Essex Cares Limited

Essex Cares Mid

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?	Outstanding ☆

Summary of findings

Overall summary

This comprehensive inspection took place on the 9 and 10 of October 2017. We last inspected the service in October 2016, this was following the service being rated as Inadequate in March 2016 and being placed in special measures. In October 2016 we found that the service had made improvements and they achieved a rating of requires improvement without any breaches of the Health and Social Care Act, 2008; 2015.

During this inspection, we found that the provider had significantly improved the culture and the running of the service. Improvements to the service had been sustained and there were elements of the service that were outstanding and we found that the service was "Outstanding" in the Well-led domain. The provider had plans in place to ensure that they continuously learnt, improved, and evolved as a service and they were now providing a service based on core shared values that were visible at all levels of staffing. This meant that the provider had created a firm foundation to work towards providing outstanding services in all areas.

At the time of inspection Essex Cares Mid were providing short, six week care to 38 people in their own homes. This was a new contract and the service worked within local hospitals, and with the local authority to support people leaving hospital until a permanent care package could be found or people were able to manage independently without support.

A registered manager was in place. 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 receiving a service could be assured that they were receiving care provided by staff that had an excellent understanding of individual risks and needs. Staff were recruited safely and had undergone a values based assessment to ensure that their own values matched that of the organisation. Staff had an excellent understanding of safeguarding vulnerable people.

Staff were trained to safely manage medications and peoples complex physical and mental health needs. The registered manager and health care professionals provided care staff with the tools and information they needed to provide safe care.

The provider had revised and developed training for all staff according to the changes to people's physical and mental health needs. This ensured that care staff had the appropriate skills and knowledge to care for people effectively. People told us that staff had an excellent understanding of how to care for them.

Staff, managers, and the provider had very good understanding of the Mental Capacity Act, 2005. Clinical records evidenced that staff supported people's wishes and preferences and they supported and encouraged and respected them.

The registered manager had excellent links with other health professionals within hospital and social care settings, working together to source the best care options for people referred to the service. Staff had access to a physiotherapist and occupational therapist. They were on hand to offer advice and support regarding peoples changing physical needs and equipment needs.

People told us that staff were caring and considerate and treated them with compassion. Staff promoted person centred care at all levels of seniority to ensure the best outcomes for people. People told us that staff treated them in a respectful and dignified way at all times.

People were involved in all aspects of their care. Care plans and risk assessments were thorough and focused on people's individual goals, needs, and risks. The registered manager actively sought people's views of their care at regular intervals and where people had complained about the service, the manager had acted appropriately and respectfully to investigate and provide a meaningful resolution.

The service was outstandingly well led. The provider had retained overall oversight and responsibility for ensuring that they maintained improvements, and that the service continued to learn and improve. The Quality and Governance team had worked collaboratively with the registered manager to make significant improvements across the service. The service had been creative in making links with other health and social care professionals to ensure the best outcomes for people.

We found that the service was open and transparent and staff at all levels were friendly and approachable. Managers behaved as excellent role models for the service's values and supported staff to achieve the best possible outcomes for people in their care.

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.

Staff were recruited to work for the service safely and a thorough induction ensured that staff were able to provide safe care.

Staff had an excellent understanding of safeguarding vulnerable adults and the service reported all concerns appropriately and in a timely way.

The registered manager thoroughly investigated incidents and accidents, overseen by the quality and governance team to ensure lessons were learnt.

Medicines were managed safety and staff received regular training and supervision in practice to ensure they were safe to administer medicines.

Is the service effective?

Good

The service was effective.

Staff received an excellent range of training and development opportunities that changed depending on the needs of people using the service.

Staff received regular supervision and support to ensure that they could continue to carry out their duties effectively.

The service had developed excellent links to health and social care professionals and had employed a physiotherapist and occupational therapist to support staff to achieve the best possible health outcomes for people.

All levels of staff had an excellent understanding of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and considerate and

promoted their independence at all times with a dignified and respectful approach.

