

Essex Cares Limited

Essex Cares Mid

Inspection report

Chelmsford Resource Centre
Ravensbourne Drive
Chelmsford
CM1 2SL

Tel: 03330135438
Website: www.essexcares.org

Date of inspection visit:
11 October 2023
16 October 2023
07 November 2023

Date of publication:
19 December 2023

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

About the service

Essex Cares Mid is a domiciliary care service providing the regulated activity of personal care. The service provides reablement support and short-term assessment to people living in their own houses, flats and within specialist housing schemes for up to 6 weeks. At the time of our inspection there were 83 people using the service.

Each person who used the service received the regulated activity of 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.

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

Some staff did not feel valued and supported by the provider and registered manager. Staff did not always feel communication with their internal managers was effective and supportive. Suitable arrangements were in place to assess and monitor the quality of the service provided. Overall, there was a positive culture within the service that was person-centred, open, and inclusive. People received a good quality service that was flexible and responsive to their needs, promoting their independence and ensuring the reablement package of support met their goals and aspirations. People's and others view about the quality of the service provided was sought and acted upon.

People told us they were safe and had no concerns about their safety. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the needs of the people using the service. People received their medicines as prescribed and in a safe way. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the provider's arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements when things go wrong.

Suitable arrangements were in place to ensure staff were trained and newly appointed staff received a robust induction. People were supported with their dietary requirement needs. The service ensured they worked collaboratively with others and people were supported to access healthcare services where needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with care, kindness, dignity, and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. Support plans were in place to reflect how people would like to receive their reablement care and support. Information about how to make a complaint was available and people's representatives told us they were confident to raise issues

or concerns.

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

Rating at last inspection

The last rating for this service was Good [Published December 2017].

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Essex Cares Mid

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 completed by 1 inspector and 2 Experts 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.

Service and service type

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

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 manager in post. The manager had submitted an application to be registered with the Care Quality Commission and was scheduled to have their 'Fit Person' interview with us. This was completed and the manager was formally registered with us on 23 October 2023.

Notice of inspection

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

Inspection activity started on 11 October 2023 and ended on 7 November 2023. We visited the location's office on 11 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the nominated individual, manager and a member of the providers quality and corporate assurance team. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 8 people's care files and 4 staff personnel files. We looked at the provider's arrangements for managing risk, medicines management, staff training, induction, and supervision data. We also looked at the service's quality assurance arrangements.

Following the inspection, the Experts by Experience spoke with 9 people who use the service and 8 people's relatives about their experience of the care provided. We spoke with 6 members of staff about their employment and what it is like to be employed by Essex Cares Limited.

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

- Effective safeguarding arrangements were in place to keep people safe. People using the service and relatives told us they had no concerns about their safety or their family member's safety. Comments included, "[Family member] is safe with them as they have got to know all the staff. They understand what [family member's] needs are", "[Family member] is very safe as they [staff] are very good at checking and double checking their medicines" and, "I feel very safe with the carers, and they follow my care plan."
- A consistent and robust approach to managing safeguarding concerns was in place and demonstrated safeguarding concerns raised were addressed in an open and impartial manner. Discussions held with the provider and manager demonstrated they fully understood their roles and responsibility to safeguard people and to keep them safe.
- Staff confirmed they had received safeguarding training. Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.

Assessing risk, safety monitoring and management

- There was a positive risk-taking approach that empowered and enabled people to meet and achieve their goals. Dedicated trusted assessors carried out risk assessments with individual people to establish their short and long-term goals and how they could be supported to safely meet these. The service's dedicated physiotherapist, occupational therapist and therapy assistants worked alongside the trusted assessors to ensure the correct aids and equipment were in place and exercise programmes were specific and safe to support people's mobility and their recovery.
- Risks to people's health and wellbeing had been assessed and each person had personalised risk assessments, which identified the risks they could be exposed to, and the support needed to minimise these and to ensure their safety. The risks primarily related to people's moving and handling needs, environmental dangers and medicines management. Risk assessments had been reviewed regularly and discussed in weekly multidisciplinary meetings to identify when people's needs changed.
- There was an on-call system to ensure people and staff had 24-hour access to assistance in the event of an unexpected emergency.

Staffing and recruitment

- Staff confirmed they received their roster in advance and there were enough of them to keep people safe. Suitable arrangements were in place to monitor staffing levels, including shifts that were unallocated due to staff annual leave, sickness, or unexpected circumstances. This ensured there were sufficient staff available

to meet people's care and support needs at all times. On-call arrangements were effective, offering support and advice to staff where problematic circumstances were encountered.

