be further improved.
- People's medicines were now recorded electronically on their medicines administration record, rather than hand-written, in accordance with good practice.
- A topical creams body chart had been introduced to provide staff with visual as well as written instructions.
- Improvements had been made to staff guidance and processes for medicines people took 'as required.'
- Processes were in place to identify, address and learn from any medicine errors that took place to reduce the risk of repetition for people. Staff had undertaken medicines re-training or a competency assessment where required following any incidents.

Preventing and controlling infection

- Relatives told us they had seen staff wear the gloves and aprons provided and staff ensured they washed their hands regularly.
- Staff underwent infection control and food hygiene training annually.
- Staff were aware of the risks to people from infection and the implications of them acquiring an infection in terms of their health. They told us they were very careful to follow the infection control guidance and support people with their personal hygiene.
- Staff's adherence to the provider's infection control training and guidance was assessed by the care manager's during their six to eight weekly home visits to each person and their live-in care staff.

Learning lessons when things go wrong

- There had been a strong organisational focus on ensuring staff knew what to report, which staff demonstrated they understood.
- Staff's competency at recording and reporting was assessed annually, to ensure their knowledge and skills were up to date. Staff were encouraged to report any incidents, without fear of blame.
- Incidents were used positively as opportunities to learn, develop and improve. Actions were taken in response to findings and staff received relevant support.

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

Good: 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

- Relatives told us their loved one's needs had been thoroughly assessed. Their comments included, "[Staff member] did a full assessment with both [loved one] and me, she asked about everything including what [loved one] liked to eat, do, likes & dislikes."
- People's physical, mental health and social needs were comprehensively assessed prior to the commencement of their care. This ensured they were understood and could be met.
- Staff's delivery of people's care was based on legal requirements and good practice guidance to ensure effective outcomes for people. For example, the falls policy referenced government guidance about when people should be referred to a specialist falls team. The registered manager had ensured staff were aware of cold and hot weather guidance for people's safety.
- Staff training promoted the principles of equality, diversity & inclusion and working in a person-centred way. This ensured staff had sufficient knowledge to enable them to identify and prevent any potential discrimination for people.

Staff support: induction, training, skills and experience

- Relatives told us staff were well trained. Comments included, "Absolutely. All are experienced we've been very lucky with Enviva" and, "[Loved one] has to be hoisted, always two staff, who are both exceptional."
- Staff had the right skills, knowledge and experience to support people. They underwent a thorough face to face induction which along with their practical competency assessments which they updated annually. The induction was aligned to the requirements of the care certificate which is the nationally recognised qualification for those staff new to care.
- Staff were also required to complete additional training courses on-line to supplement their knowledge. Specific training was provided as required for people's individual care needs. This training had ensured for one person, staff could provide the personal care they needed. This had given them greater flexibility in their schedule, as they no longer needed to wait in for health care professionals.
- Staff received regular supervision and in the interim, care managers spoke with them regularly by phone to provide support.
- All staff were supported in their professional development and were encouraged to undertake professional qualifications in social care.

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

- Relatives told us staff prepared their loved one nutritious home cooked meals and ensured where they required assistance with eating their meal this support was provided.
- Staff underwent training in diet and nutrition. They also completed a practical cooking exercise during their induction to ensure they had sufficient knowledge and practical cookery skills.

- People's food and drink preferences and nutrition and hydration requirements were identified during their initial assessment. This included any food allergies, specific dietary requirements and choking risks. Staff had a good understanding of what people liked to eat and any associated risks.
- Staff documented people's food and drink intake and reported any concerns to office staff.

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

- When people received a change of live-in care staff there was a thorough handover of up to 48 hours. This ensured incoming staff received all relevant information about the person and their daily routine.
- Staff told us where they worked as part of a pair looking after a person; they worked effectively as a team and communicated well with each other.
- Records demonstrated live-in care staff reported changes in people's presentation, for office staff to determine if outside agencies needed to be alerted.
- A relative told us the live-in care staff had been, "Very quick and very good," during an emergency.