The registered manager made significant efforts to ensure that people and staff felt cared for by the organisation.

People were treated equally and their diversity respected and supported.

Is the service responsive?

Good

The service was responsive

People had allocated keyworkers who completed care plans and assessments with them and who regularly reviewed these.

Care plans and assessments were thorough and person centred focusing on individual goals.

The registered manager had various forums for collecting information from people about the service provided.

When staff identified errors, or investigated complaints, responses were thorough and the registered manager and service provider were open and transparent about lessons learnt.

Is the service well-led?

Outstanding

The service was outstandingly well led.

The registered manager and Quality and Governance team had worked tirelessly to overhaul systems and processes that had previously failed.

Managers and staff had made significant improvements in line with best practice guidance, including NICE guidance.

The provider had an excellent oversight of the service and was open, transparent, and supportive.

The chief executive for the organisation personally reviewed and signed letters of apology and duty of candour when errors had been identified.

People and all staff told us that the registered manager was approachable, encouraging, and supportive.

The registered manager acted as a safe, effective, caring, and responsive role model for junior staff.

Essex Cares Mid

Detailed findings

Background to this inspection

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

This inspection took place on the 9 and 10 of October 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The membership of the inspection team consisted of two inspectors from the Care Quality commission. Prior to the inspection, we reviewed a Provider information return (PIR). This is a document that providers are required to send to us, which details any risks at the service.

We spoke to various different members of the staff team. This included a physiotherapist, Occupation therapist, Quality and Governance lead, the registered manager, care planner, care assessor, and three members of care staff. We also spoke with four people currently using the service.

We also sought information from the local authority and local commissioning teams and other health professionals such as social workers and health visitors.

As part of the inspection we reviewed four care files for individuals receiving care, including communication records and responses. We also reviewed five staff recruitment folders to ensure that people had been recruited safely. We reviewed information in relation to accidents and incidents, lessons learnt, meetings and supervisions and the services auditing of the care provided.

Good

Is the service safe?

Our findings

The provider had changed the way they recruited staff into the service by introducing a values based assessment of potential staff, aimed at employing staff with shared core values. For example, they were asked to give examples when they had acted upon concerns for the safety of others in previous care roles.

All staff underwent safeguarding vulnerable adults training as part of a mandatory induction to the service. They also received regular safeguarding updates and demonstrated an excellent understanding about their responsibilities to identify and record suspected abuse. Staff knew how to report concerns. Staff told us they were confident that if they raised a safeguarding or whistle-blowing alert the management team would deal with their concerns promptly in order to keep people safe. Staff comments included, "This would be raised quickly internally then reported to the local authority, I recognised signs of neglect for someone in their own home; we raised this quickly and progressed it immediately to a joint review with the social worker."

The registered manager had sent us safeguarding referrals over a year period, a large number of which were identified by care staff about persons or situation's outside of the organisation, which posed a risk to people receiving care. This demonstrated that staff and managers were consistently and constantly working with people to protect them from risk of harm. The registered manager reported concerns, accidents, and incidents by the Quality and Governance team and the provider, which lead to positive communication and learning across the whole organisation. We saw evidence when this had been shared via team meetings, supervision and in emails to staff.

The provider had effective systems in place for assessing and managing risks. We looked at four peoples care records and saw that the service had completed risk assessments that included medicine management, moving and handling needs, and the home environment.

Trusted assessors carried out individual assessments with people that focused on their goals, any potential risks to achieving the goals, and how best staff could support people to gain the best outcomes. Trusted assessors are senior care workers who carry out the initial and ongoing needs of people requiring support from the service. Regular reviews of people's needs, including weekly multidisciplinary meetings meant that any additional risks to people were identified, and managed quickly. The provider took a positive approach to people's identified risks. This included identifying when people had the capacity to make unwise decisions as part of their human rights and working with them to identify potential support and record actions taken.

Staff logged accidents and incidents onto an electronic system called RADAR. This system alerted staff to any actions required to ensure all accidents and incidents were investigated appropriately, tracked responses and completion within agreed timescales.