- Recruitment records showed thorough recruitment procedures were in place to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included processing applications, the obtaining of references, ensuring that the applicant provided proof of their identity, conducting employment interviews, and undertaking a criminal record check with the Disclosure and Barring Service [DBS]. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Improvements were required to ensure the reason for leaving employment was recorded.

Using medicines safely

- Staff practices ensured people received their medicines consistently and safely. Comments included, "They [staff] prompt [family member] to take their medicines", "The staff check [family member's] medicines against the records" and, "I can take my own tablets."
- Where appropriate people were supported to be as independent as possible with taking their medicines or received support from their relatives. Staff ensured Medication Administration Records [MAR] were accurately maintained to demonstrate people's medicines were given in line with the prescriber's instructions.

Preventing and controlling infection

- Staff told us they had access to appropriate Personal Protective Equipment to keep themselves and others safe.
- Staff had received infection, prevention, and control training.

Learning lessons when things go wrong

- The provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these. For example, where concerns were raised relating to medicines management, an internal investigation was undertaken to aid the service's learning and development. Staff were assigned further medicines training and additional medicine audits were conducted. This ensured lessons were learned to support improvement.

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 prior to the commencement of the service. The assessments were primarily carried out in the person's own home. Information was also gathered and shared via local hospital provision. The purpose of the assessment was to determine what people wanted from the service and what the reablement service was able to provide. This process involved the person using the service and those acting on their behalf.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment.
- A person told us, "I had an assessment before the care package commenced. We discussed the rehabilitation programme to be provided so that I understood exactly what was to be provided." A relative confirmed that the domiciliary care service had assessed their family member's care and support needs prior to the reablement care package commencing. They told us, "We had a nice chat and talked about [family member's] needs. We viewed the assessment and found that it was an accurate reflection of their needs."

Staff support: induction, training, skills, and experience

- Staff had received mandatory training in line with the organisation's expectations using both face to face and eLearning methods.
- Newly employed staff received an induction relevant to their role and according to their level of experience and professional qualifications. Staff completed the 'Care Certificate' as part of their induction. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. A member of staff told us, "My induction was very thorough and comprehensive, I couldn't fault it." As part of their induction, the member of staff confirmed they were shadowed for 2 weeks by an experienced member of staff to ensure they were skilled and competent for their role.
- Information available showed staff had received formal supervision and spot visits. The latter is where a representative of the organisation can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.
- Annual performance management reviews were undertaken to assess a staff member's performance against the organisation's objectives for their role and their development needs for the next 12 months.

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

- Staff supported people as needed with the provision of meals, snacks, and drinks to ensure their nutritional and hydration needs were met. Comments included, "[Staff] ensure [family member] has their meals at regular intervals and plenty to drink", "The staff make [family member's] meals and give them lots of drinks"

and, "[Family member] is given choices of what they would like to eat and drink."

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

- People received appropriate support from staff to ensure their healthcare needs were met. If staff were concerned about a person's health and wellbeing, they relayed these concerns to the domiciliary care office for escalation and action. A relative told us their family member developed a pressure ulcer on their ankle. Staff were quick to respond and contacted the GP surgery so that a referral to the district nurse service could be completed and appropriate interventions provided. Another relative told us a member of staff had recently found their family member on the floor. Emergency services were immediately called, and staff stayed with their family member for 1.5 hours until the paramedic arrived.
- Comments from people using the service and their relatives included, "The staff always let me know if they are concerned about [family member] in any way", "They [staff] really listen to me and understand all of my health needs" and, "With the care and support from the domiciliary care service, [family member] has got so much better, their overall health and wellbeing is much improved."
- Staff worked well with other organisations to ensure they delivered good joined-up care and support. The domiciliary care service worked with physiotherapists, occupational therapists, GP surgeries, pharmacies, District Nurse services and local hospital provision.
- Relatives confirmed their family members received positive outcomes from healthcare interventions. Comments included, "They [domiciliary care service] arranged for the physiotherapist to come and assess me. They helped and encouraged me to do the exercises to help make me stronger" and, "The staff encourage [family member] to wear their special shoes and to do their exercises to enable them to mobilise independently. The encouragement, walking and exercises have really helped, and their mobility has improved."

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 to make decisions were assessed, recorded and individual to the person. People's pre-assessments confirmed people had consented to the provision of care to be provided by the domiciliary care service.
- People told us staff sought their consent prior to providing support and explained what was happening. A person told us, "The staff always explain to me what they are going to do and ask if that is okay."
- Staff demonstrated an understanding and knowledge of the key requirements of the MCA and how this related to the people they 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 and their relatives were very happy with the care and support provided. People told us they were treated with care and kindness provided by staff and were positive about their caring attitude. Comments included, "The staff are amazing and treat [family member] with care and kindness", "Since receiving care and support from the domiciliary care service, [family member] has got so much better, their overall health and wellbeing has much improved" and, "They [staff] are all so kind and do everything with a smile. Staff are chatty and friendly. It's a pleasure to have them around to help me. The carers do a very good job and genuinely care and want the best for you."

