

Live n Care Limited

Live N Care Ltd

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Live N Care is a domiciliary care and supported living service. The domiciliary care service provides care and support to people living in their own homes. The supported living service comprised of 4 houses which provide communal facilities, including a lounge, kitchen and bathroom, each person having their own bedroom. The houses have a dedicated bedroom for staff to sleep on site as part of the 24 hour care support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 9 people were receiving support with personal care.

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

A supportive and positive culture facilitated the development of new relationships for people, and the nurturing of existing relationships with family and friends. There was a positive approach to managing risk, which proactively encouraged and supported people to experience new opportunities and develop skills have new experiences, including voluntary and paid work. People were supported to pursue a wide range of interests and attend social events and activities they enjoyed, which included holidays. This had a positive impact on people's confidence and wellbeing.

People had autonomy and were fully involved in all decisions relating to their care. Staff supported people to maximise their independence, choice and control which was in part achieved by a commitment to proactively provide people with key information in a format they could understand. This included providing literature to enable people to make informed decisions about their care, including their lifestyle choices.

People's lifestyles and choices were impacted by the COVID-19 pandemic, which affected their well-being. The provider recognised this and sought innovative ways to support people. They published books which included photographs of people enjoying holidays and day trips and visits with family, to remind people of happier times. Competitions and activities were developed for people to take part in within the supported living settings, which included games to be played out of doors in the garden.

People were encouraged to regularly discuss and plan their care and support, enabling them to maximise their potential and challenge themselves to achieve and lead a rewarding and fulfilling life. People's support was tailored to meet their needs and aspirations, and their support was delivered to ensure flexibility, choice and continuity of care.

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

Right Care:

People were at the heart of the service and were respected and valued as individual and were empowered to be partners in their care. Staff were fully committed in promoting people's human rights, which included making available and sign posting people to sources of additional help and advice, which included external support groups and advocacy services.

People were supported by staff with the skills and experience to provide excellent quality care and support, which included training to enable them to provide tailored support to meet individual needs, and support them in their lifestyle choices.

Right Culture:

The ethos, values, attitude and behaviours of the management team and staff assured people received high quality and person centred care, which was achieved through an inclusive and empowering culture. This included people's involvement in the recruitment of staff and the seeking of their views about the quality of the service they received.

Professionals and family members were exceptionally positive about the management and leadership of the service, and their commitment to go above and beyond their expectations in the delivery of good quality outcomes for people. This culture was evident throughout the service and staff team.

Staff highly praised the commitment and ethos of the management team in their leadership and approach in achieving good outcomes for people and enhancing people's quality of life. Staff acknowledged the investment made by the provider in their ongoing development and training which enabled them to support people in line with recognised best practice and in line with people's individual needs, preferences and aspirations.

Governance of the service was well-embedded, with a strong commitment to monitor the performance of the service to bring about continued improvement.

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

Rating at last inspection

The last rating for this service was Outstanding (published 6 June 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Live N Care Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

The service is a domiciliary care agency. It provides care to people living in their own homes.

The service provides care and support to people living within 4 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 March 2023 and ended on 22 March 2023. We visited the location's office on

15 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 family members of people using the service about their experience of the care provided. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager and the care co-ordinator. We spoke with 2 senior care assistants and 1 care assistant by telephone.

We reviewed a range of records. This included 3 people's care records. We looked at 2 staff files in relation to recruitment and supervision. We looked at a variety of records relating to the management of the service including quality monitoring, minutes of staff meetings and staff training.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's safety was monitored and promoted. Staff had completed training in safeguarding procedures, and they knew what action to take to protect people from harm and abuse.
- The provider kept a record of any safeguarding concerns. The information included the nature of the concern, who had raised the concern, the outcome of the investigation and the actions taken to reduce further harm and prevent similar incidents.
- People were provided with information and had opportunities to raise safeguarding concerns. Safeguarding information in an easy read format was provided, and the topic of safeguarding was regularly discussed with staff encouraging people to raise any concerns. A staff member told us, people were asked in meetings, "Has anyone asked you to keep a secret?"
- Systems and processes were in place to support people with money management and to evidence their money was being managed safely. Information, including receipts, were shared with people's financial appointees or representative.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care. Potential risks were assessed and kept under review to promote people's independence and safety. This included supporting people with decisions regarding relationships and sexual safety. A family member told us, "[Person] has spoken at length with [named staff member] about contraception, sexual health and informed consent."
- A positive risk-taking approach supported people in the development of skills and independence, without putting unnecessary restrictions on them to keep them safe. People were supported by staff to consider any potential risks and how these could be mitigated. For example, a person having with them a 'keep safe card' which contained key information should they require assistance, when accessing public transport without the support of staff.
- Environmental risks linked to people's homes were considered as part of the assessment process. This included potential hazards linked to activities within the home. For example, the preparation and cooking of meals.
- People's safety was supported through an inclusive approach. People and staff had undertaken training from Northamptonshire Fire and Rescue Service in fire safety.

