Kent County Council

Kent Enablement at Home

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 18 May 2018 and was announced. Telephone calls were made to people that used the service on the 21 May 2018.

Kent Enablement at Home (KEaH) is part of the Social Care, Health and Wellbeing directorate of Kent County Council. It provides support at home for older people and adults with a physical disability. The service has been designed for people who need support to regain their independence after a medical or social crisis. The service provides time limited support to people in their own home, initially for a period of three weeks. The service supports people who have been discharged from hospital, or those referred who live in their own home. Support provided includes help with day to day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing. There were 60 people using the service at the time of our inspection, living in the areas of Swale, Sittingbourne, Sheerness, Canterbury, Herne Bay and Whitstable. People were funded through Kent County Council Social Services.

At our last inspection on the 15 and 18 April 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There was a registered manager employed at the service. The registered manager also the operations manager of the service and covers other registered locations, providing a similar service in other areas of Kent. 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's needs were assessed and care and support was planned to maintain people's safety, health and well-being. Risks were assessed by staff to protect people. People told us that staff discussed their care with them so that they could decide how it would be delivered. Care plans were kept reviewed and updated.

Staffing levels had been maintained to ensure there were enough staff available to meet people's physical, social and emotional needs. Staff were suitably trained, for example staff had the skills to protect people from abuse. Staff received regular supervisions so that they had the knowledge and skills to meet people's needs.

The service continued to have robust recruitment practices in place.

Staff continued to encourage people to undertake activities and supported them with their independence.

Safe medicines management processes were in place and followed by staff.

People continued to experience care that was kind, caring and personalised. People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate.

People had access to health care professionals to make sure they received appropriate care and treatment.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people.

The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

Audits continued to be effective and risks were monitored by the registered manager to keep people safe. There were systems in place to monitor incidents and accidents.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Kent Enablement at Home

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 announced inspection started at the provider's office in Sittingbourne on 18 May 2018 and an expert by experience carried out telephone calls to people that used the service on 21 May 2018. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We gave the service 48 hours' notice of the inspection visit because we needed the registered manager to be available to interview at the office. We also needed to gather information to confirm which people had consented to us telephoning them.

Before the inspection, we asked the provider to complete 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 looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We used this information to plan our inspection.

Nine people and three relatives told us about their experience of the service. Two people, eight staff and one community professional gave us their views via a feedback questionnaire. We spoke with 16 staff, including the registered manager, the operational support officer, one administration officer, one locality manager, two enablement supervisors and ten enablement support workers
We looked at records held by the provider and care records held in the office. This included seven people's care plans and the recruitment records of eight staff employed at the service and the staff training programme. We viewed a range of other documents including policies; medicines management; complaints and compliments; meetings minutes; health and safety assessments and quality audits.

Good

Is the service safe?

Our findings

People we spoke with told us they had confidence in the service and felt safe when staff were in their homes delivering care. People said, "I certainly do feel safe; they give me general help and it's all very satisfactory", "Yes most definitely (feel safe) when they do anything for me", "Yes I did feel safe; the staff were there to make sure I was returning to the habit of getting up, having a wash; they checked I was eating and drinking etc" and "The staff have asked me to demonstrate what I can do, washing, getting my breakfast etc and what they can do to assist me to keep managing when I'm on my own".

Relatives told us, "I think the staff are excellent; I couldn't fault them on safety", "I feel safe leaving my relative with the staff" and "I do think staff seem very good, very safe. They supervise and support and they're trying to make sure my relative can do what he can do safely".

One community professional gave us their views via a feedback questionnaire stating, 'Kent Enablement at Home promote the independence of clients and strive to enable them to complete tasks for themselves. They assess people's needs and consider a persons on going needs to ensure people remain independent in their own home'.

The service continued to provide safe care. Staff were aware of the signs and types of abuse and what would constitute poor practice and action to be taken to keep people safe. Staff had received training in safeguarding and had access to the provider's safeguarding and whistle blowing policy and the Kent and Medway safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager and locality organisers understood how to protect people by reporting concerns they had to the safeguarding department of the local authority and protecting people from harm.

