Edenvale Care Limited

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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?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 18 December 2018. This was an announced inspection. 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 service was last inspected in May 2016 where it was rated Good .

Edenvale Care Limited provides care and support to approximately 47 people in their own homes and in a number of supported living projects. The majority of people using the service had a learning disability. The majority of the personal care and supported living services are provided in the London Borough of Enfield. Supported living services were also being provided in the London Borough of Haringey. 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.

The service had been developed and designed prior to the development of the values that underpin the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. However, we saw that people with learning disabilities who used the service were able to live as ordinary a life as any citizen.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The service was exceptionally caring. Care staff knew the importance of developing good working relationships with the people they looked after and ensured they provided person centred care based on their specific needs. The feedback we received from people, and their relatives, and health and social care professionals was overwhelmingly positive. Care plans contained detailed information about people's interests, family life and life history. The service had helped people achieve their dreams and aspirations. The service promoted people to live as independently as possible at home and accessing the community. The service worked with other agencies to support people to be safe in the community. People were supported by a team of regular staff that they knew and who they said were kind and caring. Staff respected people's privacy and dignity and promoted their independence.

Staff were employed in sufficient numbers to meet people's needs and to keep them safe. Staff teams were organised in a way that helped ensure consistency. Each person had a designated team of staff who they were familiar with and had formed strong and trusting relationships. Any changes to staffing were communicated clearly to people and relatives to ensure people remained safe and comfortable in their homes.

The service actively involved people who used the service and their relatives in the recruitment process and in staff training. Staff members were recruited and trained to meet people's specific care needs we saw that

care teams were highly reflective of the shared interests, backgrounds and beliefs of the people who they supported. This approach was firmly underpinned by the culture of the service, which we established was positive, person centred, inclusive and forward thinking.

People were valued and supported to be as independent as possible. People's rights were upheld, consent was always sought before any support was given. Staff were aware of the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles. Staff strongly advocated for people to live the life they wanted whether that was on their own or in supported living schemes.

We spoke with a range of people who used the service, relatives, health and social care professionals and staff who all felt this was an excellent service. People described a caring and resourceful staff team who respected individual's dignity, privacy, views and choices. In their feedback people particularly highlighted the quality of their relationships with their care team and they told us they valued the continuity of their care and the reassurance this provided. People's feedback was actively sought and people who used the service, families and staff were all encouraged to share their views and contribute ideas on how their care could be enhanced.

People received their medicines safely. People's support plans clearly described the level of support required and how this support should be delivered. Staff who administered medicines had received up to date training, and competency checks were completed to help ensure their skills and knowledge remained sufficient and up to date.

Detailed, comprehensive care plans and risk assessments were in place and we found that the provider worked collaboratively with staff from other agencies to minimise identified risks.

The service had a complaints procedure in place and we found that complaints were investigated and where possible resolved to the satisfaction of the complainant. The service was particularly skilled at helping people and their families to explore and record their wishes about care at the end of their life, and to plan how they will be met so that they feel consulted, empowered, listened to, and valued.

The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people and their relatives felt included and their views were sought. Systems were in place to monitor the quality of the care and continually making improvements by listening to people.

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.

The service minimised risks while offering life enhancing experiences to people who used the service.

People and their relatives played an active role in the recruitment and the training of their care team. Robust, very safe recruitment procedures were followed and staff skills, expertise and knowledge related to the specific needs of each person.

Staff knew who to contact in case of emergency and both relatives and staff had access to out of office hour's services if the need should arise.

Staff were trained to administer medicines safely in accordance with national published guidance.

People were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective.

Staff received induction, supervision and specialised training to be able to deliver high-quality and person-centred care and support. Training was offered to relatives to help support them.

Staff understood the principles of the Mental Capacity Act (2005). Appropriate procedures were in place to protect people's rights.

Staff were aware of people's dietary preferences. Staff had a good understanding about the current medical and health conditions of the people they supported.

Is the service caring?

Outstanding

The service was exceptionally caring.

The provider went above and beyond to ensure people were treated with kindness. Care staff knew the importance of

developing good working relationships with the people they looked after and ensured they provided person centred care based on their specific needs.

The feedback we received from people, and their relatives, and health and social care professionals was overwhelmingly positive. Care plans contained detailed information about people's interests, family life and life history.

The service promoted people to live as independently as possible at home and accessing the community.

People were supported by a team of regular staff that they knew and who they said were kind and caring.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Staff were supported by the service when delivering end of life care. The service went above and beyond when supporting people and their relatives with their end of life wishes.