All staff took ownership of reporting incidents and accidents to the registered manager due to the open, transparent and supportive relationship between the manager and care staff. Managers thoroughly investigated and reported to the Quality and Governance team, and actions were followed through, when

additional training or disciplinary procedures were identified as needed these were acted upon appropriately. There were clear processes in place that informed future care planning and service planning to mitigate potential reoccurrence. This included adding essential information to the CACI system, a handheld phone tablet for staff detailing people's needs and risks and whether additional precautions should be taken to safeguard people and staff.

The provider had previously failed in March 2016 to ensure that there were enough staff to manage the care needs of people receiving a service. Improvements had been made in October 2016, and at this inspection the provider was able to demonstrate that improvement's had been sustained. Staff had worked hard to ensure that the service provision only increased in line with the staffing resources in place. We were given plans and reports that identified that the provider had only increased care packages in line with this information and that they worked closely with the hospitals and local authority to ensure that this goal was maintained. There were clear systems across all levels of seniority to ensure that events that had led to previous poor service would continue to be mitigated in the future.

The registered manager told us that recruitment had been a problem in the area but they were continuously striving to recruit staff. During the inspection in March 2016 the service had been using large numbers of agency carers to provide care, and staff rota's that were planned by a central team were not done effectively. This had resulted in numerous complaints from people because of missed and late calls which the location had not always identified, and consequently had placed people at risk. In October 2016, we found that the planning of the rotas had returned to the location.

During this inspection the rotas remained at the location and the planners responsible for allocating care to staff had an excellent understanding of staff capacity and capabilities. This included journey times and most efficient routes for staff. The impact of this was that staff did not miss visits and that calls to people were rarely outside of their allocated time unless staff had been caught in traffic or were attending to an emergency.

In March 2016, we imposed a condition on the provider to send the commission weekly reports detailing missed and late calls. This condition had been removed in February 2017 however, the service continued to report the same information to the provider. We found that the service had eliminated all missed visits to people that resulted in them not receiving care and treatment. They had been able to do this through robust and thorough service planning and risk management.

Staff undertook regular medicines management training and updates, overseen and observed by trusted assessors. We saw that this training had been thorough and included observations of staff in practice. Medicine administration record sheets, (MARS) had previously caused concern due to inconsistency in recording and information provided to staff. During this inspection we found that the medicine management policy, MARS and training had undergone a complete overhaul. MARS was much clearer for staff to understand, and the registered manager had provided staff with additional information to identify the most common medicines and potential side effects. There were separate MARS for people requiring specific medicines such as topical creams. These were provided alongside body charts detailing where creams should be administrated.

Where possible, people were supported to take their medicines independently. Where this had been difficult because of physical difficulties, the trusted assessor liaised with healthcare professionals to obtain additional equipment designed to support people with disabilities to retain independence.

Written communications demonstrated that staff reported any concerns or changes in need to the office

which meant that people could receive timely support from GP's and district nurses.

The registered manager carried out medicine audits to ensure that people had received medicines as prescribed. They had identified that when errors occurred they were usually in recording. For example, topical cream applied but not signed for. When such incidents occurred the registered manager carried out appropriate investigations, ensured that the person was safe and that the staff member was supported to reflect on the error and given additional medicines management training and observation when needed.

Good

Is the service effective?

Our findings

Staff at the service were constantly striving to improve their knowledge and skills needed to care for people effectively. Induction processes were robust, and all staff completed required standards as set out by skills for health and the Care Certificate. This included working alongside experienced carers and trusted assessors to ensure they had learnt the required skills.

Staff told us that there were numerous training and development opportunities based on best practice. A health care professional newly employed by the service told us, "I have already been to a conference and we are making plans to disseminate the learning to the care team." Another told us, "The training is so good, and it makes me feel confident to care for people." One member of staff said. "I would never worry about asking for additional training, because they are all about that." Of induction staff told us, "It's really thorough, and left me feeling prepared."

