

## InVent Health Limited

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### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 17 and 31 December 2015. We gave 48 hours' notice of the inspection to make sure the people we needed to speak with would be available.

We previously inspected the service on 20 May 2014. The service was meeting the requirements of the regulations at that time.

InVent Health Limited (Invent Health) provides specialist care and support to adults and children with very complex nursing needs, in their own home or the community.

Invent Health provide a service across London, the South of England, Essex, Suffolk, Norfolk and the West Midlands.

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.

In their attention to detail, the standard of care provided and their effective joint working with other services, Invent Health achieved good outcomes for the people who used their service. The levels of satisfaction from people who received care and those who supported them and also from commissioners of care were very high. The service was self-critical and identified areas themselves where improvements could be made. They invited and responded to feedback, including complaints and co-operated fully with statutory safeguarding bodies, making referrals themselves proactively.

Staff told us they felt supported. This was through a range of training that included quite complex areas of specialist care as well as supervision, team meetings and peer support from colleagues. They were offered formal and informal counselling and support in what could be very difficult situations, for example, when they provided care to young people who were terminally ill.

Staff were highly motivated and worked as a team. The management of the service was said to be approachable and was being enhanced to provide additional professional capability in key areas, for example training.

Above all, the feedback we received from the family carers of people who received support from Invent Health was overwhelmingly positive. "Special people" and "Can't fault them" were typical assessments. People confirmed that whenever they had raised any concerns at all about the provision of care, they had been listened to and action had been taken to address their concern. Those people who had the longest experience of Invent Health told us the service had significantly improved and developed in the past two years.

## 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.

People were protected from avoidable harm and risks to them were assessed and eliminated or managed.

People had confidence in the standard of nursing and care support they, or the person they were responsible for, received.

There was a robust and effective recruitment process which ensured often very vulnerable and dependent people were not put at risk from the employment of unsuitable staff.

### Is the service effective?

Good ●

The service was effective.

People were enabled to remain in their own homes where that was their wish as effective care and support was provided.

Nursing and care staff were provided with the training, skills and support they required. People who received care were very positive about the quality of staff that provided their support.

People who received support or those who were responsible for them were involved in decisions about their lives. The service sought innovative ways to build and maintain the independence of people with complex needs to the maximum possible extent.

### Is the service caring?

Good ●

The service was caring.

The registered manager and staff were all committed to provide care centred on meeting the needs of the person concerned and taking full account of their right to respect, compassion and dignity whilst receiving very complex and critical care and support.

People told us they felt at ease with the staff they came into contact with. In most cases there was a consistent staff team, who were familiar with and to the person who received support

and those family carers who were important to them.

People were supported with empathy and consideration where care was being provided at the end of a person's life, including where that person was a young child.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People who received care and those who commissioned care told us Invent Health recognised where people's needs had changed and took appropriate action, involving all the people and services necessary to ensure those changing needs were met.

People told us the service they experienced was flexible and responsive.

Local nurse and care managers knew the people who received care and support and worked with them and their families where applicable to ensure it reflected their wishes and took full account of their individual situation.

### **Is the service well-led?**

**Good** ●

The service was well led.

Commissioners of care and the families of people who received care and support were exceptionally positive about the leadership of the service and in particular of the registered manager.

The stated values of Invent Health, for example; 'Bringing compassion to complex care', were embedded in practice and were a reality not just an aspiration.

Quality of care was under continuous review. People who worked for Invent Health, commissioned or received care from them were asked for their views of the service provided and how it could be improved. Importantly, people who had raised any issues or concerns told us they had been acknowledged and addressed.

# InVent Health 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 was planned to check 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.'

This inspection took place on 17 and 31 December 2015. We gave 48 hours' notice of the inspection to make sure the people we needed to speak with would be available.

Before the inspection, we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

At the time of the inspection the provider had not been asked to complete a provider information return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had, since their previous inspection, put in place and kept up to date a very detailed "CQC Evidence Folder" aligned with the five CQC domains of safe, effective, caring, responsive and well-led. This included comprehensive information about the service, how it operated, how quality was monitored and staff and people who used the service were supported. During the inspection visits we were able to talk with the registered manager and the newly appointed training and development manager about their plans for the service going forward.