People received support that was personalised to their individual needs, lifestyle and requests.

People were supported to take part in a wide range of activities that met their interests, and aspirations. The activities were varied and led by what each person wanted to do.

Complaints procedures were adapted to make sure that everyone within the service was supported to understand the process.

Is the service well-led?

The service was exceptionally well-led.

People were placed at the heart of the service and were supported to be fully involved in decisions about their care and support.

There were clear values and visions for the service, which included, compassion, respect and independence. The management team monitored staff performance to ensure they displayed these values whilst supporting people.

People were supported by staff who were passionate about providing good care and were proud to work for the

organisation.

The provider, registered manager and staff were committed to providing outstanding personalised care. There was a strong emphasis on continually striving to improve and develop the service.

There was a strong organisational commitment to staff, and awareness of best practice. This included striving for excellence through liaison with other health and social care services.

Edenvale Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 18 December 2018 and was announced. 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 inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the service we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning team that had placed people with the service, the local borough safeguarding adult's team, community professional and health and social care professionals. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection spoke with two people who used the service and 15 relatives. We also spoke with the registered manager, service development manager, the clinical lead, direct care manager, human resources manager, team co-ordinator and four support workers. We looked at six care files which included care plans and risk assessments, five staff files which included supervision records, and recruitment records, quality assurance records, medicine records, training information, and policies and procedures.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt the service was safe. One person said, "I do feel safe when we're out. [Staff] stop me at the crossing. They're thinking of me and my safety." A relative commented, "The family is very involved in [relative's] care. We see her every day. Never been any concerns about this." Another relative said, "Well if [relative] is not well enough to go to the day centre [staff] stay at home with her while I'm at work and I trust them enough to do that."

Risk assessments covered areas such as communication, self-harm, self-neglect, violent or aggressive behaviour, sexual behaviour, risk of exploitation, substance misuse, client engagement, mental health, vulnerability, physical health, medicines, epilepsy, independent and daily living skills, moving and handling, and environment. Personalised risk assessments identified potential risks and provided guidance for staff as to how these risks were to be minimised. For example, one person was non-verbal and risks were identified around their communication needs. The risk assessment stated, "[Person] is not able to say if she was uncomfortable or in pain. She cannot indicate where her discomfort is or tell if she is feeling unwell. [Person] is unable to call out for help. If upset or unhappy, [person's] body would be quite tense and she would be moving her right arm across her body quite quickly and she would be crying and/or moan. When [person] is well and happy, she would demonstrate this in her facial expressions and she would be smiling or laughing." Another person had identified risks whilst being in the community. The risk assessment stated, "In crowded environments, be aware of my feet kicking people and hold them if necessary. If any member from the public comes up talking to me, please inform them about my spasms."

Where people had specific moving and handling requirements there were detailed pictorial guides informing staff how to safely meet their needs. For example, the pictorial guides included pictures of that person and their own home environment demonstrating their requirements. Records showed pictorial guides on repositioning the person, accessing public and private transport and personal care with clear detailed instructions. Risk assessment plans to respond to risk were not restrictive, people were encouraged to live an active life in a way they wanted.

Staff regarded risks as a challenge they supported and looked at ways of making sure peoples choices and lifestyles were not restricted. Staff supported people with holidays abroad and a wide variety of social activities in the community. They worked with people to plan an approach that highlighted risks but always looked at reaching solutions to support the risks. For example, one person with complex physical and communication needs wanted to travel overseas. The provider had worked with the person over a period of time, looking at the risks including going on short breaks in the United Kingdom then looking at lessons learnt and then going on longer breaks. The person now goes on regular holidays overseas with the support of care staff and is planning to attend [culturally specific celebration] overseas in the new year. The person emailed the provider after the overseas holiday thanking them for their support. The emailed stated, "I had the most extraordinary holiday to [overseas destination] last month. It was absolutely amazing as I was supported by an outstanding care team that worked beautifully together and provided me with the greatest support." A health and social care professional told us, "Care plans and risk assessments are reflective of the needs of the service users."

There were sufficient numbers of staff available to keep people safe and to meet their needs. The number of staff supporting people and times of the day people were supported had been planned as part of an individual package of care. Some people had staff supporting them 24 hours, whilst others had support at specific times dependent on their individual needs. People had their own designated staff team and a rota to help them understand who would be supporting them. People who were unable to understand a written rota had photos of the staff team. People, relatives and staff told us there was enough staff available to meet their needs and to keep them safe. A relative commented, "There is a carer there all the time. [Relative] has care 24 hours. I let [staff] know a couple of weeks in advance if I have [another engagement] so they can [change] their rotas." One staff member told us, "If someone cancels shift you call other projects [for help]." Another staff member said, "At the moment [enough staff]."

