Enviva Care Limited

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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

The inspection took place on 7 and 8 November 2016 and was announced to ensure staff we needed to speak with were available. Enviva Care Limited provides a live-in care service to people in their own homes. It is registered to provide personal care to older people, people living with dementia, people with a physical disability or sensory impairment and younger adults. At the time of the inspection they were providing the regulated activity of personal care to 41 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe. A social worker confirmed the registered manager took the correct actions and reported any safeguarding concerns about people to ensure their on-going safety. Staff had undertaken relevant training to enable them to understand their role and responsibilities in relation to safeguarding people. Processes were in place to safeguard people from the risk of abuse.

Processes were in place to identify and manage risks to people. Staff underwent relevant training and people's care plans were detailed and applied professional guidance to ensure risks to people were managed safely. People's care was provided in a way that recognised and managed risks to their safety but also respected and upheld their rights to make their own decisions.

Arrangements were in place to ensure staff were always available to provide people's care at short notice. Staff had undergone the required pre-employment checks to ensure their suitability for their role. The provider had acted upon people's feedback and taken appropriate measures to robustly assess staff's written and verbal English skills as part of their recruitment process. This ensured staff were recruited who had the required level of English skills to enable them to communicate effectively with people.

Staff received training in medicines management and their competency to administer people's medicines was assessed as part of their training. There was clear written guidance for staff in relation to obtaining, administering, disposing and recording peoples' medicines. People received their medicines safely.

People were cared for by staff who received a thorough induction to their role. Records demonstrated that live-in carers received a high level of supervision in accordance with the provider's supervision policy. Staff were supported to undertake professional qualifications to develop their skills and understanding. People were cared for by staff who were well supported in their role which enabled them to provide people's care effectively

Staff had undertaken relevant training on the Mental Capacity Act 2005 and understood its application in their daily work with people. The registered manager took immediate action to ensure copies of people's

power of attorney documentation were obtained where relevant; to enable them to check legal requirements were being met for people.

People's preference regarding the type of meals they enjoyed and their preferred level of involvement in meal preparation were clearly recorded. Processes were in place to record and monitor what people were eating, this ensured their dietary needs were being met.

People had regular contact with a range of health care professionals such as GP's, district nurses, chiropodists, dentists, occupational therapists, speech and language therapists and physiotherapists. Staff supported people to access health care professionals as required.

At all levels of the service the staffs focus was on putting people first and ensuring they felt cared about and that they mattered. A nurse and a social care assistant both told us staff 'Always went the extra mile' for people.

The person centred culture which the provider promoted had resulted in processes that enabled the care managers to make decisions about which staff to place with people. This was based on their knowledge of the person's preferences about the live-in carer they wanted and the personalities, skills and strengths of the live-in carers. This minimised the risk of people not forming a positive relationship with their live-in carer and of the placement subsequently breaking down.

People told us they experienced that staff always sought their views. Staff ensured they supported people to express their views and to exercise control over their lives to and to make choices about their care. People were enabled and supported by staff to live the life of their choosing.

People told us staff upheld their privacy and dignity. Staff learnt about how to uphold people's privacy and dignity during their induction and this training was re-enforced through training updates, newsletters and staff monitoring. Staff had an in-depth appreciation of the need to respect that they were living in people's homes and of people's need for space and privacy in addition to care.

People, their relatives and professionals told us; staff fully involved them in the assessment process and used the information gathered to ensure they had an excellent understanding of people's needs as individuals.

The service was highly responsive and flexible in their approach to when people required urgent care. Swift interventions and innovative solutions had enabled people living with dementia to be supported to return promptly to their own home rather than requiring 24 hour care in a residential home.
The provider's interventions had included placing a live-in carer on-hand in local accommodation where the person had struggled to initially accept their need for a live-in carer.

People and their representatives told us the provision of the care had resulted in people experiencing an enhanced quality of life and well-being. As a result of the care provided by staff people's health and welfare had improved.

Staff interventions had enabled people living with dementia to attend activities in their community and to have a community presence in ways that they might not otherwise have experienced. For example, due to staff actively seeking out appropriate groups and working with the community to ensure groups were set up where they had not previously existed for people living with dementia.

People received high quality care as there were robust processes in place. To ensure thorough handovers took place between live-in carers and to monitor people's care, consult with people and listen to their experiences and views of the service provided.

The provider had a clear set of values that were embedded at all levels of the organisation. Staffs' application of these values in their work resulted in people receiving high quality compassionate care. Staff were proud to work for the provider. A care manager told us "We all love what we do and do our best to ensure people get good care."