The service continued to have robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have a criminal record or have been barred from working with children or vulnerable people. Interview records were maintained and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

Assessments of potential risks continued to be identified and monitored and actions taken to reduce or manage hazards. These were individual to each person and their environment and contained any steps staff needed to take to support the person in relation to the identified risk. Environmental risk assessments were very thorough, and included risks inside and outside the person's home. For example, inside the property highlighted, if there were any obstacles in rooms and if there were pets in the property. People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For

example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home. There was information about any mobility equipment the person needed to use, to help maintain their safety. For example, a walking frame. In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people. People were able to describe how the service had ensured that equipment was in place, specific to their needs, to help to keep them safe. People told us, "The service got a handrail fitted in our shower and an extra newel-post on the landing. They also sent somebody round to see about a stair lift", "They gave us a list of things (safety equipment) we could acquire through them and some are arriving this week; an extra walking frame that will fit our doorways better; bathroom equipment too" and "They got me two walkers and another for moving about the house with". Relatives told us, "We've been given a trolley and a walking frame; they've lifted the chair a bit, to make it safer for my relative to get in and out of, and they've put a seat in the shower. The service sorted it all" and "The service has just brought us a bed rail to help my relative get themselves up in bed. In the shower they've put a seat in. They've also brought us a special seat with rails for the toilet and that is so much better than having to move the commode in and out".

Staff continued to support people in the right numbers to be able to deliver care safely. We could see that people had been assessed for this. When necessary, two staff were allocated to carry out 'double handed calls'. Staff doing these calls we talked with told us they worked as teams of two and that this worked well. This was also documented in people's daily support notes. Staffing levels were provided in line with the support hours agreed. There were enough staff to cover all calls in accordance with people's needs. Staff where possible, were allocated to support people who lived near to their own locality as this reduced their travelling time, and minimised the chances of staff being late for visit times. An enablement supervisor told us that if there was a change in the staff calling, for example due to sickness, they informed people so that they would know. People told us they were informed of any changes.

Staff knew how to inform the office of any accidents or incidents. Guidance was given to staff about reporting incidents and accidents and this was backed up by a policy. Staff said they contacted the office and completed an incident form after dealing with the situation. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staff followed the provider's medicines policies. The majority of people were independent with their medicines. The service had procedures in place and provided training for staff so that if they were asked to take on the administration of medicines for people they could do this. Staff we talked with told us in detail how they supported people safely when dealing with medicines. People told us about appropriate care to support skin integrity. One person said, "They change the dressings on my legs and help with maintaining my skin; that's the main reason they come and they have been a great help since I came out of hospital". One relative said, "Staff do skin care; they are really keeping an eye on that".

People were protected from potential cross infection. The office premises we visited looked clean and staff received infection control training. Staff had access to personal protective equipment (PPE) when appropriate, such as disposable gloves and aprons. Everyone asked told us that staff used gloves and aprons when providing personal care. People said, "They always wear gloves and aprons when doing anything", "They (staff) wear plastic aprons and gloves; they take them away with them to dispose of them" and "They always wear gloves, especially when they are dealing with commodes. They use hand sanitiser instead of gloves for some jobs, as it is a lot easier for example, helping me with getting my stockings on.

The provider had policies about protecting people from the risk of service failure due to foreseeable

emergencies so that their care could continue. The provider had an out of hours on call system, which enabled any incidents affecting peoples care to be dealt with at any time. People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The locality organisers used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. For example, most people had someone else living with them who could make them drinks and prepare food or telephone for help in an emergency. This meant that the service could focus its resources into getting staff to the people most in need. All of the people would receive regular telephone calls from the team in the services offices to make sure they were okay. This protected people's continuity of care.

Good

Is the service effective?

Our findings

People said they felt staff had sufficient skills and knowledge to support them or their relative appropriately. People told us, "The staff are well-trained, obviously. Some were obviously very experienced and knew just what to say. I've got no complaint at all; they're really good", "Most definitely, yes staff know what they're doing. But because my relative knows a lot they will ask and check. Staff say "Am I doing this right?" and "What I like is the staff are all out of the same mould. They use the same regime, although all different personalities. I find it very reassuring as I like things to be done in the same way. I haven't seen any gaps in skills or knowledge. They all know what to do".

The service continued to provide effective care. New staff received induction training, which provided them with essential information about their duties and job roles. After the two week induction, new staff shadowed an experienced member of staff for one week. They were then observed whilst working with an experienced member of staff for one week, before carrying out calls to people on their own. Staff undertook regular refresher training in areas essential to their role such as health and safety, first aid, mental health and equality and diversity. Specialist training had also been undertaken to match people's needs such as diabetes.