Staffing and recruitment

- Staff were recruited safely and in line with the provider's policy. Staff records included all required information, to evidence their suitability to work with vulnerable people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

- People formed part of the interview panel for prospective employees. A member of staff who had recently been recruited spoke positively about the inclusivity and importance of people being involved in staff recruitment. They told us, "It was awesome, I have never experienced having people who I potentially may support be involved. A brilliant idea, as I could ask questions of them. It is important that they know about us and know why we want to support them."

Using medicines safely

- Systems were in place to support people with their medicines. Staff who administered medicine undertook medicines training and their competency was regularly assessed.
- People were supported and encouraged to manage some or all aspects of their medicine where they had chosen to do, which included the ordering of prescriptions and taking their medicine independently.
- People's records provided information about the medicine they had been prescribed and what the medicine was for. There was clear guidance as to the use of medicine to be given as and when required. For example, to manage pain or anxiety.

Preventing and controlling infection

- Infection prevention and control measures promoted people's safety. Staff had received training in infection prevention measures and staff used personal protective equipment (PPE) where required to do so. For example, when providing people's personal care.
- People's needs around prevention and controlling infection including household management were considered as part of their assessment. Where support was required, people's care records detailed the support the person required and the role of staff.

Learning lessons when things go wrong

- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the Care Quality Commission and the local authority.
- Incidents were kept under review by the provider and action taken so similar incidents were not repeated. For example, a person was dropped off at an incorrect location by a taxi driver. This was discussed with the person and changes made to the role of staff in supporting them by ensuring the destination was made clear.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they commenced using the service to ensure their needs could be met. Assessments included consideration of protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs.
- Support plans showed that people, and their family members when appropriate, were involved in decisions about their care, which included daily routine preferences and work placements.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills, which included training to meet specific areas of care needs. For example, positive behaviour support, autism awareness, epilepsy, and cerebral palsy.
- Staff undertook awareness training for specific situations. For example, appropriate adult training which meant staff were able to support people who were considered to be vulnerable adults should they be required to attend a police station for interview or Court.
- Staff were supported to attain The Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's dietary needs were met. Care records provided information as to people's dietary needs and preferences. A family member told us, "[Person] is vegetarian and they support them with this and encourage healthy foods."
- Menus were discussed and agreed by people with the support of staff. Upon agreement of the menu a shopping list was devised with people's involvement to support them with their grocery shopping. This promoted people's independence. A staff member told us they encouraged healthy eating. For example, suggesting new potatoes instead of chips, and encouraging people to include vegetables with their meal planning.
- A staff member spoke passionately about a person they support who enjoys cooking. They told us, they had supported a person to make butternut squash and vegetable soup in the slow cooker. This meant staff understood the importance of supporting people to cook meals which they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to monitor their health and welfare. There was a pro-active approach to

promoting people's health and welfare. Staff discussed NHS advice and guidance leaflets, provided in easy read, to encourage and support people's knowledge and awareness of potential health related conditions such as prostate cancer, cervical screening, and contraception. A staff member told us staff would speak with people about health-related issues, and any signs and symptoms to look out for using the information leaflets.

- People were supported to make and attend health care appointments, which included hospital appointments, dentist, and GP appointments along with routine health screening, for example smear tests. The provider maintained a schedule of health checks and reviews and their outcomes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

We checked whether the service was working within the principles of the MCA.