The short-term support contract had only been introduced in July 2017; however, the service had been forward thinking and planned numerous additional training opportunities for care staff. The new training programme had been designed in recognition that people requiring the short intervention package would be discharged with complex needs from hospital and would need some rehabilitation. At the time of inspection, the majority of senior care staff working in the community had undergone the additional training modules and plans were in place to role this out to junior care staff.

Staff told us that they had received training to meet people's specific health needs such as catheter care, stoma care, stroke awareness and dementia training. The service organised any training that might be required to meet the needs of people that used the service. The service had recently carried out 'Prevent' training, a course designed to help staff recognise behaviours to prevent radicalisation.

Staff told us that the training provided was "second to none." Comments included, "Everyone enjoyed the virtual dementia tour"; "Training enables me to do my job well," and "Great training really supportive with my career development."

The registered manager carried out regular supervision with staff to identify their learning needs and potential skills that could be shared for the benefit of others learning. For example, one member of staff told us, "I have just created a 'My day' form which we will trial." They added, "It helps staff to find out the important things about people, like one lady likes her tea strong and in her favourite mug or otherwise she won't drink it." They would be supported to deliver this training, not only to improve their own development and skills but also for the benefit of others and the trial would be overseen by the Quality and Governance team to ensure that the information remained relevant and up to date. Other examples of shared learning included the registered manager identifying staff for excellent documentation of people's needs in people's daily care entries. They were then able to support other care staff to improve in this area.

Staff we spoke with had an excellent understanding of the Mental Capacity Act, 2005 and its principles and we saw that these were applied to all care provision. This was evidenced in people's feedback to the service

about how staff supported their decisions, offered choice at all times, and encouraged people to remain independent. Communication records and care plans clearly stated people's ability to make their own decisions about how staff should support them.

Staff explored issues of people making unwise choices and provided appropriate support. Plans were in place to escalate concerns so that capacity could be reassessed when needed. Information was recorded to support staff to know how to best support the person safely. This included if a person refused their medication, or chose to remain in bed all day.

Where people lacked capacity to make decisions about their day to day care, for example if capacity was fluctuating due to an infection, staff put in place additional measures to support people's goals. This included additional support visits for supervising medicines, or personal care. We saw evidence in care reviews that this had been successful in limiting a person's dependency on staff, supporting them to regain independence and control over their life.

People were supported with their nutritional and fluid needs if this was identified as a need or goal of care. One person wanted to be able to make their own meals again on leaving hospital but required some rehabilitation. Staff worked with the person to be able to achieve this by firstly beginning to lay things out for them, supporting when needed, to eventually the person being able to do this independently. When the person had a health set back, staff simply began again until they were able to complete nutritional tasks independently.

The service had developed seamless links with other health and social care providers. This had significantly reduced miscommunication and resulted in quick, effective responses to people's changing needs. This was in line with National Institute for Health and Care Excellence (NICE) 2015, "Transition between inpatient hospital settings and community or care home settings for adults with social care needs." Early discharge home ensured that that people did not have to make immediate decisions about long-term residential or nursing care.

The registered manager was able to demonstrate how they worked in an integrated and cooperative way with others involved within people's care journeys. This included placement team managers in each social work team for the locality, and in the local hospital who working together were able to identify people who would benefit from a short service but would otherwise not be suitable to return from home from hospital without support. This supported local hospitals to free up needed beds, but also ensured that the person receiving the care would benefit from a quicker recovery and return to independence in the community, minimising disruption to their everyday life.

People were closely monitored by these teams following discharge from hospital and the registered manager, team mangers, social workers and therapists took part in multidisciplinary meetings every week to determine people's progress and ongoing needs. Care records reflected the advice and guidance provided by external health and social care professionals. The aim of which is to help people achieve their goals, regain independence and when needed access more long term care provision.

Therapists at the service worked closely with Essex Equipment Services to ensure that they could keep up to date with changes and availability of equipment provisions. Care staff were able to contact the therapists for advice about obtaining complex equipment or advice in using equipment. In one case a complicated moving hoist was needed to support a person that would not usually be used. The occupational therapist was able to demonstrate to staff the correct use and was putting together a video and photo diagrams as a reminder for the care plan.

