

Pure Care Support Limited

Suite 3.2

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Pure Homecare is a domiciliary care service providing personal care to 34 people aged 18 and over at the time of the inspection.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service was committed to providing exceptional person-centred care. People spoke highly of the support provided by care staff. Staff went above and beyond to ensure people led enriched lives and received individualised care and support. The management team were fully committed to continuous professional development of staff. Staff were recruited and trained with consideration of people's diverse cultural and communication needs.

People, their families and staff worked collaboratively to develop detailed support plans that reflected the wishes and preferences of the person using the service. Advanced online computer systems were in place to update support plans in 'real time' as required. People and their families had access to online computer systems that allowed them to review all aspects of the care provided, including detailed records of tasks completed during care calls, carer profiles, medications, care planning documents and risk assessments.

Staff training was developed in partnership with people, their families and other professionals. Client-specific training was developed for people with multiple medical or psychological conditions, learning disabilities or a combination of conditions. People, their families, professionals and staff caring for the person all attended the training together. This ensured that everyone involved understood the needs of the person and their preferred way of receiving support. People, their relatives and staff told us they found this bespoke training informative and said it accurately reflected the individual receiving support.

The service employed a nurse to enable work with people with complex medical conditions. The nurse had clinical oversight of people's cases, provided practical training and supervision for staff providing their care and helped to develop training packages for the service.

People told us they felt safe using the service. People felt the management team at the service was approachable and would respond to any issues or concerns raised. People told us the staff were well-trained to perform the assigned tasks. People appreciated having consistency of staff and described having good relationships with their care staff. People described their care staff as 'gentle,' 'respectful,' and 'polite.'

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

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

Rating at last inspection

The last rating for this service was Good (published 19 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors. An Expert by Experience is a person who has personal experience of using services or caring for someone who uses this type of care service.

Service and service type

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

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 inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 October 2019 and concluded on 18 October 2019. The activity included telephone calls to people using the service between 14 and 16 October 2019. We visited the office on 17 October 2019 and contacted staff on 18 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who use the service, four relatives, six care assistants, the Registered Manager and the Training & Service Delivery Manager.

We looked at records at the service including the Statement of Purpose, accident and incident logs, compliments and complaints files, team meeting minutes, staff supervision records and a training matrix. We reviewed the care plans of three people with varying care requirements. We reviewed four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed individualised client-specific training materials for complex clients, case studies and quality assurance records. We made contact with three additional care assistants who were unavailable to speak with us on the day of the inspection visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care they received from the service. One person said, 'I know the staff and I like the staff so I feel safe.'
- The provider had robust systems in place to safeguard people. In instances where issues were raised the provider followed an established process to investigate. Any outcomes identified were passed on to staff and were officially recorded.
- Staff undertook safeguarding training and were aware of how to identify and report any concerns. A staff member told us that the service tests staff knowledge of safeguarding twice yearly and added that they had reported a "false caller" who was attempting to scam a person to their local safeguarding authority.
- Advanced computer systems were in place to allow care staff to check in and out of care calls via their mobile phones and to access care plans and alerts regarding peoples' care. Managers and office staff received alerts if staff didn't check in as scheduled to ensure people were safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place as part of care planning, and were individual to a person's specific needs, such as management of medicines, falls prevention and skin integrity.
- Positive risk taking was documented in care plans to allow people to maximise choice and control over their lives.
- Changes in people's needs were updated into the computer system in the office and available for staff to review in "real time" on their mobile phones. Staff told us they could call into the office at any time to share updated information and this was inputted into the computer systems so it was immediately available.
- Where equipment was used, people were assessed by an Occupational Therapist and staff received training specific to the use of the equipment.
- Where a person had more advanced medical needs, a Registered Nurse employed by the service managed the tasks required personally or provided training and oversight to care staff.
- Risk assessments clearly reflected how people may react to certain stimuli, known triggers for behaviours that challenge and the actions staff should take to support people if they became distressed. Where relevant, this information was also built into client-specific training courses.