- People's capacity was assessed and regularly reviewed in line with the MCA. People's records included information as to their capacity to make an informed decision about individual aspects of their care and treatment. MCA assessments provided clear evidence of people being given information in a format and style of their choosing, consistent with their communication support plans, to best support the assessment process.
- Best Interest meetings were held and the right people had been involved. This included independent advocates, family members and health care professionals. Processes were clearly documented.
- A family member told us they were involved in any key decisions regarding their family members health as they had LPA (lasting power of attorney) for health and welfare decisions. This ensured people's best interests were supported.

Is the service caring?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's equality and diversity was fully considered. Staff worked in partnership with people and those important to them. This enabled people to lead a fulfilling and rewarding life, and in support of their choices and decisions, which included the development of relationships with others.
- Staff encouraged people to explore sources of additional help and advice, enabling people to develop healthy relationships with others. This was possible due to the trust developed by people in the staff who supported them. A staff member said, "We use easy read leaflets to support our conversations with people so they can better understand. [person's name] is very interested in their health. We recently spoke about sexual health and using their library card they visited the library and selected books for further reading at home."
- Family members were exceptionally happy with the care provided, and spoke positively of the relationships with their relative, staff and them. A family member told us, "Staff are almost like a friend to [person], whilst being very professional, in a kind, fun and caring way." A second family member said, "All staff are committed to what they do and in the relationships they have with people. Nothing is too much trouble. Fantastic job, extremely happy, great carers."
- People received empathetic care and support from the management team and staff. A family member spoke of the significant support their relative had received following a traumatic event prior to their moving into the supported living setting. They told us, [Person] is a very settled young person now. Very outward going, loves music, and is a lovely round individual."
- The registered manager spoke of the impact on people's mental health where people were required to remain at home during the COVID-19 pandemic. In response, the provider sought ways to improve people's well-being. This included organising in-house competitions, for which prizes were awarded. In addition, hard back books were produced that contained photographs of people's involvement in events they had previously enjoyed. Staff had used these to distract people when there were upset and remind them of happier times and reassure them these would happen again.

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

- People were at the heart of all decisions regarding their care and support. Family members and professionals spoke of people's views being at the heart of the service, which included an annual review of people's needs attended by the person. A family member told us, "[Person] is quite adamant as to what they do and is able to share their choices."
- People received independent support, which had included advocacy services for specific decisions where people's views were not in accordance with others involved in their care.

- Information and literature were available to increase people's understanding of their rights, which included contact details for external agencies, and were available in an easy read format.
- A consistent team of staff supported people. Staff in some instances had worked for the service for several years and had developed positive and trusting relationships with people and those important to them. A family member said, "The staff team are stable which helps [person's] stability, which is key, as they are autistic."

Respecting and promoting people's privacy, dignity and independence

- Respecting and encouraging people's independence was central to the vision and values of the service and was linked to people's aspirations and goals. There were many examples of people's increased independence. A family member told us, "[Person] can now catch a bus without support and book a taxi. Staff have supported them to use their mobile phone without support, and now they go out independently in their electric wheelchair."
- People were supported to join support groups of interest to them. For example, a person sought information about dietary needs for coeliac disease, whilst another person was a member of SCOPE, and received information and advice, which had included employment news and friendships groups.
- People's success and achievements were celebrated. Family members spoke of the impact the service had on their relatives. A family member said, "The biggest impact has been [persons] independence, ability to make decisions, including getting drunk, going to nightclubs all enabled by staff, who go the extra mile."
- Staff shared information as to people's achievements. A staff member said, "[Person] now contributes to preparing a packed lunch, for example they will now grate the cheese for their sandwiches."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Outstanding. The rating for this key question has remained Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People benefited from the commitment of the provider and staff who proactively facilitated the development and maintaining of valued relationships. For example, a person had shared with staff their wish to reconnect with family members they had last contact with many years ago. Staff working with the person established contact which involved working with other agencies and culminated in the person going on holiday with family members they had lost contact with.
- People continued to enjoy a variety of activities and experiences which significantly improved their quality of life and were supportive of protected characteristics. These tailored activities meant people were able to lead fulfilling and active lives respecting their individuality. A family member said, "My [relative] visited Thailand in the New Year, they love going to beach parties supported by staff." A second family member told us, "My [relative] loves going to the gym, singing at karaoke events and visits to the theatre, they recently went to see Matilda in London."
- The provider went out of their way to enable and actively support relationships which were important to people. This included emotional support and practical support such as subsidising travel and accommodation costs to enable people to spend time together, which included providing suitable accommodation and accompanying people to visit with family members who lived overseas. A family member told us, "My [relative] has a boyfriend, and the registered manager has supported them to spend time with each other, which has included overnight visits away from their home." The relative explained the positive impact on their relative of have their views and wishes respected and acted upon.