The registered manager checked how staff were performing through an established programme of staff management meetings, team meetings and formal supervision. These were staff one to one meetings and an annual appraisal of staff's work performance. This was to provide opportunities for staff to discuss their performance, development and training needs. Staff were supported through individual supervision and records of staff supervision were seen in staff records. One member of staff said, "I really like the job. Management are approachable all very nice".

Staff understood the care they should be providing to individual people as they followed a detailed support programme (care plan). Relatives told us, "The staff are encouraging my relative to dress and undress bit by bit, and they really know how to do that, what to say etc", "The staff are all very efficient and they always ask if there is anything else they can help with before they go" and "The staff are very good. I can't fault them". Care plans were left at the home for staff to follow and staff confirmed to us that these were in place and kept up to date. Staff told us that they encouraged people to do as much as possible for themselves and worked on building confidence especially if, for example the person had had a recent fall. People told us that staff followed their care plan and we saw that this was checked by either the locality organisers or enablement supervisors, through regular spot checks. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care package. At this time people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the staff had regular checks, as this gave them confidence that staff were doing things properly. Spot checks were recorded and discussed, so that staff could learn from any mistakes, and receive encouragement and feedback about their work.

This service was not providing food and drink to most people. This was because there were others at home with them that took care of their needs around food and drink. However, where staff were helping people to

maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them. Staff told us how they did this in line with people's assessed needs. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink.

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 had received training in relation to protecting people's rights. This prepared them for any situation where they may think the Mental Capacity Act (MCA) 2005 needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected. People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes.

People's rights to consent to their care was respected by staff. People had choices in relation to their care. People told us, "Staff always offered or asked; they didn't impose anything at all", and "They always ask permission before doing anything. They say, 'Is it all right if I do such and such?" Care plans covered people's preferences about personal care and personal hygiene needs. The care plans made reference to promoting independence and helping to maintain people's current levels of self-care skills in this area. People or their representative had signed to agree their consent to the care being provided whenever possible. This meant that staff understood how to maintain people's individuality and respect choice.

Staff identified any concerns about people's health to the enablement supervisors, who then contacted their GP, community nurse, mental health team or other health professionals. The registered manager received a compliment about a member of staff who had identified a pressure area and informed the District Nurse. Each person had a short record of their medical history in their care plan, and details of their health needs. Records showed that staff worked closely with health professionals such as district nurses in regards to people's health needs. Occupational therapists and physiotherapists were contacted if there were concerns about the type of equipment in use, or if people needed a change of equipment due to changes in their mobility. One relative said, "The occupational therapist is coming on Wednesday. When the supervisor came she said she would sort it, and sort things for the shower with the OT. Everyone seems to be turning up as the service said".

Good

Is the service caring?

Our findings

People were positive about the support they received from staff. They said, "The staff are very nice and very respectful", "Staff are very caring and well-meaning. It's made my relative feel a whole heap better too, knowing I'm being looked after for a while", "The staff are friendly, respectful; I am most definitely treated with respect. They're not just people doing a job, they care", "Yes, they've been very good; very positive for both of us", and "The staff are really good with the dignity side of things, very sensitive. You do feel 'Oh my goodness, I'm stuck downstairs, using a commode', but they help you get over that. When they come they say 'How are you feeling? What sort of night have you had?' and I feel I can verbalise when I'm feeling not too good. They also listened to me when I asked them to reassure my relative that I was eating all right".

Relatives told us, "The staff attitude is spot-on. They don't rush you at all", and "Yes, the staff ask him about his dignity. 'Can we just do this?' etc".

Compliments received about the service and of staff included, 'Thank all KEaH staff for their support during enablement service. Daughter felt when client first returned home that on-going care would be needed. However with the support and encouragement given during enablement the person has become independent again to a good level with little family support', 'The staff were very good to her and gave her confidence to manage things on her own she could not praise the service enough', You have been wonderful thank you', 'To all your team a big thank you for your excellent care in helping me to recover', 'Thank you so much for all the support and advice you have given (the person) and me over the last few weeks. I think you have been exceptional', 'I would like to say a big thank you to the ladies who visited me each day I looked forward to seeing them and found them approachable and very helpful. It set the day up for me and I appreciated this very much', and 'Thank you to all the staff who have helped me during the last three and half weeks. The service KEaH provides is excellent and I am pleased to tell all those concerned that I am very grateful'.