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

- Relatives reported staff ensured their loved ones received any healthcare support they required. Their comments included, "If girls [staff] are remotely worried they will call a doctor" "She [staff] has been involved in organising health professionals to come in. Notes everything down on what was said and keeps in touch when needed."
- Staff were informed of what the person's diagnosis was and were provided with any supplementary information to ensure they knew how to care for them.
- Live-in care staff, were able to observe and note any change in the person's day to day presentation. Which might indicate further investigation was required. Staff told us how they liaised with the person's GP and district nurses about their care as required.
- Each person had a health care records sheet in their home, which staff requested visiting health care professionals to complete, to provide a record of their visit and guidance.

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.
- People were asked for their written consent to their care where they had capacity to provide this.
- Some people had capacity to make decisions about their care but had chosen to have a relative act as their representative on their behalf. This decision was clearly documented.
- Staff had undertaken MCA training and understood it in relation to their role. People's records informed staff of people's right to make unwise decisions where they had capacity to make the decision.
- Where people had a power of attorney (PoA) registered to make decisions about their health or welfare or finances. This was noted, and a copy had been obtained for verification. Where people lacked the capacity to make decisions about their care and a PoA was not in place, legal requirements were met.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- The service continued to be outstandingly caring. There was a strong, visible person-centred culture. This approach was embodied in the provider's aims and objectives and customer first focus. All staff continued to be highly motivated to offer care to each person, that was exceptionally compassionate and kind.
- This outstanding care was reflected in the highly positive feedback from the last customer survey circulated in September 2018. In the numerous written compliments received and in the verbal feedback we received. Comments included, "Our carer is outstanding. Looks for little things that will make a difference." "They treat [loved one] as if she was their own mother." "She [staff] is perfect. Gets on well with [loved one] and is very much part of the family." "[Loved one's] main carer is exceptional."
- Staff demonstrated a real empathy for the people they cared for. The registered manager told us about the exceptional level of emotional support staff had provided for a person following a life changing event. Staff had supported this person very sensitively through their period of transition.
- Another relative said, "They [staff] have worked together really well as a team, showing enormous care and sensitivity towards [loved one] and also towards us. [Relative] and I am sure that without that care it is quite likely that our [loved one] would have died."
- The provider continued to recruit a truly diverse workforce in terms of both their ethnicity and age. This ensured people continued to be provided with a wide choice of live-in care staff. They were matched with staff who reflected their interests and personalities wherever possible. People decided who provided their care and support. This reduced the likelihood of placement breakdown. New staff were approved by people or their representatives before being introduced, in person by their care manager. As a result of this process, 34 people had settled staff in place.
- There was focus on building and maintaining open and honest relationships with people. People experienced very long and close relationships with their live-in care staff. A staff member told us how they had been supporting a person living with dementia right through from when they were active in the community to now, in the latter stages of their life.
- People even experienced continuity where possible with the relief live-in care staff provided. A relative commented, "The cover carers have usually been here before and know how to look after [loved one]." This was especially pertinent where people lived with dementia. A staff member who covered relief work told us, even when people lived with dementia, they recognised them when they went back. Although people may not recall the staff member's name, they valued and reacted positively to the kindly and familiar face.

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

- The service was exceptional at helping people to express their views all staff understood peoples preferences, wishes and choices. People had extensive in-depth assessments, monitoring visits and reviews

completed by their personally designated care manager who co-ordinated and planned their care in consultation with them. Handovers between live-in staff could last up to 48 hours, which gave people ample time to express their views. A staff member told us, "Care is led by what the person wants."

- Relatives told us they and their loved ones were consulted about and involved in decisions. Their feedback included, "[Staff] ask what [loved one] wants to wear, what [loved one] would like to eat. They try and involve [loved one] in everything." "Both myself and [loved one] are included." "The carers are very good at explaining things."
- Staff used a variety of tools to communicate with people according to their needs. These included tools such as word boards and technology. Staff had devised systems and processes unique to the individual to enable people to ring the office and express their views with staff support. People's care plans noted their individual communication needs to ensure staff understood how to enable them to participate in decisions.