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

- People's support continued to be extremely personalised and responsive, staff were committed to enabling people to maximise their potential and achieve the best possible outcomes for themselves. Staff worked in partnership with people to achieve this. People met with their keyworker regularly to talk about their ideas and aspirations and to make plans as to how these could be achieved.
- People had autonomy and were fully involved in the development of their individual goals enabling them to strive towards greater independence and their aspirations, so as to lead a fulfilling and rewarding life. For example, by supporting people to write a Curriculum Vitae (CV) which had resulted in some people having paid work. A family member told us, "My [relative] enjoys attending 'Team Work', it's a supportive workplace environment where people's ability to contribute are recognised, and has had the additional benefit of them being able to make new friends."
- Staff had an exceptional understanding of people's social and cultural diversity, values and beliefs and

were innovative in suggesting additional ideas to accommodate this. For example, a person was supported to undertake voluntary litter picking, whilst another person was supported to pursue their commitment to raise money for charity through baking.

- Family members spoke of the voluntary work their relatives undertook. A family member said, "[Relative] has volunteered at a number of locations, including a beauty parlour, answering the phone, and booking appointments. A second family member said, "Our [relative] volunteers at a stable looking after the horses and loves the riding lessons." Staff explained how these activities gave people a sense of purpose, recognition and satisfaction and were reflective of the providers vision and values.
- Staff spoke of the enjoyment people had in maintaining their own garden, mowing the lawns, buying plants from the garden centre, and the plan to grow vegetables. A staff member had recently secured an allotment garden, which would provide further opportunities for people to grow produce and be part of the wider community within the allotments. A staff member spoke of the paid work of 'coppicing' (method of woodland management) a person they supported undertook 2 days a week and how this had enabled the person to learn new skills whilst also enhancing their self esteem and confidence.
- The provider kept under review a record of people's ideas and wishes and the progress of achieving these, regardless of the extent or magnitude. For example, a person had indicated a wish to visit Amsterdam and records showed the support needed by staff to support the person in saving money to fund their trip. A further example was person wishing to have paella or risotto on the menu, which had been actioned. This showed that people were supported to fulfil their longer term aspirations and dreams as well as their day to day wishes being respected.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were comprehensively reflected within their support plan and were central to the success of positive behaviour support, as well as verbal communication to identify potential indicators of anxiety or distress. For example, a person used pictorial images to indicate how they were feeling and this had helped staff understand the person and how to support them in the way they wished to be supported.
- The provider went above and beyond in providing easy read and accessible information in all areas and topics. This supported people's understanding and awareness so they could make informed decisions about all aspects of their lives. This included literature to support health related issues, information as to the provider's responsibility in meeting their legal obligations, and information to promote their safety.
- The provider accessed supportive literature from external sources to support people in their decision making. For example, literature developed to support people in making decisions with electoral voting to ensure people could exercise their right to vote.

Improving care quality in response to complaints or concerns

- Systems and processes were in place supported by a complaints policy, provided in easy read to support people's understanding. People were proactively encouraged within individual and group meetings to raise concerns.
- Relatives we spoke with had raised minor concerns, which they said had been dealt with effectively and quickly. They told us the provider was proactive in responding and took all feedback seriously. A relative told

us, "Any concerns are dealt with professionally and quickly".