The service continued to be caring. People let us know how important it was for them to progress to be as independent as possible and how staff supported this during the short time of support being provided. People told us that, according to their set goals, staff encouraged people to do things for themselves and also respected people's privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered. Staff understood that people's diversity was important and something that needed to be upheld and valued.They understood people's needs with regards to their mental health, religion, culture, and gender and supported them in a caring way.

Staff we spoke with were friendly and happy to provide care. All of the staff we spoke with displayed a caring attitude. We found that people were supported by caring staff that were sensitive in manner and approach to their needs. Staff described how they delivered friendly compassionate care. They told us how they made sure that people were comfortable and relaxed in their presence. Staff described how they made sure people had all they needed. They (staff) saw their roles as enablers for people. Staff told us about how they assisted and encouraged independence rather than just doing things for people.

People's privacy and right to confidentiality was respected. Staff had received training about how to value people as individuals and to treat everyone with dignity and respect. Staff ensured people's privacy whilst they supported them with personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Staff involved people in discussion about what they wanted to do and gave people time to think and make decisions. People told us that they experienced care from staff with the right attitude and caring nature. People felt that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening during care delivery.

The care people received was person centred and met their most up to date needs Information was given to people about how their care would be provided. People were sent terms and conditions that included information about, 'What type of support does KEaH provide', 'What is a support programme monitoring record book', 'How will I recognise an enablement support worker', and 'How will my support service be reviewed'. A 'For You', A guide to adult social care booklet was also sent with the letter of terms and conditions. This contained information in relation to who the person should contact if they wished to make a complaint. People were able to contact the office at any time; there was an out of hours system in place to deal with any issues of concern. People said that they did not have any concerns.

The service had reliable procedures in place to keep people informed of any changes. The registered manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. People were informed if care staff were delayed and would be late for a call, or if their regular carer was off sick, and which care staff would replace them.

People and their relatives told us they had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings, during staff spot checks, calling people by telephone to ask their views and sending people questionnaires.

Most people felt that the service had given good support in enabling them/their relative to regain independence and well-being. Where this wasn't the case, it was understood that this was in the nature of the person's condition, and most people understood that further support would be recommended in some way at the final assessment. One person told us, "My care has finished, but the service has organised someone to come along to assess how I can get out and how I can get into the shower in my wheelchair. I need a shower every day and can't get in at all at the moment".

Other people told us, "I'm more or less independent now. I cook my meals and manage a wash every other day, with a bit of help. All I can really say up to now (supported for only 3 days to date) is that it has given me the feeling that a start (to support) has been made.", "The idea was to make sure I was okay on my own again, and I am. They fulfilled what I needed from them. They tried to make suggestions for how I could overcome difficulties, which was their role as far as I was concerned", "What they've done is given me the confidence to move on. They make suggestions, for example try walking to the utility room for a wash, instead of at my chair. The carers support me on my crutches to get there. I do feel I'm progressing", " It is helping me and it has helped my relative enormously; given them reassurance because they know someone is coming, a relief for them and for other relatives. They're like co-workers, to get me back on my feet. We are partners", " t's a trial service I know and I am so much better at walking now. I'm feeling a lot better overall. The carers helped me to help myself. I was in such a state and things have gone so much better now", and "I had help getting dressed to begin with but I can manage more now and they just help when I can't; I'm not over-supported, if you know what I mean". Relatives told us, "It's been step by step: walking to the toilet, relative was walking using the frame but now they can go with assistance and without the walker; the staff watch for any problems with balance. My relative is very much making progress", and "My relative's progress

is very slow but I don't think there's a lot more they can do; they do everything that's possible".

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

People felt their needs were reviewed and kept up to date. People said, "A lady came out and went through reams of paperwork and talked it through; I understand this is about the support they're giving me, how it's going to work and all that", "Somebody senior came last week to ask how I was going on and went through the care plan again. Then I got a letter that I signed to say that I was happy to finish receiving support", "They asked what I wanted and the carers do everything it says in the plan. They listen to my relative because we know each quite well after a number of years together and they respect that", "I was assessed in person in the hospital; everything was explained and we were given a brochure. They assessed my needs in light of the type of house we live in" and "I'm expecting a reassessment any time and imagine the support will finish then, as I don't need it any more".