There was a strong emphasis on quality and continual improvement and this was reflected in the culture of the service. Staff were committed to continually improve the service people received, which enabled them to deliver ever higher quality care to people.

The provider valued people's feedback and recognised their comments, complaints or concerns provided an opportunity to further improve the service for people. As a result of people's feedback improvements had been made to the service such as ensuring live-in care staff had the level of culinary skills people required of them. Staff felt able to express their views and changes had been made to staff training as a result. This had enhanced staff skills and peoples' experience of the service.

Processes had been introduced which had resulted in a greater level of scrutiny of the quality of people's care records and this had resulted in improvements to the standard of record keeping for people.

People, relatives and staff consistently told us the service was well-led. The registered manager and the provider worked together and in collaboration with the senior management team and staff to ensure people received a high quality service. The service was actively involved in working with like-minded providers to support each other and was participating in research to actively improve the quality of service provided to people. The provider celebrated staff's commitment to people and highlighted to other staff where their intervention had positively impacted upon people, to encourage these behaviours and values amongst all staff.

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.

Processes were in place to safeguard people from the risk of abuse.

Risks to people and the service were identified and managed to ensure people's safety whilst recognising and upholding people's right to make choices.

Processes were in place to ensure live-in care staff were always available to provide people's care as required. Staff had undergone robust recruitment processes to ensure their suitability to work with people.

Processes were in place to ensure people received their medicines safely from competent staff.

Is the service effective?

Good

The service was effective.

People received their care from staff who had completed an appropriate level of training and received supervision to enable them to carry out their role effectively.

People's consent was sought in accordance with legislation and guidance.

People were supported by staff to eat and drink sufficient for their needs and to maintain a balanced diet.

People were supported to maintain good health and to access healthcare as required.

Is the service caring?

Outstanding

The service was caring.

People's wishes were central to determining the personality and characteristics of the live-in carer provided by the service. Live-in carers were carefully matched to people; therefore minimising

the risk of placement breakdown for people.

Staff went the 'extra mile' to ensure people were able to express their views and staff supported them to fulfil their wishes about how and when they wanted their care provided.

People told us staff upheld their privacy and dignity and staff underwent appropriate training in this area.

Is the service responsive?

Outstanding ☆

The service was responsive.

People were fully involved in the processes to assess, monitor and review their care. Staff had an excellent understanding of people's needs.

The provider's swift interventions and innovative solutions had enabled people living with dementia to be supported to return to live in their own homes.

People and their representatives told us the provision of live-in care had resulted in people experiencing an enhanced quality of life and well-being.

Staff interventions had enabled people living with dementia to attend activities in their community and to have a community presence in ways they might not otherwise have experienced.

People's complaints were acted upon immediately and then reflected upon to see if any learning could take place to improve the service for people.

Is the service well-led?

Good

The service was well-led.

The provider and the registered manager had created an open, positive and reflective culture to facilitate a 'Cycle of continuous improvement' which had resulted in the provision of high quality care to people.

The provider and the registered manager worked collaboratively in their leadership of the service to provide passionate, clear, visible leadership of the service.

Processes were in place to define quality standards, monitor them and to use them to drive improvement in the service for people.

The provider valued people's feedback and recognised that their comments, complaints or concerns provided an opportunity to improve the service for people.	

Enviva Care Limited

Detailed findings

Background to this inspection

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

The inspection took place on 7 and 8 November 2016 and was announced to ensure staff we needed to speak with would be available. The inspection was completed by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with an Assistant Team Manager from Social Services and an Assistant Social Worker. We also received written feedback on the service from a Senior Social Worker, an Assistant Social Worker and a Nurse about the quality of the service provided. We sent out questionnaires to eight people of which three were returned, eight relatives of which one was returned, 64 staff of which 34 were returned and four professionals none of which were returned.

During the inspection we also spoke with four people, four relatives and a person's representative. We spoke with three care staff, office staff, a care manager, the registered manager and the provider.

We reviewed records which included three people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected in July 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

All of the people who responded to our questionnaire agreed with the question 'I feel safe from abuse and or harm from my care and support workers.' A person commented "I feel safe in their care" and a relative told us "She is safe and we are confident she is ok."

Staff told us they had completed safeguarding training, which records confirmed. They were required to update this training annually to ensure their knowledge remained current for people's safety. Staff were able to demonstrate their understanding of the safeguarding process and their role and responsibility to safeguard people from the risk of abuse. Staff had access to relevant safeguarding policies, procedures and telephone numbers in the event they were needed. The registered manager had ensured that safeguarding alerts were raised with relevant agencies as appropriate to ensure people's safety. A Social Worker informed us 'Any potential safeguarding concerns have always been reported promptly.'