End of life care and support

- At the time of our visit, no one was receiving end of life care.
- The provider had an end of life policy which focused on ensuring people would be consulted, empowered and listened to at the end of their life, and this was reviewed regularly to ensure it remained relevant and appropriate.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Outstanding. The rating for this key question has remained Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider and staff put people at the heart of the service and demonstrated their commitment to providing meaningful, person-centred, high-quality care, through their approach and inclusivity by ensuring people have the opportunity to discuss and plan their attainment of their goals and aspirations. A family member told us, "I can only praise Live N Care. I would recommend the service to anyone with a son or daughter with disabilities, as what they have done for my [relative] is amazing." Another family member told us why they chose Live N Care. They said, "We looked at a number of services. Live N Care was more humanistic and centred on the person. They've met and exceeded my expectations."
- Family members overwhelmingly and consistently spoke of the positive impact the service had on their relatives, in developing both their confidence and independence. A family member said, "We visited our [relative] after only a few weeks of moving into their new home. I could not believe the change, grown in confidence, getting on with their housemates. They now interact with others; they're now asking people questions. I cannot praise Live N Care enough."
- Staff spoke passionately about the commitment of the provider in achieving good outcomes for people, and of their proactive leadership, which enabled staff to fulfil their role and maximise people's potential. A staff member told us, "The [provider] has so much passion, it's more like an extended family for them. Very keen on promoting people's independence, and on the ball to any opportunities for development. I can't sing the praises of the provider and registered manager enough or the company. I'm so happy in my role and job. It's a first for me, having a management team who are approachable, understand and very kind."
- The provider was entirely committed to ensure people knew what good quality care looked like, which meant there were no limitations as to what people could do or achieve. A 'fundamental standards booklet' produced in easy read provided information as to what people should expect from the service.

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

- Exceptional governance continued to drive improvement through robust monitoring of all aspects of service delivery and linked to people's aspirations and goals. The registered manager monitored the implementation of people's ideas, goals and aspirations to ensure these were acted upon and improved the quality of people's lives.
- Information for staff in relation to their responsibilities and accountability was comprehensively discussed and recorded within staff meetings and their minutes. Meetings were used to provide feedback on audits reflecting all aspects of the service.

- Staff meeting minutes incorporated details of external resources and organisations, providing additional information as to support services and reading material for people and staff. For example, links to self-help organisations, including help lines supporting people with mental health and well-being.
- Quality monitoring of staff through supervision and assessment of their competence enabled the provider to monitor the quality of the service being provided by staff and its impact on people's care. A staff member told us, "We have regular supervisions, discussing managerial approaches and support. We discuss health and safety, safeguarding and talk through people's needs and exchange ideas."

Continuous learning and improving care

- The provider had introduced an electronic system which held records about all aspects of people's care. The system enabled the registered manager to have oversight of the care and support being provided as information was continually being updated by staff throughout the day.
- The provider's commitment to achieving good quality outcomes for people extended to providing financial support by paying for driving lessons for some staff, to enable staff to support people to access services, including work and social activities.
- Staff spoke of the provider's investment in their development and the positive impact it had on them and the people they support. A staff member told us, "I've been supported to undertake train the training for safe moving and handling, this has had a positive impact as it meant I am able to train staff, which is important as 2 people I support are supported via a hoist. I've also been supported to complete a vocational qualification at level 3, it's really helped me grow in confidence."
- The provider consulted with a range of external organisations which enabled them to keep up to date with good practice and gather information. The information the organisations provided was shared with people, for example, the provider accessed the MIND (mental health charity) website to identify local resources to support people with their mental health. As a result a person now regularly visits a local CRISIS café, operated by MIND, for support when they note a decline in their well-being.

Working in partnership with others

- The registered manager recognised the value of working collaboratively with other agencies to achieve good outcomes for people.
- Professionals involved in people's care were highly complementary of the commitment of the provider and registered manager. A professional stated "I believe that Live N Care offer an excellent level of care and support. The nominated individual and registered manager work tirelessly, doing their utmost to support the people in their care. Over the years I have worked with them many times, often with young people who have complex challenging needs, Live N Care have gone above and beyond their duty to support the individuals to progress. Any advice given is acted on with regular communication to ensure any plan of care is carried out effectively. I cannot praise this provider highly enough."

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

- The vision and values of Live N Care were embedded into the culture of the service, which facilitated people's active involvement in the development of the support and care they received.
- Strong links with the community meant people were an active part of their community. This included some people's involvement with charity and voluntary work.
- People's views and that of family members, advocates, professionals, and staff were regularly sought through surveys. The outcome of surveys were analysed, discussed, and used to develop the service and referred to in staff meetings and linked to the monitoring of people's ideas, aspirations, and goals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements. They knew when concerns had been identified, notifications should be sent to the CQC as required by law.