The inspection included two days talking to management staff and looking at key records in the service's office in High Wycombe, Buckinghamshire. A further two days in total were spent talking with or through electronic mail (e-mail) contact with 17 staff, eight relatives of people who received a care service from Invent Health and eight commissioners of care support from Invent Health.

The inspection was carried out by one inspector on each day, including all telephone and e-mail contact.

At the time of our inspection Invent Health provided support to 62 people, predominantly children up to 18 years of age. There were 250 care or nursing staff plus administrative and management staff.

We reviewed five care plans, three recent staff recruitment files and training records for three staff, including their induction records. We also looked at training and supervision overviews for all staff, minutes of staff meetings and medicines records held in the service.

# Is the service safe?

## Our findings

People who were responsible for commissioning care and support and the families of people who received care and support were unanimously positive about the safety of the very complex and specialist care provided by Invent Health. "Very satisfied", "No issues whatsoever with safety" and "We are confident (name of child) is safe with the carers and nurses" were comments from parents of young children who received support. Commissioners of care were equally positive; "Invent are proactive in their approach to maintaining safety, working effectively in partnership with families and key providers." One young adult who had received support had commented via e-mail; "I spend 24hrs a day under the care of my team, and I trust each and every one of them with my life."

People were protected from avoidable harm and abuse. We saw training records, including for staff induction, covered all aspects of safeguarding adults and children. When we spoke with staff about safeguarding vulnerable adults and children, they had a very clear understanding about what abuse was, how it may be recognised and what action to take in the event they saw or suspected it had occurred. Invent Health had a comprehensive safeguarding policy and clear procedures for reporting any issues appropriately. Invent Health had reported to CQC appropriately where any safeguarding referrals had been made or issues arisen. This included the one referred to below.

Invent Health provide support across a number of different statutory agency areas including London and the South, Essex, Norfolk and Suffolk. Each site where support is provided has a copy of the appropriate safeguarding flow chart and information relevant to the specific location. This means any local variations to process and procedure are readily available to staff and people who receive care.

One Local Authority Designated Officer (LADO) for a London Borough wrote; "I have had recent contact with Invent Health following a referral regarding a member of their staff providing care to a (name of London borough) resident. Invent Health followed the child protection procedures fully and indeed were the organisation which identified the concerns and the need to refer the matter to the LADO. They have co-operated fully with the investigation and have worked well within the multi-agency investigations. They have been honest, open and supportive of the process, which is currently ongoing and have attended all strategy meetings held. Indeed, I would consider them, based upon my experience in this matter, to be a safe service who take safeguarding seriously."

We looked at the risk assessment element in five care plans. We found Invent Health had carried out comprehensive, detailed risk assessments for each person. These had been regularly reviewed, in some cases on a daily or weekly basis where the care requirements were particularly changeable within short periods of time. We found that where support was offered to the same person but within different settings, individual risk assessments were in place for each setting. For example, where support was in a person's home, nursery school, other school settings, university and various social settings. One example of one off arrangements was when a nurse worked with a cruise company to undertake risk assessments on a cruise ship in order to facilitate the provision of support to an adult who used a ventilator so that they could go on a cruise. (Mechanical ventilation is a method to assist or replace spontaneous breathing. This may involve a

machine called a ventilator.)

Other people who had progressed through secondary education to university had a series of risk assessments in place, jointly with the universities concerned. These assessments included any risks to staff and others in the transport of the client with associated equipment, for example ventilators, suction machines and oxygen cylinders. What this meant in practice was that people were able, to the maximum extent possible, access mainstream services and facilities with people of their own age who do not have their complex needs.

Where Invent Health received Medicines & Healthcare Products Regulatory Agency alerts, these were reviewed and risk assessments updated by nurse/managers appropriately as required. We were informed about one occasion where Invent Health withdrew from a care package, due to assessed risks to their staff. This was done in a planned way in conjunction with the commissioning body. These examples showed people who received support and staff who provided support were protected through a robust and thorough system of risk assessments.