The care team also kept in regular contact with community nurses, GP's and Community Therapist's to keep updated about services available and joint working opportunities to support people. The registered manager told us they were in the process of expanding these links to local community and charity organisations to support people living in the community to access additional social support, for example if they were at risk of being lonely and isolated. They planned to ensure that trusted assessors could share this information with people during their regular reviews when these needs were identified.

Good

Is the service caring?

Our findings

Trusted assessors ensured that all care plans and risk assessments were person led and focused on how to support people to achieve their own personal goals. These may be to make their own lunch, or to access the community independently. People told us that this approach made them feel in control of their care. For example, "I like that I can set the goals, and that these can be moved depending on how I am and what I want and need."

Recorded entries in people's notes, and documented communication with the office staff demonstrated that staff genuinely cared about people and their loved ones wellbeing. In spite of the service offered being relatively short term, these care entries demonstrated that care staff knew the people they were caring for well. Examples demonstrated when staff had picked up on subtle changes in presentation, or were worried about someone's mental state.

Staff provided care that was person centred and meaningful to people. People told us, "I never feel rushed by staff," "No staff never rush me and if I need it they will stay a little longer," "I shall miss them when the service stops. They have been so wonderful." The registered manager had informed staff that due to people's changing needs, they had to be flexible with care times. These had been programmed in, but if staff needed additional time then they were encouraged to talk to the registered manager and office staff so that this could be reassessed. Calls could then be managed for others on their list. The registered manager told us, "It's important for people's recovery that they feel cared for and not rushed. This is central to what we do."

People told us that staff actively encouraged them to make choices and respected these. One said, "They are so good, they always ask me and give me choices;" another said, "They always respect what I want, I'm not made to do anything I am not happy with."

The registered manager worked hard to develop positive caring relationships with people and people told us that all staff were very approachable, caring and kind. For example, the registered manager and office based staff made regular telephone calls to people to ensure that staff were caring, respectful and protected their dignity and confidentially. These had previously been issues at the service. We saw the result of these calls and numerous examples of positive feedback from people. For example, "The carers are all so lovely and kind."

People told us that care staff protected their privacy, and dignity at all times. One person said, "They always cover me up when they are supporting me to wash, keeping me warm, and protecting my dignity." Another said, "Oh yes they do respect me and are so sensitive when they help with personal care." We saw that care plans considered people's preferences for male and female carers and this was taken into account when planning care rotas.

During previous inspections people had raised concerns that staff did not always respect others confidentiality. The service had taken this seriously and people were asked during regular calls whether staff

spoke about other people receiving care. Of all the responses reviewed, we saw that staff did ensure they respected people's confidentiality.

Staff had previously told at the inspection in March 2016 that they did not feel cared for or listen to by managers. On this inspection all the staff we spoke to told us how supported they felt and they knew that the organisation cared for them as well. For example, one said, "I love my job so much, they are all brilliant. When you feel cared for then you can do a good job of caring for others."

Good

Is the service responsive?

Our findings

Trusted assessors devised care plans that were holistic and person centred by undertaking a comprehensive assessment to determine what people wanted from the service, prior to and at regular intervals throughout the service. This focused on supporting recovery, stabilisation, and confidence building and ensuring agreed outcomes were achieved. Assessors undertook further reviews to ensure that the care provided continued to be relevant to that persons changing needs. These took place between seven to 10 days following commencement of care, and again at regular intervals. A full review was held at the end of the six-week period or sooner, if the people had recovered well enough to support themselves independently, or if it was identified that longer support might be required.

People were involved in the planning of their care through the assessment and care planning process and subsequent reviews of their care and support. Consequently, care plans were based on people's individual goals. We saw that care plans were signed by people to say they understood and were happy with the proposed plan of care.