The provider had told us that during monitoring visits to people by their care manager, people were always provided with the opportunity to speak with their care manager in private without the live-in carer present, this was confirmed by staff. This ensured people regularly had the opportunity to speak privately about any concerns they might have had about their safety.

People's care records clearly documented the arrangements for the management of their finances. Where staff handled any monies for people, there was a clear written record of any transactions, and these were audited monthly; in order to ensure there was a written record and that relevant checks were completed. There were robust processes to safeguard people from the risk of abuse.

A relative told us the live-in carers were "Very observant to anything amiss" with their loved one. Another relative commented, "She is able to move him safely, she transfers him well, guiding and prompting him." A social care assistant told us 'In my experience the management at Enviva have been quick to identify and address risks appropriately ensuring that the service is safe.'

Staff completed moving and handling training which involved a practical element followed by an assessment of their competence. They updated this training annually to ensure their knowledge remained current. The registered manager told us they also planned to introduce specific training for staff on falls management. This would further enhance staff knowledge and understanding and following the inspection they provided written evidence of this training. Risks to people in relation to their mobility and the risk of them falling had been assessed; their records detailed the assistance they required to transfer safely and the equipment to be used. A Social Services Senior Care Assistant told us staff had worked well with an Occupational Therapist to ensure they could transfer a person safely. Staff were provided with relevant training, information and support to enable them to transfer people safely and to minimise the risk of them falling.

As a result of a review of staff training by the registered manager, staff were now required to undertake specific training in pressure sore prevention in addition to skin awareness training; to ensure they had the

relevant knowledge and skills to provide this area of peoples' care safely. Where people had been identified as at risk from the development of pressure ulcers; there was written guidance for staff to follow to ensure they knew what signs to look for which might indicate the person's skin was breaking down and the actions to take. If people needed to be re-positioned regularly to manage the risk of them developing a pressure ulcer then National Institute of Clinical Excellence (NICE) guidelines were followed, in relation to how often to re-position people. Staff recorded that this had been completed, to ensure people did not remain in the same position for any extended period of time, in order to protect their skin from the risk of breaking down.

Staff recognised people's right to take risks and to live a life of their choosing. At the same time staff were aware of potential risks to people and measures were in place to manage them in a way that did not inhibit people's rights. For example, a person's care plan provided guidance for staff in relation to when they were out with the person; they were to agree a meet up time, as the person enjoyed having time out alone. The care plan detailed the actions to take if the person did not then arrive at the time expected. Following the registered manager's review of an incident, another person was provided with emergency contact numbers to carry with them in the event they were out alone and they were required. People's care was provided in a way that recognised and managed risks to their safety but that respected and upheld their human rights.

The provider was aware that as lone workers care staff were at increased risk. A lone working policy was in place and risk assessments were completed before staff were placed to ensure their safety. The service had a business continuity plan which outlined the actions to be taken in the event of an emergency to ensure people received their care as required. Processes were in place to identify and manage risks to staff working alone and to ensure any emergencies were managed safely for people.

The service had an electronic staff planning programme to enable the provider's care managers to have oversight of which staff were in placement and which staff were available for placement. Records showed the provider ensured there were always a significantly larger number of live-in carers registered than were in placement to ensure they could always be deployed for people as required. There were always one or two live-in carers physically available at the provider's location, which enabled the registered manager to immediately respond to any urgent need to place them. There were arrangements to ensure staff were available to be deployed for people.

Staff told us and records confirmed they had undergone recruitment checks as part of their application and these were documented. Applicants had to provide a full employment history with an explanation for any gaps and proof of their identity. They had to provide suitable references, which the provider verified, in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

The provider's live-in carers were all recruited from abroad. A Social Worker and a Nurse reported to us that they had both experienced some issues with the quality of some staff's level of spoken English. The provider had informed us in their provider information return that they had also previously noted some feedback from people regarding the level of English of some staff. In response, the provider had implemented additional language assessments for applicants and Skype interviews, prior to applicants face to face interview to more robustly assess their level of English; this was confirmed by records. In this year's annual quality assurance survey, no further feedback had been received from people about staff's English language skills. People and their relatives spoken to were satisfied with staff's level of English. The provider had acted upon people's feedback and taken appropriate measures to more robustly assess staff's written and verbal English skills to improve the effectiveness of their recruitment process for people.

A person told us about the live-in carer "She does my medicines efficiently." A relative said "She gets her medicines safely and the carer always lets me know if they are running low." People and their relatives reported they received their medicines safely, as required.