People's medicines were managed safely and no concerns were raised about medicines in our conversations with the families of people who received support. The medicines records we saw were subject to regular audit. There were systems in place to identify any errors and rectify them appropriately. We were told of developmental meetings which had taken place to introduce a system based alert which would highlight in real time if a medicines record had not been fully completed. Further recording would not be possible until this had been rectified. This showed Invent Health actively sought to maintain the safest possible support to people with their medicines.

Where people's care involved the use, for example of ventilators in conjunction with tracheostomies and intravenous procedures, the risks of infection were significant. (A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help you breathe. Intravenous means "within vein". Therapies administered intravenously are often included in the designation of specialty drugs. Intravenous infusions are commonly referred to as drips). As well as ensuring only qualified staff provided this support, Invent Health had a comprehensive infection control policy and procedure in place and staff confirmed to us that they had received appropriate infection control training which was regularly updated. This was also supported by the training records seen.

People told us there were sufficient staff to meet the specific needs of their family members. The staffing ratio of nursing and care staff to meet each individual's care needs were established during the initial assessment of care. Staff were then recruited or allocated to specific individuals. This provided adequate back-up to cover what were very intensive care requirements and provided consistency for the people concerned. This consistency was reported by people to be one of the major achievements of Invent Health in supporting them and their relative. Some staff told us they were under pressure at times, however they also said they felt supported and could raise any staffing issues with the management; "Who were very responsive and supportive." They told us some specific pay rates had been enhanced when staff were asked to cover shifts at short notice, which they welcomed.

One person told us that consistency of care provision had significantly improved over the past 18 months and was now very robust. "They are reliable, like family." Others noted they had "six different ones (care and nursing staff) and we know them all." Another person told us how three care workers cover evenings between them and two cover the afternoons. "Very good – no problem at all." One person told us that following some problems in the past with consistency, they had very frank and helpful meetings with Invent Health management which had led to a great improvement and there were now; "No problems."



We spoke with recently recruited staff and looked at staff recruitment records. These were comprehensive, included all the required checks and ensured people were suitable to support people safely. Where nurses were recruited, their current status with the Nursing and Midwifery Council was confirmed.

## Is the service effective?

### Our findings

People were exceptionally positive about the quality of care staff of all roles. "Can't fault them", "Absolutely no issues with their ability" and "They are very special people" were some comments by people who were family carers for those people Invent Health also supported.

A commissioner of care told us; "I am satisfied that Invent Health provide a safe and effective service. It is a nurse led service and provides training and supervision to a high standard. There have always been registered children's nurses involved in care packages."

A family carer told us how they had queried one member of staff's understanding of a particular form of epilepsy and how that impacted on other health issues. They told us the member of staff and their manager had been open and receptive to this information and had identified a specific course for the member of staff to attend. This had benefitted the staff member as it gave them new skills and understanding and had also enabled them to continue to provide care as requested by the family. The family member told us this had been a great success as the particular member of staff had always integrated well with the young person who received care and support.

When we spoke with both nursing and care staff at all levels, they confirmed a commitment on their part and that of Invent Health to training. We saw training records and spoke with the newly appointed training manager. They shared plans of how training was to be enhanced and extended across the organisation. Their appointment and the developmental plans underway demonstrated the commitment of Invent Health to ensure staff could develop their skill set and enhance the care experience of people they supported. This included, for example, training of an Invent Health epilepsy specialist nurse in order that they could provide and certificate training to other Invent Health staff, to enable them to administer a specific anti-epilepsy medicine.

We were provided with details of the formal induction process for all staff and the ongoing basic and bespoke training given to relevant staff. This ensured each individual package of care was delivered by staff who had the specific skills required in each case to meet the individual's needs appropriately and effectively. This included their nutritional needs. For example, tracheostomy and gastrostomy feeding dolls were available for all teams. This enhanced staff skills and meant emergency scenarios were able to be created without involving vulnerable service users. These dolls were also made available for family carers, to give them the skills and confidence they needed to provide care and support to their family member.

One member of staff told us they had suggested improvements in communication around the induction of new staff to existing care. They went on to say they felt Invent Health were a good organisation to work for and that their local clinical co-ordinator was; "Brilliant." The training manager told us they had reviewed and revised staff induction training taking account of feedback from staff.