The service continued to be responsive. People's needs had been assessed gathering a range of information which was used to develop a care plan for staff to follow. One person said, "The supervising lady came and I got the clinic to email us their recommendations for my care, which the service used. I'm happy with the plan; from the outset they said they'd come every day if necessary but I chose to have three days per week, my decision. The plan also takes our dogs into account". Care plans were individualised and focused on areas of care people needed. For example, when people were cared for in bed their skin integrity needed monitoring to prevent pressure areas from developing. People who were receiving care to regain their independence after an injury or hospitalisation had specific care targeted to their recovery needs.

An enablement supervisor discussed the length and time of visits that people required, and this was recorded in their care plans. Each visit had clear details in place for exactly what staff should carry out at that visit. This might include care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks, turning people in bed or assisting with medicines. Staff were informed about the people they supported. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful as staff were constantly assisting new people for short periods of rehabilitation. Staff were able to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

People told us that they had a care plan folder in their home with information in it about their care. Records showed that people had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. We could see that care plan reviews had taken place as planned and that these had been recorded. People told us, "They've got tons of paperwork and staff signed it every day. I signed their phone to say they'd been", and "Communication is good, oh God yes. They seem to have some system; the staff have all got smart phones to book in, that we sign, on the phone itself. The staff write in the record every visit. Relatives told us, "They do their job and fill the reports in every time", and "I've got all the paperwork here; the staff write it all down, what they've done every time".

People were given information about how to make a complaint. There was a policy about dealing with

complaints that the staff and registered manager followed. This ensured that complaints were responded to. People told us they would have no hesitation in contacting the manager if they had any concerns, or would speak to their staff. The registered manager dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. People told us that they got good responses from the office staff if they contacted them to raise an issue. There were good systems in place to make sure that people's concerns were dealt with promptly before they became complaints. People told us, "If I needed to (raise a concern). I would; the numbers on the book. But I haven't had cause", "We have the phone number but we've no complaints; everything has been very good", and "No concerns but I did appreciate that when the assessor came she did say 'if you have a problem with anybody, you can change them.'" One relative told us, "I have no complaints whatsoever but we have the phone number here on the booklet if we need to get hold of someone".

There was regular contact between people using the service and the management team. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback. A complaints record had been kept, and this showed the issue of concern raised, together with the action taken to arrive at a satisfactory outcome.

Good

Is the service well-led?

Our findings

The service continued to be well-led. People said, "I feel the job they do is very good. As a service they've done very well", "I was able to cancel my lunchtime visit last week and I really appreciate the flexibility of the service. We both think the service is amazing", "The staff, I can't fault any of them. I would say the service is very good", "I was glad of the help at first and I would definitely have it again if I needed it, and "They seem very efficient and I'm happy so far. I'd say we've both been very happy". Relatives said, "I think it's a good service and I give all the carers 10/10", and "I'm very pleased with everything that been done".

The registered manager understood their roles and responsibilities and were open to working with us in a co-operative and transparent way. The provider and registered manager kept CQC informed of formal notifications and other changes.

Staff and people said they felt well-supported and that there were good lines of communication in the service. Staff meetings were held to keep staff updated with any changes in the service or people's needs and to raise any topics. The aims of the service were to treat people with dignity, privacy and safety. These values were understood and put into practice by the registered manager and staff team.

The enablement supervisors, who visited people using the service both at the outset and at the two week review period, would monitor the effectiveness of the service. This would be reviewed, with the person using the service, against the goals set. The delivery of support and assistance aims to enable the person to reach their agreed goals and aims. Staff and people using the service told us the aims set were realistic and obtainable. We saw an example, and people told us, that where it was clear a goal would not be reached, there would be discussions regarding the best actions to take. Staff were committed and passionate about delivering high quality, person centred care to people. We spoke with staff who were well supported and who had regular and effective communications with their managers.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. The service was notified when national policies were updated and changes were implemented accordingly and discussed at team meetings. All policies were updated twice yearly. All staff were required to sign and acknowledge the service's policies and procedures after each relevant training session. Policies were adapted to reflect the specific needs of the service and included procedures on confidentiality, moving and handling, medication, health and safety, infection control and a 'Quality Service Policy'. This meant the provider monitored the quality of the services provided against the legal requirements.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

People were invited to share their views about the service through quality assurance processes, which included phone calls from the registered manager, locality organisers and enablement supervisors. There was alsp a system for care reviews with the enablement supervisors and spot checks for the care staff who supported them. These spot checks monitored staff behaviours and ensured they displayed the values of the service.

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as person centred planning and accident and incidents. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe. The registered manager ensured that staff continued to receive consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service.