Staff received training in medicines management which they updated annually and their competency to administer people's medicines was assessed, to ensure they were competent to administer people's medicines safely. Staff were required to read and sign to say they had read the provider's medicines policy. People's records detailed what medicines they took, for what purpose and any contra-indications staff should be aware of. For example, if there were any foods the person should not consume whilst taking the medication as they could impair the effectiveness of the medication. There were details of what 'Over the counter' remedies people used such as paracetamol and evidence that staff had checked with the person's GP to ensure they were safe for their use. There was clear written guidance for staff about where to apply people's topical medicines (creams) to ensure these were applied as required for people. Processes were in place to ensure care managers reviewed live-in carer's completion of people's medicines administration records both during their regular monitoring visits and as part of their monthly audit of each person's records. Processes were in place to ensure people received their medicines safely from competent staff.

Good

Is the service effective?

Our findings

All of the people who responded to our questionnaire agreed with the question 'My care and support workers have the skills and knowledge to give me the care and support I need.' A relative told us "The carer is well trained."

All of the staff who responded to our questionnaire agreed with the question 'I completed an induction which prepared me fully for my role before I worked unsupervised.' A staff member additionally commented 'I've received a full training before I started to work, had some training during providing personal care, too, had special training according to a new client's special need and refresh training as well.'

The registered manager told us live-in carers were required to undertake an induction programme which had been increased in length from three to 10 days. This was to ensure staff received a thorough induction that provided them with the skills and knowledge they required to deliver high quality care to people. They told us they were in the process of mapping the content of the induction programme to the requirements of the Skills for Care 'Care Certificate' and provided evidence of this process. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. The induction also involved live-in carers being required to demonstrate that they could apply their acquired knowledge and skills; in preparation for being able to work alone with people in the community, to ensure they were competent to do so. In addition to the induction staff were able to access additional training in how to support people with more complex health care needs such as Diabetes, Parkinson's or a Learning Disability. Staff undertook annual training updates to ensure their knowledge remained up to date. People were cared for by staff who received a thorough induction and on-going training to enable them to provide people's care effectively.

All of the staff who responded to our questionnaire agreed with the question 'I receive regular supervision and appraisal which enhances my skills and learning.' Staff also told us they received regular supervision and an annual appraisal of their work, which records confirmed. Staff received face to face supervision from the provider's care managers and telephone supervision in between. Records demonstrated that live-in carers received a high level of supervision in accordance with the provider's supervision policy.

The registered manager told us staff were supported and encouraged to undertake professional qualifications such as the National Vocational Qualification (NVQ) level two award in social care, which records confirmed. Two of the registered 79 staff had been awarded an NVQ level two, eight staff were completing this award and a further nine staff were about to start. The staff were supported to undertake professional qualifications to develop their skills and understanding when providing peoples' care.

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 told us staff sought their consent to provide their care. All of the staff who responded to our questionnaire agreed with the question 'I have had training in and understand my responsibilities under the Mental Capacity Act (2005).' Staff were able to demonstrate their understanding of the MCA as it applied to their daily work with people.

Some people had appointed a power of attorney for health and welfare to represent them in the event they lacked the capacity to make decisions in these areas themselves. The provider had documented this, but had not consistently obtained a copy to enable them to check what decisions the attorney was authorised to make on the person's behalf. Therefore they could not consistently demonstrate how they had satisfied themselves that the attorney had the legal authority to sign their consent to the provision of care and treatment for the person. We spoke with the registered manager about this and they took immediate action to obtain copies of the required documentation. Following the inspection they provided written evidence that they had obtained 14 and arrangements were in place to ensure they would imminently receive copies of the outstanding eight. They also showed us their new consent form which explicitly stated that a copy of any power of attorney would be required to be provided where applicable. The registered manager took prompt action when this was brought to their attention to ensure they could complete the relevant checks for people.

A relative and a person's representative both told us they had seen a marked improvement in the amount of food people ate since the live-in care was provided and people were offered home cooked and nutritious meals.

People's records clearly documented their likes and dislikes in relation to their food and drinks. It was also noted whether they liked the live-in carer to eat with them or whether they preferred to eat alone. A person told us the live-in carer cooked them what they liked to eat. Staff told us "I ask people what they would like to eat and how they would like it to be prepared." If people enjoyed being involved in the preparation of their meals then this was noted in their care records to ensure staff were aware of the need to actively involve the person. A live-in carer said to us "I ask people if they would like to get involved." People's preference regards the type of meals they enjoyed and their preferred level of involvement in meal preparation were clearly recorded.