Staffing and recruitment

- The provider had a robust recruitment, selection, induction and training programme. Some new staff were specifically recruited for more complex and live-in care packages and for people with language and cultural requirements.
- Staff said they always had cover in instances where a member of staff was on scheduled or unscheduled

leave. People using the service said that when their regular care staff was not available the office always arranged for another care staff to attend their call.

- The provider's recruitment process ensured hired staff who shared the vision and values of the service. There were questions on the employment application that explored the applicant's life experiences, reasons for wanting to provide care and interests and hobbies along with other standard questions. This allowed the provider to better match staff with people following training.
- Systems were in place to ensure the safety of staff working remotely and would follow up with staff if they had not logged in at a person's home. If staff were not able to attend a call in a reasonable amount of time the office arranged for another care staff to attend.

Using medicines safely

- Medicines were administered safely with clear guidance identifying if staff or people were to take on the role of medicines administration. Each prescribed medicine requiring administration or a prompt was set up as a separate task for care staff to complete and was recorded on a MAR (Medicine Administration Record) maintained within the IT system.
- Any changes to medicines were reported to office staff and the care records updated immediately to ensure people received their medicines as prescribed. The next member of staff attending would have access to the updated information.
- Where medicines were not administered for any reason an alert was sent to the office to notify the management team of a missed dose. Managers investigated, ensured relevant information was obtained to ensure the person's safety, recorded their findings and made appropriate medical notifications as required.

Preventing and controlling infection

- Staff had received infection prevention and food hygiene training and were able to describe their roles in responsibilities in preventing the spread of infections.
- Staff told us they wore gloves and aprons when delivering care, and they had a plentiful supply of these to use.
- People told us that their care staff always left their home in a tidy and clean condition.

Learning lessons when things go wrong

- Where accidents and incidents occurred, these were analysed and learning took place to prevent it from happening again.
- When the service were made aware of an instance of missed medication during a visit, official notifications were made, the involved care staff was re-trained and additional spot checks by management were conducted to prevent reoccurrence.
- People told us the management team were quick to respond in cases where service fell short of expectations and in some cases opened incident enquiries without prompting from people or their families. A family member told us, "We are very happy with the service provided, if we do have a problem the office responds and will do something."
- The Registered Manager told us that on occasion the service had hired staff that didn't share the vision or values that were expected and in these cases the service worked with staff to reach an understanding of the expectations. In some instances the service and staff member parted ways by mutual agreement, resulting in improvements overall to recruitment and selection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Peoples preferences and voice were reflected throughout comprehensive initial assessments. Care plans were in place before their care package started and new staff were introduced to people before they supported a person on their own.
- When a care package began and at the time of reviews, the person's outcomes were captured on the service's computer systems. These outcomes were broken down into daily tasks to ensure that staff complete all care and support required to help people achieve their desired outcomes. Where tasks were partially completed or not completed, the office received an alert.
- The service employed the use of electronic records to ensure that peoples care needs could be updated immediately and accessed transparently. The management team, people using the service and their relatives all had access to these records, enabling them to review all care records in detail.

Staff support: induction, training, skills and experience

- People felt confident that the staff supporting them were suitable and well-trained. Staff felt they had received training relevant to their role and client-specific training where required.
- Staff inductions and skills reviews were well-documented. People and their relatives had access to care staff profiles through the computer system which included care staff training records.
- Staff told us "(There is) enough training, plus individual training on (people's) conditions, you feel that you know what people need, how they need things done and how and why they may respond the way they do." We saw several examples of client-specific training programmes developed by the service for people with complex needs.
- Staff told us they received regular competency checks and supervision meetings with the Registered Manager and Care Manager to identify any training needs they may have. Records we reviewed confirmed this.

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

- Where staff were required to support people with their meals we saw they were offered choice about what they would like to eat. Peoples food preferences were documented in their care plans, and staff prepared culturally appropriate meals where this need was identified.
- Where people had food allergies or required thickened fluids or special diets, these requirements were clearly noted in care plans.
- Care records we reviewed showed in great detail the food and drinks prepared, offered and amounts

consumed during each visit.