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

- People and those acting on their behalf were given the opportunity to provide feedback about the service and their experience of the reablement service through reviews and satisfaction surveys.
- Communication between staff, people using the service and those acting on their behalf was positive. Comments included, "They [staff] explain things to [family member] so that they know why the staff are there and what they intend to do" and, "The communication between us as a family and the staff is fantastic, they keep us well informed."

Respecting and promoting people's privacy, dignity, and independence

- As part of the provider's reablement package, people were supported by staff to maintain and recapture their independence. Information from people's daily care notes demonstrated people were supported to complete their own personal care tasks where appropriate, to take their own medicines or to regain their ability to mobilise following a decline in this area. People's comments included, "At the beginning of the service they [staff] did a lot for me. They have encouraged me to do things for myself and don't just take over" and, "They have certainly encouraged me to become independent again."
- People and their relatives told us they were always treated with respect and dignity. A relative told us, "The staff treat [Family member] with respect. [Family member] was not keen to receive support with their personal care needs but staff kindness and patience has now given them confidence and they allow staff to help them." People using the service told us, "We chat away, and staff treat me with such dignity and respect" and, "The staff get me washed and do this in a very dignified way."

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 Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care and support that was personalised and responsive to their needs.
- People who used the service had a support plan in place describing their individual care and support needs to aid their reablement. This focused on supporting people's recovery and self-confidence building.
- People's preferences and goals were clearly recorded. For example, 1 person's goals were to gain strength and confidence with completing transfers to and from their wheelchair and to transfer in and out of the shower with no supervision within 4 weeks. Furthermore, to access the community with their relative within 4 weeks. Records showed the person was supported by staff to manage and achieve their goals in line with advice and guidance provided by the occupational therapist and physiotherapist.
- A review of people's reablement package was completed at regular intervals to monitor their progress, with a full review held at the end of the 4-to-6-week period or sooner if the person had reached their goals. Comments included, "Care seems to be reviewed on a regular basis with staff feeding back to me on my progress and what we need to do next" and, "We have had reviews of [family member's] care and their progress."
- Most people's goals related to them wishing to retain their previous abilities and/or achieve a good level of independence. Where appropriate people had regular support from the occupational therapist and/or physiotherapist. In some cases, this meant the service was able to reduce the person's package of care as they had attained their personal goal and regained their independence.
- Daily care records demonstrated people received support consistent with their care plan, including where risks to their health and wellbeing had been assessed.
- The provider told us people's end of life care and support needs were not considered and supported as part of the reablement package provided.

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.

- Care plans had communication records in place to guide staff on how best to communicate with the people they supported.

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 were supported to maintain relationships that were important to them, for example, with family members and significant others.

Improving care quality in response to complaints or concerns

- Few concerns or complaints had been raised either by people using the service or those acting on their behalf, the Local Authority, or others. This concurred with information held by the Care Quality Commission. The provider's 'Service Overview Report for 2022 to 2023 recorded for the period October 2022 to September 2023, the service received 191 compliments and 3 complaints.
- People and those acting on their behalf told us they felt confident to raise issues and areas of concern with the domiciliary care service. When asked people and those acting on their behalf told us, "If I had to raise a concern, I would tell them [domiciliary care service] if there was anything untoward", "I would definitely speak to the management team if I had a problem" and, "I have no concerns at all".
- A record of compliments was maintained to capture the service's achievements. These included, 'I think Essex Cares are 100%, the best care company to have. I have had other care companies and have refused to have them in my house as they were shocking. I can't thank the company enough. They have got me through some very difficult times' and, 'Loved the service we received, couldn't fault it at all. Everyone was lovely and helpful. I wrote to my MP to praise the service.'