Respecting and promoting people's privacy, dignity and independence

- Respect for 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 were provided with sensitive and respectful care and support by staff. Relatives confirmed staff treated their loved ones with respect. They told us personal care was provided privately, discreetly and with dignity.
- Staff anticipated people's needs and recognised distress and discomfort at the earliest stage. Staff told us about how a person now lacked the capacity to communicate. They had worked with the person for a long time and understood the person's moods and behaviours and facial expressions. They used their knowledge of the person to anticipate their needs.
- An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded within the service. A staff member told us how although no-one else was present, they always ensured the person's dignity was upheld.
- Staff understood the importance of social inclusion in maintaining people's dignity. They ensured although a person living with dementia could no longer buy a birthday present to give to their loved one, they did it for them. Staff recognised the importance of normal life events and had enabled the person to continue to be included.
- People's care records noted if the person had any religious, cultural or personal beliefs. Staff ensured these were considered during the provision of their care.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service continued to be outstandingly responsive, which relatives confirmed with their overwhelmingly positive praise for the responsiveness of the staff.
- The service understood the needs of each person as an individual and delivered care and support that met each person's unique needs. People's care plans and service delivery took full account of their personal history, strengths, levels of independence and quality of life. People and their representatives were fully involved in planning each stage of their care.
- Staff used innovative and individual ways of involving people and their families in their care and support plans, so they felt consulted, empowered and valued. People's unique relationships, with their personal care manager, live-in care staff and relief staff, were all designed to ensure maximum continuity. This ensured staff totally understood people who in turn fully trusted them and felt able to freely express themselves. A relative commented, "We [relative and live in care staff] speak every night and [staff] emails me every day to update me on what has happened during the day. Goes above and beyond my expectations."
- People's care was planned and delivered in a manner which ensured equality for each person. A relative told us, "We also have a second carer who is a driver. We had to encourage [loved one] to give up driving. This does mean [loved one] can still do all the social things [loved one] likes to do."
- People's care and support plans were continually monitored and updated to reflect people's changing needs. Any required changes such as an increase in staff, were implemented swiftly. A relative commented, "I have been really impressed at the speed everything has been put in place."
- Staff went the extra mile to address people's needs in relation to their protected characteristics. Following a life changing event for a person. Service adjustments had been made to fully facilitate their independence and to enable them to fulfil their personal ambitions and goals. Live-in care staff had supported them to achieve their aims and to continue to live a full and fulfilling life of their choice.
- Arrangements for social activities were innovative and met people's individual needs. One person living with dementia was supported by their live-in care staff to continue to maintain a highly visible physical presence in their community. Attending the church service and local activities. The live-in care staff would also innovate and devise activities they could do together, to keep the person stimulated and to improve their quality of life. A relative told us "They have discussions amongst themselves about how to make [loved one's] life more fulfilling." Staff supported people with dementia to continue to have community presence and participation.
- Staff had outstanding skills. A person had disengaged from life at the point they were referred, which had placed them at high risk of self-neglect. Staff intervened immediately and using their skills managed to quickly form a relationship with them. As a result, they were now accepting assistance and engaging with services. Staff had affected positive changes in the person's life and reduced the level of risk to them.
- Staff went the extra mile to find out how what people had done in the past and enabled them to continue

to enjoy these activities wherever possible. One person had previously loved to cook and host lunches for their family and friends. The live-in care staff now supported them to continue to do this, by now doing the cooking for them. This gave the person great pleasure as they could still enjoy their dinner parties.

- Staff worked innovatively with people to encourage their independence. A person living with dementia had been struggling to cope with their feelings of 'losing control' due to their diagnosis. Their resulting behaviours had left them at risk of being admitted to a nursing home, which was not their wish. Staff had worked very persistently and sensitively with them and the mental health team to identify the triggers for their behaviours and how to calm them. This work had enabled the person to become calmer, maintain their independence and to feel more 'in control' of their life.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- Relatives knew how to complain and felt confident any issues they or their loved one raised would be listened to and addressed.
- People were provided with a 'Clients Guide' which detailed the complaints process and how to contact the service, including after hours.
- The regular visits by the care managers to people and live-in care staff, provided an opportunity for any minor issues to be picked up and addressed quickly before they escalated.
- Any feedback received, from whatever source was seen as an opportunity to learn by staff.
- Any concerns were reviewed, managed and actioned as quickly as possible for the person.
- Investigations into complaints were robust, honest and open.