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

- When staff raised concerns over peoples deteriorating mental or physical condition we saw they had been referred to a GP, an Occupational Therapist or to mental health teams.
- When a need was identified by a local health authority for a home care service to assist with more complex care packages the service employed a Registered Nurse. This enabled the service to provide clinical support to people with health-related tasks in their homes and in some cases helped to minimise the need for hospital admission.
- Feedback from social care and health professionals working with the service told us the service was professional, contactable and willing to work collaboratively.

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

- Referrals to health professionals and family notifications were made by the service in a timely manner when there was any indication of a potential health concern relating to a person they cared for.
- We saw that there was clear guidance in the support people needed to maintain their oral hygiene, the level of support needed from staff, and that a dental appointment had been made for a person who was complaining of pain.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- Staff clearly understood the principles of the Mental Capacity Act, telling us "(it exists) to assist in decision making and best interests decisions (for people)".
- Care plans reflected that people should be offered choice. Staff tailored how they offered choice to each person's individual needs. We saw evidence to demonstrate this approach reduced anxiety for a person that used the service.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People were supported by well trained, empathetic and compassionate staff who knew them and their families well, this enabled interactions to have meaning and value. Feedback received from a family member included, "(care staff) is like a second mother to (person), (care staff) uses their initiative."
- Staff told us they had time during their care calls to interact with people in a meaningful way and were matched to work with people based upon their skills, experience and interests.
- People were supported by a core group of staff to enable consistent care and supportive relationships to be built. A person told us, "The staff are respectful and are brilliant. I have a good relationship (with staff)."
- Another person using the service told us, "the staff do well, they are kind and I feel they respect me."
- A person commented on an instance where they had to go to hospital due to a change in their medical condition and the care staff went with them. They said their care staff was a "good caregiver" and helped to reassure them when the ambulance came by explaining everything as it happened. The person also appreciated that the care staff talked to them about their personal interests and understood the conditions they had.

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

- People were involved in their care planning and received regular care reviews, where they were supported to express their views and preferences. People told us that they could make changes in their care by contacting the office or by requesting a change with their care staff.
- Staff told us that people are at the heart of all they do saying, "I encourage wellbeing in people and make them feel valued which gives them a better quality of life. It gives them something to look forward to".

Respecting and promoting people's privacy, dignity and independence

- People's care plans included information on how they wanted to receive their care in respect of preferred care staff gender and any cultural requirements.
- People were treated with dignity and respect. A family member said, "The staff are very nice people. I feel the staff treat (person) with dignity and respect as they care. The staff know how to work and fit in with us."
- People were encouraged to complete the parts of tasks they were able to complete and staff were on hand to help with more difficult parts. A person told us, "The staff helped me bake a cake, the staff followed my instructions, the right amount of flour, etc., as I called it out." This demonstrated staff promoted people's independence.

- People appreciated the kind nature of their staff. A person told us, "the morning staff is a lovely lady and very gentle and kind. It is the mornings that I have my personal care."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

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

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

- People using the service had a holistic and person-centred assessment of their needs which included thorough detail around their preferences, interests, histories, abilities and personal goals. People had a voice in how they wanted their care delivered and staff were able to understand their individual needs.
- Regular care reviews were carried out and we were shown evidence that managers monitored the care being provided to ensure it was delivered in a way that people had requested and with the specific person in focus. People were in control of the care delivered and could request changes at any time.
- People with specialist care needs had clinically-based care plans and a training course developed with input from the Registered Nurse employed by the service. Staff, people and their families attended these training sessions to enable everyone to understand the experience of that person. People and their families found this interactive training informative as all involved contributed. Staff told us that this training enabled them to understand people's conditions, how the conditions presented in the person and how best to respond to what they observed.
- The Registered Nurse supported the work of District Nursing and general care teams by providing routine checks and nursing care to people. The Registered Nurse also provided specialist support and carried out competency checks for care staff. The impact of having a nurse on staff has been in an overall reduction in people being admitted to hospital with conditions a Registered Nurse could manage in a home environment and offered the service the ability to provide a holistic care package to people with complex needs.

Meeting people's communication needs

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

- Staff demonstrated a clear understanding of the methods people used to communicate and supported and encouraged non-verbal communication.
- Where people needed alternative means of communication such as written word or in cases where people were hearing impaired, this information was built into support plans. Information on how family communicate with people was sought to maintain consistency.