People's care plans detailed what support they required with their nutritional needs, such as whether they required assistance to select their meals. Where people had been identified as being at risk from choking there was guidance for staff about how to manage this risk to the person. For example, through their positioning when eating, any thickeners that were required for their liquids, the consistency of foods and whether they needed supervision when eating. Where people were at risk of weight loss, there was guidance for staff to offer small regular amounts of food and drink and to promote the consumption of high calorific foods. Staff were provided with guidance about what high calorific foods the person was likely to enjoy. When care managers audited people's daily records each month it enabled them to check what foods people were being offered to eat and that they were receiving sufficient for their needs. Processes were in place to record and monitor what people were eating to ensure their dietary needs were being met.

The registered manager told us care staff were pro-active in identifying when people needed input from healthcare agencies and in making arrangements for this, which records confirmed. A Social Care Assistant told us 'They always keep me updated and I have found them to be very prompt in contacting me and other relevant agencies if they have concerns about the people who they are caring for.' There was evidence people had regular contact with a range of health care professionals such as GP's, District Nurses, Chiropodists, Dentists, Occupational Therapists, Speech and Language Therapists and Physiotherapists. People's records demonstrated they had been referred to health care professionals as required.

Outstanding ☆

Is the service caring?

Our findings

A person's relative commented about the live-in carer "She is outstanding." People and their relatives told us they viewed the live-in carers as friends. A relative said the live-in carer had a "Beautiful relationship" with their loved one. A Nurse and a Social Services Social Care Assistant both told us staff 'Always went the extra mile' for people. The registered manager said that as a service they always celebrated people's birthdays by sending them a card and flowers which they very much appreciated. There was evidence that a live-in carer had also made a person a birthday cake to recognise and celebrate their special day. At all levels of the service staff focused on putting people first and ensuring they felt cared for and that they mattered.

All of the people who responded to our questionnaire agreed with the question 'My care and support workers are caring and kind.' A person told us: 'The staff and carers are very caring with any aspects of all my needs.' Another said "Yes, they are kind and caring." A relative commented about the live-in carer "She cares about people." People and their relatives were consistently positive about the caring attitude of staff.

The provider had told us in their provider information return 'We pride ourselves on matching carers to clients based on not only their knowledge and skills but their personality, character and shared interests.' They also told us people were usually allocated the same care manager with whom they could build a relationship and who oversaw their care throughout their relationship with the service. This enabled people to experience continuity from their care manager and to build a relationship of trust with them.

A significant amount of time went into identifying people's preferred wishes about the type of live-in carer they required. A care manager told us they spent a lot of time with people during the assessment process; in order to "Get a feel of who they are and what they want. This helps us make good placement decisions." For example, by finding out about the type of character and personality people were looking for in their live-in carer. In other instances people had animals so they wanted staff who also liked animals. The care managers spent time getting to know the live-in carers initially during their induction and then when they returned to the location for training or between placements; in order to inform their decisions about which person they should be placed with. This enabled the service to provide staff who met people's requirements and with whom they were more likely to be able to form a positive relationship with; which in turn reduced the risk of placement breakdown for people. Records showed that out of 89 introductions of new live-in carers to people from May to August 2016 only 3 broke down due to the person and the live-in carer not forming a relationship, which was a 3.3% breakdown rate. The provider ensured in these cases people were then matched with staff they could form a relationship with. The visible person centred culture which the provider promoted had resulted in processes that served to minimise the risk of people not forming a positive relationship with their live-in carer.

People told us staff involved them in decisions about their care and respected their wishes. One person commented "Absolutely the carer respects my wishes." Relatives told us "The carer respects her wishes" and "The carer always gives a choice." People told us they experienced that staff always sought their views and respected them.

The registered manager told us how the service had supported a person with their personal relationship and of how the live-in carer had ensured the person's wishes were listened to and followed when they celebrated their wedding. Records showed the live-in carer supported the person with the practical arrangements for their wedding day such as the food and their hair. They had also ensured all of the person's expressed wishes and preferences about how they wanted their care to be provided on the day were fully met. They had enabled the person to exercise full control over the care they wanted to be provided at this important time in their life to ensure they experienced their wedding day in the way they wished.

The registered manager told us they did not give care staff set routines to follow with people unless required. This was in order to promote flexibility in approach from staff. It enabled live-in carers to build each day around the person's wishes and preferences. Records demonstrated how diversely people spent their time. Staff were supported and encouraged to enable people to make decisions about how to structure their day.

People's records noted if they experienced memory loss which could impair their ability to express their views and make decisions. In these situations staff were provided with strategies to support the person such as through the use of a diary and talking people through their practical arrangements. If people had particular anxieties then these were noted and there was guidance for staff about how to address them for the person. If people used technology to communicate then this was documented, to ensure staff understood how this supported the person to communicate. Staff had written guidance to instruct them about how to support people to express their views and to be involved in decisions about their care.