End of life care and support

- There were members of staff with the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they needed at the end of the person's life.
- Staff had access to copies of people's anticipatory care plans. These documented their wishes for when their condition deteriorated and any specific instructions. Where appropriate people had, do not attempt cardiopulmonary resuscitation orders in place. Staff were aware of their location, to ensure they could inform professionals if required.
- The registered manager told us most people wanted to receive their end of life care at home. This was facilitated with the support of health care professionals wherever possible.
- Staff told us they were supported by the service with empathy and understanding when delivering this care to people.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives all reported how well run they thought the service was. Their comments included, "I am very impressed with the line manager. I didn't expect that level of involvement. Very well managed." "Enviva listen and respond." "Registered manager really knows her stuff and is always available." They told us there was a good level of transparency and any issues were reported to them.
- The providers aim was to provide, "High quality managed care," which they achieved. One of their aims and objectives was to "Foster a culture of continuous learning and improvement where 'what else can we do' becomes part of our normal thinking." Staff understood and embraced this ethos and applied it in all aspects of their work.
- As live-in care staff there was a potential risk of them becoming, 'cut off' from the office. This was mitigated by the high level of contact from office staff and oversight of each person's care. The registered manager told us, "There is a focus on maintaining open communications with the carers." This approach was experienced and valued by staff who told us, "I feel very happy and well supported in my role." Another commented, "I find it [job] rewarding."
- Live-in care staff had benefited from the provision of new dedicated accommodation they could use whilst on induction or training.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection in December 2016, ownership of the provider Enviva Care Limited has changed. There had also been a change of registered manager. The new registered manager had been promoted from within, having worked for the company since it started.
- The new registered manager's history with the company, had not only provided continuity for people, relatives and staff. They had also built up a wealth of knowledge of the company and its history. They were well respected and trusted by people, relatives and staff. They also had the benefit of hindsight into past decisions and actions taken. Which they found useful when they reflected on current practices to determine the best actions to take to further develop the service for people.
- There had been a period of significant changes since the last inspection in December 2016. However, the registered manager had provided clear, consistent and supportive leadership through this transition.
- The registered manager had a clear understanding of their legal responsibilities and ensured statutory notifications were submitted to CQC as required.
- The new owners were part of a larger group. This had benefited the service, as the registered manager was supported in their role by a regional director and the wider structure, roles and processes of the parent

company.

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

- The registered manager and care managers have just attended a group wide conference which provided the opportunity to engage with peers and share learning across the group.
- In addition to people's feedback being sought through their regular visits and telephone contacts. People and their representative's views of the service were sought through the annual survey. Feedback in the September 2018 survey was very positive and demonstrated a high degree of satisfaction with the service.
- The staff survey was due to be circulated on-line, to boost participation. They were also sent memos and a fortnightly email was planned to keep them informed of developments.
- People and staff now had access to a telephone number they could contact, to raise any issue in confidence.

Continuous learning and improving care

- Processes were in place to continually evaluate the quality of the care provided. These included, people's regular home visits and audits of people's monthly journal, financial records and medicine administration records (MAR).
- We found an issue with one person's MAR audits. They had not been completed sufficiently and robustly to identify discrepancies. Although the person suffered no harm and received their medicines as prescribed these issues should have been corrected quicker. We brought this to the attention of the registered manager who took immediate action to address this. We found no further issues with the MAR audits.
- In addition to monitoring completed by the registered manager and the care managers. The provider used other measures to assess the quality of the service such as monthly 'score cards' which measured performance against a range of benchmarks. These included an analysis of incidents, to identify any trends for people.
- The provider also completed their own audit of the service in November 2018, the service scored highly overall. We saw minor issues identified were being addressed as part of the service improvement plan for people. For example, the provider's statement of purpose had been updated.

Working in partnership with others

- The service worked openly and honestly with a range of key statutory organisations to support the effective delivery of people's care. The sharing of relevant information as required was supported.
- Office staff were attending medication management and safeguarding training provided by the local authority. This will enable them to further develop their knowledge and build local links.
- A person's live-in care staff and the office team had worked very closely with local statutory services. There had been regular sharing of information between the staff and relevant services. This ensured the person had been enabled to stay in their own home.