- There was clear guidance about how people expressed themselves if they were unable to communicate verbally. Where disability limited a person's communication or understanding, the service worked with the person, relatives and staff to develop solutions. One client had a comfort item which helped to keep them calm when anxious and staff knew what non-verbal communication and behaviours should prompt use of the comfort item.
- People whose first language was one other than English were matched with staff with common language skills. This enabled people to have better communication with the staff supporting them.

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

- Staff supported people to maintain their significant relationships and interests. A person who had become reclusive following an illness was supported to attend sporting events, to resume meal planning, shopping and food preparation, and to plan trips to places of interest. This meant they had contact with people they knew in the wider community, and their confidence and independence increased.
- People were supported to pursue meaningful activities. One person commented that their care staff supported them to return to church services after a long period of absence. This person said the care staff, who has a different religious affiliation and cultural background recognised the importance of religion to the person and the impact to their wellbeing.
- The service had a computer-based system that was accessible to people and their family members to enable them to have oversight of the care being provided and to report any concerns. This had been particularly useful for people whose family lived a long distance from them and enabled them to stay informed and involved in their relative's care. People and families were encouraged to send comments, suggestions or requests for changes to the service at any time through the portal.
- Staff were praised for going out of their way to support people to participate in important events. A member of staff supported a person to attend their brother's funeral. A family member told us, "When (person) had to go to a family funeral his care staff volunteered to come on their day off to ensure (person) was ready. The staff said, "I will care for (person) like my own family." The staff had looked up how to tie a tie as this wasn't known to them. I can't ask for more than that."
- A person using the service was supported at Christmas to dress as Santa Claus, something they had expressed to their care staff they had always wished to do. The person was supported to attend a Christmas party attended by staff and their families in fancy dress as Santa Claus.

Improving care quality in response to complaints or concerns

- People told us they could approach the service with any issues or concerns in person, by telephone or via the computer portal and there would be an immediate response. One person told us they wanted their call time changed and one call to the office resolved the issue.
- We saw evidence of the service opening their own investigations where people were not satisfied with an aspect of their care. In one instance the service opened an internal investigation to ensure that a communication issue was fully documented and resolved between a person, their family and the service.
- Where concerns around people's care arose, staff were proactive in seeking solutions and making appropriate notifications. In one instance staff notified a family member and requested a GP review when a normally compliant person refused their medication. This resulted in a hospital admission due to the person's declining mental and physical health. In another case, a person with mouth pain was supported by staff to arrange an emergency dental appointment.
- A relative told us the service were responsive to concerns and told us, 'If I am not happy about anything I just phone the office. The staff are always polite and respectful.'

End of life care and support

- Peoples wishes regarding the end of their lives were sought and documented in their care records. End of life care was also discussed during reviews to ensure information held was in line with the current wishes of people and with respect to their cultural and spiritual needs.
- Although there was not currently anybody in receipt of end of life care, staff described the care previously offered to people at the end of their lives with care and compassion. One member of staff described an instance where they comforted a person at home as they died and how this experience was both reassuring for the person who was worried about leaving their family behind and was profoundly moving for the care staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People told us the Registered Manager of the service has created a culture that is forward-thinking, innovative and promotes both the wellbeing of people using the service and staff. People received and benefitted from person-centred care that was of a high standard.
- The Registered manager had a clear presence within the service and we were told by a member of the care team, "(manager) really looks after the staff, (the manager) is lovely." People told us they had access to the manager as they were available, had attended care planning reviews and audits of staff performance.
- The management team and staff had a clear shared vision for the future and were passionate about providing care to people that has meaning and value to them. The vision included making people's care plans as individual and person-centred as possible and making the information accessible to the person and their families.
- The service had hired a Registered Nurse to enable it to move forward in providing care for people with complex care needs. This promoted the further development of client-specific and clinical training to improve the skills of their workforce. People with complex needs were able to be cared for at home instead of a clinical setting.
- Staff told us that they had regular team meetings and these had value, opportunities to learn and staff were encouraged to share information. The team meeting agendas indicated both practical information and reflective topics were explored with staff and the meetings offered staff the chance to give feedback or share ideas.
- Staff felt proud to work for the service. A staff member who has been with the service for less than a year told us, "I have found everyone (at the service) to be caring and professional in their duties. Any problems that may arise are dealt with quickly, efficiently and effectively, with all due care and attention."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Registered Manager responded to complaints and incidents in an open and transparent way. The complaints records were thorough and included timely actions taken by the service.
- The culture of transparency extended to the entire organisation. Information about incidents and accidents was shared to enable learning. This included examples that were brought forward into team meetings to ensure understanding by all members of staff.