All of the people who responded to our questionnaire agreed with the question 'My care and support workers always treat me with respect and dignity.' People told us staff upheld their privacy and dignity.

The registered manager told us staff learnt about how to uphold people's privacy and dignity as part of their induction training which records confirmed. They were required to update this training annually. This learning was further reinforced for staff in the October 2016 newsletter; which instructed staff on the importance of values, choice and control, communication and the environment in relation to upholding people' dignity and privacy in the provision of their care. Posters were displayed in the office about how to promote people's dignity. The care managers checked upon people's personal presentation at their regular monitoring visits to ensure staff were supporting them appropriately. Staff were able to tell us about how they upheld people's privacy and dignity in the provision of their personal care. For example, by ensuring the curtains were kept closed, keeping the person covered and informing people of what they were doing. People were cared for by staff who had undergone relevant training and had a good understanding of how to uphold people's privacy and dignity.

A relative told us the live-in carers were sensitive to the fact they were living in the person's home and therefore occupying their space. Records from a person's monitoring visit demonstrated the person felt that staff 'Respected their space.' The registered manager told us staff were instructed on how to facilitate people's contact with their family and their role when families were visiting; to ensure they respected the person's right to privacy with visitors. We noted that when we rang people they answered the telephone and not the live-in carer. However the live-in carers were available if the person required support in answering their telephone. Staff had an in-depth appreciation of the need to respect they were living in the person's home and of their need for space and privacy.

Outstanding ☆

Is the service responsive?

Our findings

People told us that their needs had been assessed prior to commencing the service. They said their views on how they wanted their care to be provided had been sought and one person commented that "It was a good process." A relative commented that staff had "Total understanding" of their loved ones needs and preferences." A person told us "The carer knows exactly what to do." Whilst a Social Services Social Care Assistant said 'They are always keen to understand the detail about a person, their families, interests and situation.' People's care plans were comprehensive and detailed in their content. People, their relatives and professionals told us from their experience; staff fully involved them in the assessment process and used the information gathered to ensure they had an excellent understanding of people's needs as individuals.

The registered manager told us the service was highly responsive and flexible in their approach when people required urgent care. A representative said the person they represented and whom was living with dementia had needed an emergency admission to hospital following an incident and that staying there was against the person's wishes. The representative had contacted Enviva Care Limited who arranged an emergency live-in carer within the day. This responsive action had facilitated the person's immediate return to their home where they felt safe. The representative told us the person was initially confused by the presence of the live-in carer upon their return home, and that in response office staff had booked local accommodation for the live-in carer to stay in. This innovative solution had enabled the person to receive the care they required until the person had adjusted and accepted the presence of the live-in carer in their home.

Another relative told us of a similar experience where Enviva Care Limited had set up a care package at very short notice to enable another person to return home from hospital, where they had been very distressed. The person lived with dementia and their relative told us of how the live-in carer and the care manager had responded sensitively to the person's need of becoming accustomed to the presence of the live-in carer. This had been done through accepting the person's perception of them as a 'lodger', rather than reinforcing the reality of them requiring a live-in carer. The care manager had also been flexible in the scheduling of the required post placement visits and monitoring of the service, to ensure this process was not intrusive for the person. Through their personalised approach staff had earned the person's trust and acceptance of the care provided. In both instances the flexibility and responsiveness of the service had enabled people living with dementia to return to live in their own homes promptly. Without this responsive and caring approach they may have required admission to a residential home.

A person's representative said the "The care has been transformational." They informed us that since the care package commenced they had noted the person experienced an enhanced quality of life and well-being. They said this was as a result of the live-in carer cooking them appetising meals and their standard of personal care had dramatically improved. They told us staff had used the information provided about the person's interests to re-engage them with music and singing, which they had been unable to participate in for some time. Another relative told us how the live in carer had "Brought a richness to their loved ones life." The live-in carer had taken the person to the pub, they went out for walks together and discussed DVD's together. They told us their relative chatted to the live-in carer about their former life. People and their representatives told us the provision of the care had resulted in an enhanced quality of life and well-being

for people.

A Social Services Social Care Assistant told us 'I feel that they work holistically and will explore options/activities in the local community to ensure that people are appropriately occupied and have a good quality of life.' Another Social Care Assistant told us how the live-in carer took the person out daily and on trips to the theatre which they enjoyed. When the care managers audited people's monthly records they checked to ensure there was evidence that staff had facilitated regular social interaction and visits for people. This meant people experienced positive outcomes and an enhanced quality of life.