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 changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider's ethos, vision and values were person-centred to make sure people were at the heart of the service. People using the service and those acting on their behalf were consistently positive about the quality of the service they received. People told us they received good support, that the service respected and valued them as individuals, ensuring they received person-centred care.
- A person wrote to the service stating a member of staff had gone 'above and beyond' in their duties. The member of staff had helped them with an issue relating to their home gas supply. They stated, "If it wasn't for [name of staff member] acting so fast, I would have been without gas." Another person complimented the service by stating, "We are amazed that with the hard work of the staff team, [Family member] is back to how they used to be just 4 weeks after their hospital visit and no longer needs any support."
- People told us they would not hesitate to recommend the service to others. Comments included, "I would highly recommend them, 100%" and, "I would recommend the service without a doubt."
- Governance arrangements were embedded to enable the organisation to assess and monitor the quality of the service provided and to monitor the organisation's performance. These arrangements were effective as they ensured the service could identify and manage risk and guarantee the service was operated to a very high standard.
- We found reports were shared at all levels to ensure the management team were aware of issues and to help identify where updates or changes may be needed. The manager completed a monthly report to the provider's quality assurance team. This provided oversight for the quality and governance team of audits undertaken, including the findings and outcomes. For example, missed and late visits were monitored ensuring all people received appropriate planned calls. An analysis of this was completed for the last 12 months and this demonstrated out of 86,822 calls, there were 13 missed visits [0.01%] and 384 late visits [0.04%]. All missed and late visits were reported to the senior leadership team on a weekly basis, identifying the cause, impact and remedial action taken.
- There was a strong emphasis to learn and to continuously improve. Since our previous inspection in 2017, 'mock' inspections had been introduced and were aligned with the Care Quality Commission's Key Lines of Enquiry Statements [KLOES] to ensure compliance with regulatory requirements. The provider confirmed these will be linked to the Care Quality Commission's quality statements and single assessment framework in 2024.
- The provider understood the duty of candour and their responsibility to be open and honest about any

incident which caused or placed people at risk of harm or where concerns were raised. A relative told us their family member had received an evening call which was too early. This was raised with the management team. The relative confirmed the issue was immediately rectified, they received an apology and it had never happened again. A person wrote to the service following two late visits. They wrote, 'I would like to thank you for the 2 letters I received due to late calls. The staff apologised at the time and explained it was due to unforeseen circumstances. It was nice to receive a letter also.'

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

- The provider ensured proactive ways were in place to engage and involve all staff to shape the service. In 2022 the organisation's values were amended to reflect changes in the service, bringing them more in line with the service offered. Consultation with managers and staff were commenced, including presentations through local team meetings, newsletters, and a leadership 'away day' to share the organisations and service's agreed vision and values.
- In May 2023, the provider introduced a new feedback form for newly employed staff to complete. This was to gather and capture information relating to the induction process. The data gathered demonstrated this was a positive experience. Comments included, "I would like to say how welcoming I felt. Receiving the welcome card congratulating me on my position made me feel very wanted" and, "It was an easy procedure, and staff kept in touch with me throughout the process."

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

- Effective arrangements were in place for gathering people's views of the service they received. The provider had worked with the Local Authority to develop a customer satisfaction process. The satisfaction surveys were completed independently of the team providing the service and included written correspondence, telephone calls and face to face visits. The results for the 2023 survey recorded 100% of people using the service were either 'very satisfied' or 'satisfied' with the service.
- The provider had produced a comprehensive pack for prospective people wishing to have a reablement service. This included information about the service, the type of short-term 'reablement' or 'enablement' support to be provided, the roles of different staff who might visit a person in their home, useful telephone numbers, guides on staying safe and feeling well, other information and people's rights.
- People and relatives told us communication with the service was good. Comments included, "The office is easy to contact and quick to respond if there is an issue", "The communication when it is needed is on time and accurate" and, "Communication is fine."
- Several members of staff raised concerns about poor communication with internal managers, including their availability to respond to queries. This referred to a lack of responses to texts and emails and/or prompt responses. Some members of staff suggested issues which required discussion had been dismissed and discouraged by their manager and which contributed to staffs' distress and anxiety. Not all staff felt able to raise concerns with the registered manager. Not all staff felt valued and supported.
- Team meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Minutes of the meetings were available for staff to read and emailed to staff to ensure they were kept up to date on areas discussed.
- Newsletters and memorandums were also regularly sent out to staff to keep them updated with what was happening within the domiciliary care service office and organisation.
- A new internal communication tool 'Blink' was introduced in December 2022 to enable the provider to communicate with frontline staff. This is on all staff devices and enables them to effectively communicate and share information, for example key documents and policies and procedures.
- The provider had initiatives in place to help retain and reward staff for their hard work and loyalty. A recognition and benefits package were available for staff and included the Health Shield programme, where

staff can claim back money towards certain optical and dental treatments. Staff were also enabled to enjoy exclusive member offers through an online portal on a range of goods. There is a 'staff member' and 'team of the month' award whereby nominated individuals receive a small gift. An introduction fee has been launched if staff introduce a friend when applying for roles within the organisation.

Working in partnership with others

- Information demonstrated the service worked collaboratively and closely with others, for example, local hospitals and their assessment teams, Local Authority's, healthcare professionals and other services to support care provision.
- A multi-disciplinary team meeting with external partners was held once weekly to discuss people's ongoing care and support arrangements and outcomes. This ensured appropriate care and support was being provided within a flexible framework to meet people's reablement needs.