Staff consistently told us they felt well-supported. This included regular team meetings, which we saw records of and informal meetings to discuss current work programmes and any issues arising from them,

again this was confirmed from the records we saw. "Within our roles we have monthly supervision with our managers to catch up on how things are within our packages and discuss any concerns. This has happened every month since working for the company."

Other staff confirmed that support was readily available at all times. "Really well-supported, talk to my manager almost daily" and "There is always support available at the end of a phone" were two people's comments. Another staff member, talking about the potential isolation of staff working in the community noted; "We have regular team meetings and supervisions which is very important for the support and advice that working in the community so often lacks." Another confirmed; "Management are very supportive when you need it and are always on the end of the phone, if not then they come out to the house where you work." One person told us; "Best company I have ever worked for" and another "I am learning so much from this company."

Staff training included consideration of the implications for them of the Mental Capacity Act 2005. 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.

Staff were able to discuss with us the significance and challenge of this in respect of those people who had reached adulthood having received support from their families since birth. They showed a clear understanding of the right of the individual to make decisions and to take risks for themselves and how to work with supportive family carers to ensure the wishes of the person concerned were recognised and acted upon where they clearly had capacity to do so. We saw care plan documentation included mental capacity assessments.

Although the majority of care and support was provided to people in their own homes, Invent Health had worked with external bodies to ensure the physical environment was suitable for the person concerned. This had required assessing and advising, for example, universities and other community based organisations, how the physical environment needed to be adapted to ensure people had safe access to the equipment and support vital to their health and well-being.

Commissioners of care, family members of people who received support and people who received support themselves were all very positive about the quality of communication between themselves and Invent Health. One commissioner noted; "A monthly report is provided to me as the commissioner, but the service will also contact me directly with any problems." Another commissioner noted; "The key worker sends the continuing healthcare team, who jointly fund the individual concerned, monthly updated care plans and e-mails myself (Case manager) with any concerns. They have also attended any eligibility reviews and acted as advocate in a fair and honest manner."

Frequent care plan reviews and reports from care and nursing staff provided evidence Invent Health were proactive in monitoring people's health. They worked closely and collaboratively with, for example GPs, dental and optician services to support people so they could receive appropriate care.

## Is the service caring?

### Our findings

Without exception everyone we spoke with were positive about the relationship they had with Invent Healthcare care, nursing and administrative staff. "Reliable", "... like family" and "Brilliant" were some family carers' assessment. Commissioners praised staff's compassion and competence; "Invent are considered a caring organisation who demonstrate understanding of children's and young people's individual aspirations and needs and that of their family.

Family carers and commissioners told us the level of information provided to them and their involvement in the care provided was good. One family carer told us that communication had significantly improved over the past 18 months. They felt they were now included fully in decisions and had advanced notice of any changes to care staff.

The majority of the young people who received care either had very limited communication or were non-verbal. Staff were employed and trained for specific care packages and part of their training for that package was the communication methods/skills they were required to be able to use. We were told the greatest fear of one young person was admission to hospital where no-one would be able to understand them. Where possible, we were told Invent Health would seek to support them in that eventuality. This would, however, depend upon the degree of co-operation between the hospital service and Invent Healthcare as well as available resources.

Care plans included evidence of people's involvement in the planning and delivery of their care. We were told about and saw evidence of, a number of meetings held with family carers, commissioners of care and Invent Health to discuss and make decisions about people's care and how it was to be provided. This showed people were involved appropriately and were given information and the opportunity to ask questions.

Staff told us how important it was to them to make sure they were focussed on the needs of the person concerned. This ensured the person and their family carers were fully involved in decisions about how those needs were to be met on a day to day basis. The 'bespoke' nature of the service, provided by a specifically recruited or selected staff team, meant it was possible to ensure people's diversity was recognised and fully informed care delivery.

Due to the significant health challenges faced by the predominantly young people who received care and support, Invent Health staff often provided care and support at the end of life.

One clinical co-ordinator for Invent Health had been supported on a six month day release secondment to develop the service's palliative care policies and procedures. The service also worked closely with local hospice services. This enabled staff from both services to co-ordinate effectively and have joint debrief/counselling sessions following deaths.