The care plan had been designed specifically for this short-term service and included details of support required at each visit. Care plans detailed what the person was able to do independently and what they required support with from staff. We saw in one care plan the person wanted 'to make my own bed' and how staff would support them to achieve this goal. This included visits from the occupational therapist and the physiotherapist. This supported the person by assessing their ability and mobility, and where needed accessing equipment to support the person to achieve their goal.

Staff groups within the team worked closely together to ensure that care was responsive to people's needs. One member of staff told us how the teams physiotherapist and occupational therapist had supported care staff quickly, "I phoned the physiotherapist as a new type of standing hoist had been put in place for [name of person]. It was a completely different hoist. The OT came with me to assess its use and went through equipment and manual handling, showed me and other staff how to use the equipment and provided detailed instructions on how to use this hoist. This meant I could put this information straight onto the staffs' communication system [CACI]. I was able to print diagrams for the care plan as a reminder to staff and we also sent videos of how to use this particular hoist so they have something to refer to."

The provider managed care calls based on risk. This meant that they could not always ensure that people received visits from the same group of staff. However, the care coordinators knew people and staff very well and where possible strived to ensure that people received visits from the same care staff on a rolling basis. One person told us, "I usually get the same staff coming, but even when they are not the usual staff they generally come on time and are so knowledgeable and helpful." We reviewed satisfaction surveys and people had not raised staffing or continuity of staffing as being of concern.

The registered manager and office staff carried out regular calls to people about the care they received. This information also explored how individual care staff were performing, the results of which were shared with staff within supervision. Staff told us, "When I get this positive feedback, it makes me feel that I have done a

good job and that encourages me to continue to work well with people." People's feedback included "They really do support me to maintain my dignity and privacy," "Lovely ladies, I cannot fault them," [Staff name] is absolutely brilliant," and "They are all so kind and considerate."

The service had a complaints system in place which captured people's complaints and reflected the steps taken to resolve them. For example, we saw where a member of staff's attitude had been brought to the registered managers attention, they had met with the staff member and requested that additional direct observations were carried out. The registered manager wrote to people following investigations of complaints, under duty of candour requirements. Letters were caring, considerate and respectful. Apologetic when the service had been found to be at fault, and informative about what actions the service would take to reduce and mitigate the concern from reoccurring.

Outstanding ☆

Is the service well-led?

Our findings

The registered manager acted as an outstanding role model for staff working at the service and was constantly striving to involve staff and people receiving care in the development of the service. This had included innovative ways to involve all care staff and people to plan the service provided. For example, the service had introduced business cards for trusted assessors who acted as people's keyworkers. The business card contained contact numbers for the key worker. The registered manager told us that this had helped to strengthen relationships with people and their loved ones, and ensured that important information did not get missed and could be acted on quickly, for example a person's changing needs in mobility. People told us that these cards were "Brilliant," that "It means if I have a problem with [person's name] care, I can contact the keyworker without going round the houses."

Inventive ways were used to provide staff with top up training and information about the service. The registered manager told us that they used team meetings for pop quizzes on important subjects, such as the Mental Capacity Act. Staff told us, "It's a really good way to just keep a fresh knowledge. Sometimes you forget and having these examples just helps us do things right."

Staff told us the registered manager's door was always open and that they would be met with a caring and responsive approach, which made them feel valued at work. The registered managers championed outstanding outcomes for people and kept themselves regularly updated with various alerts about best practice and changes in regulation and regulatory news. For example, the registered manager had sent emails to staff following a review of CQC guidance asking them to consider "The mums test." This is about how we would want our loved ones and ourselves to be cared for. The registered manager had followed this up in team meetings. One member of staff said, "It was a thought provoking email. It made me think about the care I provided. I hadn't thought about it that way before and I think I am more conscious of what I am doing when supporting people now."

The service had innovative ways of communicating with staff to make sure they are informed of changes, know about best practice and can share views and information. Communicating effectively with staff had previously been a problem. However, the provider had now ensured that all staff had access to a private and secure email address, which they could access at home. This included accessing the provider's staff porthole. If staff were unable to attend meetings they were sent the minutes from meetings and invited to comment on actions that had been decided and make suggestions or raise any issues. They were able to access online training from home, for which they would get paid. The external access also gave staff information about additional and extra learning resources and activities that they could request to take part in. Staff told us that communication amongst the team was "excellent."