Staff were innovative in identifying opportunities for social engagement for people. Records showed a live-in carer had liaised with staff from the local library to set up a reminiscence group for people with dementia as they were struggling to find community activities that the person could attend. Another live-in carer had actively identified a group at a leisure centre and a singing group that they could take the person to; both of which were suitable for people living with dementia. These interventions had enabled these people to attend activities in their community with other people and to have a community presence in ways that they might not otherwise have experienced.

The registered manager told us that when staff were placed in a new placement they underwent a 24 hour handover with the existing live-in carer. This was in order for them to be able to observe the person's care provision over an extended period. This enabled them to be able to see how the person liked their care to be provided, in addition to reading the information in the care plan. If a live-in carer was returning to the same person at a later date they received a two hour handover to ensure they received a full update on any changes to the person's care.

The registered manager told us the person's care manager contacted the person to seek their views about new live-in carers within a day; there was then a further follow-up telephone call in four to eight days. A care manager told us people were then visited every six to eight weeks, which records confirmed. A relative told us the person's care was "Actively managed" and that staff visited regularly to monitor the care provided but that they also maintained contact in between. People's care was formally reviewed with them and their relatives every six months. People received high quality care as there were robust processes in place to facilitate staff handovers, monitor, consult and listen to people's experiences and views of the service provided.

People were actively encouraged to provide their views. People were asked by their care manager at each monitoring visit whether they had any concerns or complaints about the service. This ensured people were regularly and actively asked if they had any issues rather than waiting for the person to report concerns.

The provider had a complaints policy which outlined to people how they could make a complaint and how any complaints would be responded to. In the provider information return the provider stated 'We never say that our involvement was faultless because we believe that there is always something we could have done better. We learn from our mistakes and use them to improve the service we provide.' Records showed a complaint was received in May 2016. The registered manager took immediate action and replaced the member of staff in response to the complaint. They also alerted the recruitment manager to review the recruitment process for any improvements that could be made in light of the complaint received. The provider recognised that people's feedback and complaints were essential to drive continuous improvement. People's complaints were acted upon immediately and then reflected upon, to see if any learning could take place to improve the service for people.

Good

Is the service well-led?

Our findings

The service was an excellent role model. In their provider information return the provider stated 'Compassion and empathy is the foundation upon which Enviva is built; we want to raise the bar in homecare and give people the standard of care they deserve.' The provider's statement of purpose set out their values which were based on people's privacy, dignity, independence, choice, rights and fulfilment. They aimed to provide a high standard of care, to be flexible and to treat people as individuals. These values were embedded throughout the organisations processes, culture and behaviours. The process of ensuring staff shared the provider's values commenced with the recruitment process. Applicants were asked to complete a pre-interview questionnaire which assessed what they already knew about the service and what qualities made a good live-in carer. This enabled the provider to identify whether staff were applying from the same common understanding of what good live-in care should look like for people. Staff were then monitored across their induction period to ensure they displayed the values and behaviours expected of them prior to being placed with a person. Feedback from people, their representatives and health and social care professional's demonstrated staff at all levels of the organisation, applied the provider's values, in all aspects of their work with people. The provider placed valuing people at the heart of what they were trying to achieve.

Staff were proud to work for the provider. A staff member who responded to our questionnaire stated 'I can only say - I am proud to be part of this friendly, supportive and professional team.' A care manager told us "We all love what we do and do our best to ensure people get good care." People were cared for by staff who took a pride in their work and enjoyed what they were doing.

The registered manager told us they had developed a culture within the service which encouraged staff to speak out and re-assured them their views would be heard. They told us they spent time with the new staff on their induction, when taking them to placements and then when they returned to the location for training or between placements. This gave them the opportunity to talk with the live-in carers and to monitor the culture of the service. Staff were sent a satisfaction survey in June 2016 to obtain their views of the service. The results had been returned and were in the process of being evaluated. The registered manager told us that as a result of feedback from a previous survey changes had been made to the moving and handling training to increase the focus on practical skills for the live-in carers. Staff felt able to express their views and changes had been made to their training as a result to ensure they felt more competent when transferring people.

People, relatives and staff consistently told us the service was well-led. Their comments included "Yes, it is well managed." Staff told us about the registered manager "You can always approach her" and that the provider who was based on-site was also "Approachable and friendly."

In addition to the provider and the registered manager the service had expanded their management team to include a training and recruitment Manager and two trainers. The addition of these roles had enabled the provider to have a dedicated focus on continual staff recruitment and training to ensure the robustness these processes for people. This meant there were sufficient numbers of suitably qualified staff for care

managers to allocate and to enable people to have a choice in who provided their care.