Wherever possible, Invent Health worked with families and other healthcare services to support families so that their child could die at home in familiar surroundings. We spoke with staff who confirmed counselling,

either group or individual was offered following the death of any child or during the provision of 'end of life care'.

None of the family carers, other healthcare professionals or commissioners of care expressed any concerns about confidentiality, privacy or dignity not being appropriately maintained.

Staff were able to describe how they provided care in different family settings or in the community to build independence. For example in a cruise, university, school or social setting.

## Is the service responsive?

### Our findings

People told us the service was responsive to their changing needs. People confirmed that they had ready access to the registered manager and senior managers within Invent Health locally. This enabled them to discuss short-term or short notice changes to care and support where necessary. The people we spoke with who had received support over a number of years said this was one part of the service's performance which had significantly improved over the past two years.

Commissioners of care were very supportive of Invent Health and shared with us their assessments of the service they provided. "In my professional opinion, Invent Health deliver a high quality service, which strongly focuses on the child and family. They have a 'can do' approach to care delivery which is essential to the supporting of bespoke needs of children and families. Invent consider care delivery that supports a child to reach their full potential and therefore deliver care across a variety of different environments so that children and young people can access activities alongside their peers". One Children's Complex Care Co-ordinator told us; "Invent Health have worked closely with me to meet the evolving needs of patients and their families. Employing an increasing number of paediatric nurses to manage and support these very complex health care packages."

Invent Health sought to facilitate discharge from hospital or avoid unnecessary admissions to hospital, of children and adults with complex, specialist health needs. To this end, teams of care and nursing staff were either recruited to or specifically allocated for each new package. The downside of this very individual approach was that care provision might be delayed whilst this was being achieved. To address this, Invent Health were actively working with a specialist residential clinical service to provide a step-down capacity which would facilitate discharge from an acute health service and allow the necessary preparations to be undertaken to expedite a move back to the person's home setting. This process would be jointly staffed by both services to build capacity and expertise.

Invent Health had developed innovative ways the ability to provide support to young adults, with complex needs, including for ventilation and other specialist equipment, within mainstream education and community settings. This included schools and universities and involved co-ordination and training for those settings and staff as well as day to day support from Invent Health staff. This meant social isolation had been reduced and helped the person concerned gain social networks and relationships which would otherwise not be available to them.

Care assessments were comprehensive and involved the person who received care or their families as appropriate. They were subject to a process of review which was in some cases almost daily and often weekly due to the complex and volatile nature of people's needs. "I receive comprehensive monthly reviews from Invent Health for each child, giving me detailed updates of the child's health, need, staffing and any staff training completed. All the packages are now managed by a paediatric nurse who offers 'hands on care' as well as clinical and management support to the carers. I meet every four to six weeks with them and with the (Registered) manager as well if required."

Where any level of concerns had been raised by the people we spoke with, they all confirmed Invent Health were open and responsive. Where family carers or commissioners of care told us about any issues they had with Invent Health, they said these had always been acknowledged and addressed.

We saw records of six complaints made within the previous 12 months. Each had been resolved within the timescale of Invent Health's complaints policy and procedure. Records and investigations were comprehensive and involved all interested parties, including commissioners of care and families. We saw records of meetings with staff at which complaints were the subject of reflective practice assessments. This ensured learning from complaints could then be taken into account in care planning and provision. This in turn, improved the experience of the people who received care and their families.

One example of the service developing new models and methods of support to young people with complex needs, followed what was described as a "challenging complaint". This concerned the ability of NHS trusts in all cases, to be what is called; "A place of safety." A "place a safety" is a location that has been identified where a child / adult can be taken- away from their "usual place of residence" where they can safely be cared for. This would usually be the local hospital, or could be a local respite centre. It would be used if there was a major emergency where it was not possible for whatever reason to maintain the care of a child at home.

Invent requires a "place of safety" to be identified in each case. Whilst children almost always have "open access" to a children's ward- where their notes are held and the staff know of the child. In some areas the local NHS Trust may not be equipped to deal with all the cases of young ventilated adults that require provision of an identified place of safety and/or the ambulance service may not have the skills to transfer them to hospital. This presents a challenge in highlighting a place where the person can be safely cared for in an emergency. In this particular case, Invent Health have offered help and support to the local acute NHS trust and have worked with the person concerned and their family so that the NHS Trust have the capacity to become a 'place of safety.'