Manager engaged and encouraged staff at all levels of seniority to uphold the service values. Staff told us, "Company ethos is quality care and we get lots of compliments. It is a really positive place to work," and "I would not work for any other provider, we have a really good team and senior managers are all lovely, they are always helping us and giving advice. We can go to anyone."

There was an open and transparent culture at the service. This encouraged learning and growth amongst all staff employed. Team and individual staff achievements were celebrated and shared across the organisation. Staff at all levels told us that Essex Cares Mid was an inclusive and supportive organisation to work for. The open culture at the service and the importance placed on involving staff and people in the running and improvement of the service made staff feel valued. One staff member told us, "A lot of my ideas are taken on board, I suggested a handover to the on call staff, and now we are doing it."

The Quality and Governance team worked very closely with registered managers across all services of Essex cares. In addition to the registered manager having excellent systems for auditing the quality of the service, the quality and governance team provided thorough oversight of these processes. This information was fed into regular reports about the service, any risks to the service and gave objective feedback and recommendations for improvements ongoing at each location.

The Director of Quality and Governance chaired monthly quality improvement forums. The Governance team carried out their own announced and unannounced inspections of the quality of the service and took actions when actions were needed. The governance lead told us, "When we inspect we try to have an objective eye on what we find. I literally pick out every small thing. We want to constantly learn and improve." Inspections included a review of people's care, and speaking to people receiving a service to find out their views and where improvements could be made. The governance lead told us, "Although it was a difficult time for us last year, we have learnt so much from it. I really believe that we are a learning organisation and we want to continue to improve, evolve, and develop."

The provider had introduced a new registered manager audit to ensure that care plans and care were devised and recorded in a way that demonstrated person centred care, whilst acknowledging risk as how staff could mitigate these. As the type of service provided had recently changed, the manager made the decision to audit 50% of care records and plans to ensure quality of care was being provided. The providers own target was10% a month. The manager told us, "I felt that 10% wasn't enough whilst we are developing this new service. I like to keep track of what's happening and I identify areas for improvement quickly, because the people we care for deserve great care."

In preparation for the new service STSC (short-term support in the community), the provider had developed workshops for every member of staff, breaking workshops down to specific staff groups to acknowledge variances in role. These were designed to be role specific whilst including important generic information relating to people's expectation and experience of the service. These supported the staff team to work together to reach the same objectives and shared values.
Each workshop was opened by a Director and held by the regional area business manager. This demonstrated effective team work and active engagement in changes to the service across all staff groups. Staff we spoke to told us that all levels of management were approachable and friendly and they knew all senior managers by face and name.

The provider had reviewed the retention of staff, how to attract staff to the service and considered the difficulties that newly recruited staff faced. They introduced innovative ways to support staff entering into the organisation. For example, new starters were able to apply for a loan of up to £300 to help cover costs of petrol and any additional start costs. This was paid back in wages over a three month period. This forward planning and consideration for staff meant that staff did not have the additional anxiety of finding funds before they got their first month's wage.

The provider had introduced a new satisfaction survey. People who had consented to be surveyed were contacted within four weeks of the end of their support. Questions asked, reflected the service's values

around person centred care, promoting independence and quality care provision. Results from the beginning of the service to end of September 2017 that 57% of people surveyed were very satisfied [the highest rating] and the remaining 43% were satisfied with the service.

The provider retained excellent close relationships with the local authority and other professional and charitable groups within the community. Through effective communication and forward planning the provider had ensured that people were given the care they required without lengthy delays, producing excellent opportunities and outcomes for people and families wanting to regain their independence as much as they possibly could.

The inspection demonstrated that that the organisation was constantly learning and improving and people using the service could be confident that they would receive safe, effective, caring and responsive care.