The registered manager and the provider told us they met on a daily basis to identify and discuss any issues that required attention for people. This ensured that there was an immediate response to any situations arising rather than waiting to address issues at meetings. The senior management team also held a monthly management team meeting. This provided an opportunity for the senior management team to review the service over the past month. Processes were in place to ensure that any issues were identified on a daily basis and addressed for people and for senior management to regularly review the service.

The registered manager was passionate about providing high quality care to people. They were very clear about their role in managing the service and supporting the staff team to deliver high quality care. They still personally managed the care for some people, to ensure they retained a practical insight into the service provided and the challenges for staff. The provider told us the registered manager managed the service people received whilst they managed the company; each had a clear understanding of their role and responsibilities but worked together to ensure there was clear leadership of the service. The provider told us "I feel personally responsible for how we operate and the service we provide." The service had a clear management structure with well-defined roles. The registered manager and the provider worked together and in collaboration with the senior management team and staff to ensure people received a high quality service.

The service was a member of 'The Live-in Homecare Information Hub.' This is a not for profit organisation founded in 2013 which is 'Committed to raising the quality of care in the UK.' Their members aspire to provide the 'Very highest standards of care' and to share information and research amongst members. The registered manager told us that as part of the 'Hub' they were actively involved in research projects into the benefits of live in care for people. One current project involved an analysis of the number of falls people who received care from 'Hub' service providers experienced; as compared to those in hospital or a care home over the course of this year. Another on-going project involved an evaluation of people's level of 'Happiness' and their level of well-being as a result of being in receipt of live-in care. The results from these two research projects will enable the 'Hub' members to evaluate the physical and psychological benefits to people's well-being from live-in care. The service was actively involved in working with like-minded providers to support each other and participate in research to actively improve the quality of service provided to people.

In addition to the membership of the 'Hub' the registered manager was a member of a number of trade associations to enable them to ensure they kept up to date with current practice and policy in relation to the provision of live-in care for people.

Staff's commitment and performance was validated through the monthly carer of the month award which was published in the staff magazine. This demonstrated why the award was being made and the difference their actions had made to people's quality of life. Records demonstrated that in the September 2016 magazine a live in carer received the award as they had observed that a person's footstool was uncomfortable for them. In response they had made an alternative one for the person to ensure their comfort. The provider celebrated staff's commitment to people and highlighted to other staff where their intervention had positively impacted upon people, to encourage these behaviours and values amongst staff.

The provider told us there was a "cycle of continuous improvement" within the service and a culture of learning in order to enable them to deliver high quality care to people. This could be seen through the use of quality assurance surveys, listening to and acting upon people's, relatives and professionals feedback, professional networking, client monitoring visits and telephone calls, and daily meetings to discuss issues and audits of the service.

People were sent an annual quality assurance survey and this was last circulated in June 2016. 40 questionnaires were sent out and 19 were returned. They demonstrated a high degree of satisfaction with the service. There was evidence that where people had made any additional comments these had been reviewed by the registered manager and any required actions were taken for the person to improve their experience of the care provided.

Records demonstrated that two people had in a previous survey provided feedback indicating that staff would benefit from support with their cooking skills. The registered manager told us they recognised that there were cultural differences between the live-in carers' cultural background; and the people they cared for. Following this feedback the induction programme had been amended to include a day's practical meal planning, shopping and cooking. The focus was on enabling staff to learn about typical British cooking and how to prepare these meals in the manner people wished. We observed staff preparing a typical meal as part of their induction, proudly showing how they had correctly mashed potatoes and made gravy. People's feedback had been used as an opportunity to drive service improvement in the area of staff's culinary skills for people.

The provider had a quality assurance standards policy. This set performance targets in relation to how quickly peoples' enquires should be responded to, when assessment visits should be completed by and how often monitoring of peoples' care should take place. The registered manager told us they monitored how effectively office staff met these targets which records confirmed. Processes were in place to ensure the service was delivered to people in accordance with defined quality standards which were proactively monitored for people.

The registered manager told us that from May 2016 they had instigated a new process whereby the care managers were required to audit all of people's records monthly. This included their financial transaction records, medicine administration records and daily care records. They said that at the start of the process there were issues regarding the quality of record keeping which had to be addressed. However, staff now clearly understood the standards of record keeping required and there had been a marked improvement in the standard of record keeping for people. Records showed that following the audit of a person's records in May 2016 the live-in carer had been provided with written feedback about how they could improve their standard of record keeping which resulted in a marked improvement in the standard of the person's records by June 2016.

The care manager's audits were then audited by one of the provider's trainers and the results discussed with them. This ensured there was a second review of the quality of the audits completed, to ensure both consistency between the care managers audits and that peoples' records were being audited to a high standard. The introduction of this two stage audit process had resulted in peoples' records being very consistently and robustly audited.