## Is the service well-led?

### Our findings

People who were responsible for children and adults who received complex care and support from Invent Health were all positive about the current leadership of the service. Where they had experience over a period of some years, they assessed the service had continued to improve. "Things have certainly become more reliable and consistent over the past two years".

People acknowledged that where there had been any shortfalls these had been addressed and changes made to improve the reliability and robustness of the service provided. They confirmed that they were routinely asked for feedback on the quality of the service and that they felt able to question or comment about the service at any time, either with the individual carers or nurses, their managers or the senior management of the company, including the registered manager.

As well as a very comprehensive whole service audit, aligned with the CQC domains of Safe, Effective, Caring, Responsive and Well-Led we saw a series of quality audits developed for different purposes. These included a patient/family questionnaire, documentation audit questionnaire, human resources audit and employee audit. We saw there were action plans drawn up following each audit to identify areas for improvement. For example the management of training provision within the service had been enhanced. People who had experience of Invent Health over a number of years all thought the service was a 'listening' one which took account of comments and feedback in order to improve the service.

One NHS continuing care co-ordinator wrote; "My experience of working with Invent Health stretches over a period of approximately 10 years. I am responsible, as a commissioner of care for monitoring Invent Health's performance in line with NHS standard contracting...Invent Health are proactive in their approach to maintaining safety, working effectively in partnership with families and key providers. Where resolution is complex or difficult, Invent escalate appropriately to commissioners and work collaboratively to seek and achieve positive and acceptable outcomes for the child/family. Invent Health are seen as a progressive and innovative organisation.... This includes the delivery of personal health third party budgets and training of personal assistants employed as part of personal budgets".

The staffing structure of Invent Health had been enhanced over the past few years to provide more effective local team leadership. Staff at all levels were positive about the current structure and the leadership of the service from the registered manager downwards. The common refrain from all staff levels was that of good and effective teamwork, both in terms of support through training but also formal and informal leadership. One commissioner told us; "I believe that Invent Health have nurses working for them who have good clinical leadership skills."

The registered manager was very proactive in seeking feedback from staff at all levels and most importantly from those people who received care. There were a series of regional and whole team meetings, monthly, quarterly or more frequently as required.

The leadership team has been enhanced by the appointment of a business manager and training manager.



A leadership day had been held in September 2015 which all senior managers reviewed and developed Invent Health's strategic vision and purpose. This was then cascaded for discussion at all levels of Invent Health. A range of staff were consulted, for example, in the development of a new logo and brochure for existing and potential users of the service.

The registered manager talked us through the current progress with the development of a "cloud" record system within each package of care. This would enhance communication by making the sharing of information, checking and auditing of care reports and records easier and quicker. This will in turn benefit people who receive care as all records will be immediately available to all "on Call" nurses.

Partnership working with other health, social care and educational bodies was an increasingly significant part of Invent Health's work programme. The registered manager told us how a significant number of organisations providing community healthcare and support had sought advice and training from Invent Health. This recognised their expertise and specialist knowledge about providing care and support, in the community, for people with very complex healthcare needs. The fact that one young person had already been enabled to attend university and that another was about to do the same, was the result of intensive and time consuming planning and joint working between Invent Health and the institutions concerned. As the registered manager noted; "Invent Health fosters independence in people, we now have a second person looking to attend university. Providing 24 hour care, seven day a week for a ventilated person in a hall of residence is a huge challenge- but one we have proved we can do and so are ready and able to offer that challenge to another person."

The fact that Invent Health were being regularly asked to provide specialist training to other care providers in respect of people with very complex needs, showed Invent Health were proactive in seeking to work in partnership with other care providers which would, in turn, benefit those people with complex care needs who could, with the right support, continue to live in their home or non-institutional care setting.

The whole operation of Invent Health and its management and leadership was focussed on providing person-centred care. Each individual's care needs were assessed and resourced individually. Staff with specific skills were allocated to one care package and where there are not sufficient staff with the necessary, specific skills, existing staff are trained up or alternatively staff with those skills are specifically recruited to that care package.