- The Registered Manager explained the need to employ staff that shared the vision and values of the service. Where the Registered Manager was unable to support and train members of staff to adhere to the expectations of the service they were not reluctant to end their employment through mutual agreement as a last resort.
- In cases where issues were identified but people didn't officially complain, the service had robust internal procedures to raise and document issues to ensure resolution. This demonstrated transparency and a willingness of the management team to scrutinise the service where required.

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

- Roles within the service were defined with a clear chain-of-command in place. The service employed several senior managers who were responsible for various operational teams. Staff were clear in their roles and responsibilities. Managers were in place in both operational and administrative parts of the service.
- The Registered Manager was clear on their responsibilities in respect of legal notifications and maintained professional links with other organisations to keep current on official guidance and legislation. People benefitted from the service keeping informed of new developments in guidance.
- The Registered manager had complete oversight of the service, carried out regular audits and acted promptly upon any identified issues.
- People participated in regular reviews of their care, any suggestions from these were incorporated and care plans were updated to reflect the changes.
- A Training and Service Delivery Manager was employed to develop bespoke training packages for people with complex care needs as well as general training and induction training for all staff. This Manager was also instrumental in organising educational opportunities for staff wishing to obtain further qualifications and for ensuring the service met all performance objectives.

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

- People were involved in their care and were encouraged to offer feedback. The compliments records and analysis of feedback allowed the management to see which aspects of people's care was going well and any areas for improvement. The feedback from people using the service indicated positive outcomes overall.
- People were being supported to access the community and links had been made with day centres, community-based activities and cultural events.
- Staff were encouraged to share in people's cultures, language and unique life experiences. A person said she was being supported to attend church services again by her carer after not being able to do so for many years and the importance of her religion to her wellbeing. This person also said the carer, who is of a different religious affiliation and speaks Arabic was teaching her how to say 'hello' and other phrases in her native language which the person enjoyed.

Continuous learning and improving care

- Staff were encouraged to improve their learning and skills. The service had a career pathway developed and encouraged staff to work towards promotion if they chose to do so. Cross-training was available for staff looking to move into another role within the organisation.
- The service was committed to continuous development and was offering advanced training to their care team. This included a level 2 or 3 apprenticeship scheme in Health and Social Care through a local college, in-house training courses and clinical input from the Registered Nurse employed by the service to complete the qualifications. The goal of this training was to increase the skill level of their workforce to create better outcomes for the people using the service.
- There were plans in place for further development of the service, particularly with the appointment of a

Registered Nurse, as this enabled more focussed work around hospital admission avoidance to be implemented. The service also considered the learning opportunities for staff with this appointment.

- Staff felt they received a high standard of training for their roles. A member of staff told us, "There are training courses if we are lacking experience in our fields, so we are always up to date and have confidence in our work. We make sure that our clients are safe and well looked after."

Working in partnership with others

- The management team worked effectively with stakeholders including people using the service and their families. The voice of the person remained at the forefront of the assessment and review process and they were consulted during all discussions regarding their care.

- The management team work closely with professional and community partners. Strong links had been established with local GPs, District Nurses, Occupational Therapists, Clinical Commissioners and Social Work teams in the area. Feedback received from professionals regarding the quality of the service was entirely positive.

- The service has branched out to support local initiatives including staff attendance at activities to support local allotments, participation in Age UK groups and activities, working with Operation Christmas which supports homeless services and Operation Christmas Child which helps to provide gifts for needy children. The service was involved in promoting the interests of a person using their services when the person's artwork was displayed in a local art gallery and also promoted the crafts produced by another person using the service which had allowed the person to fund the creation of new crafts.