The service had robust staff recruitment procedures in place. Records confirmed that various checks were carried out on people before they commenced working at the service including a Disclosure and Barring Service (DBS) check. This is a check carried out to see if prospective staff have any criminal convictions or if they are on any lists that prevent them from working in a care setting. Records showed the service carried out various checks on staff including two references. Records also showed proof of identification and records of previous employment history. This meant the service had taken steps to help ensure staff recruited were suitable for the role.

The provider told us in their PIR that people who used the service and relatives attended the provider's recruitment days and also had a pre-introduction interview with potential care staff. People who used the service also contributed to the specific job adverts. They said they were pro-active in involving the people who used the service, and relatives in throughout the process. This meant that support workers' personal characteristics, interests and skills were taken into account through the recruitment process with an increased likelihood of people enjoying their time together in positive, respectful and sustainable relationships. When we spoke with relatives they confirmed this was the case. One relative told us, "[I was] asked to attend in the screening process for new staff." People were clear that the recruitment and induction processes allowed them time to get to know their care workers and enabled them to exercise choice and control over the care they received.

There was a safeguarding policy in place which made it clear the responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. The provider was innovative in trying new ideas to prioritise their messages in supporting people to stay safe. For example, the provider had developed safeguarding guidance documents in pictorial formats. There were available in a service user guide to people. Also, how to make people safe was discussed in house meetings at supported living schemes. Records confirmed this. Staff had undertaken training about safeguarding adults and children. Staff and management staff we spoke with had a good understanding of their responsibilities. One member of staff said, "I would record it and call my manager." Another staff member said, "We can go higher if something not done. Would call CQC." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

Records showed there had been two safeguarding incidents since the last inspection. The management staff could describe the actions they had taken when the incidents had occurred which included reporting it to the Care Quality Commission (CQC) and the local authority safeguarding team. Records confirmed this. The registered manager said, "I have to report to the local safeguarding team and the police if grounds, and CQC. My role is to make sure to protect [staff] whistleblowing." A health and social care professional told us, "Edenvale take safeguarding seriously. Where necessary they participate in [safeguarding] enquiries and are open and transparent." This meant that the provider would report safeguarding concerns appropriately.

The provider had systems in place to learn lessons and make improvements when things went wrong. There was an incident form in place that the care staff were required to complete when an incident occurred. Staff were aware of their responsibilities in recording and reporting incidents. Records showed they would carry out an investigation to learn lessons from the incidents and would share it in team meetings.

Records showed staff had received training in medicines administration and where the care worker was expected to administer medicines this was recorded in the care file and on a medicine administration record (MAR). Competence in medicine administration was regularly checked by the clinical lead. One staff member told us, "[MAR charts] come to the office monthly. The co-ordinator will check [MAR charts] onsite." Records confirmed this. One relative told us, "[Staff] sort all [relative's] tablets out. When she comes home she has a box for each day and each compartment. I sign for and check they are all there. [Staff] check when it comes back [to person's home]."

Medicine administration record charts (MAR) were in place where the service supported people to take medicines and these contained details of each medicine to be given. Staff signed the charts after each administration so there was a clear record that the person had received their medicine. Records confirmed this. Staff demonstrated knowledge of the principles of safe medicines management and were aware of the procedures to follow in the event of an error or where a person refused a dose of a prescribed medicine. One staff member said, "Wash our hands first. Check MAR chart and prepare medication." Another staff told us, "Check dates of medication. Check dosage and correct route. Then you sign the MAR chart. Always two [staff] sign." People who required PRN medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations. Records confirmed this. PRN guidelines were specific for people with learning disabilities. For example, there was clear directions for one person who was unable to communicate verbally. The PRN gave guidance for the staff member using a traffic light flash card system which showed 'red' for crisis point, 'amber' for coping, and 'green' for happy. This meant the service worked creatively with people to closely involve them in the management and administration of their medicines, including medicines that are not prescribed.

Staff told us they were provided with personal protective equipment in order to ensure people were protected by the prevention and control of infection. Staff told us they could collect gloves and aprons from the office. Records showed staff completed training in infection control and prevention. One staff member said, "We use [personal protective equipment]. Each [person] has their own mop and bucket."

Good

Is the service effective?

Our findings

People who used the service and a relative told us they were supported by staff who had the skills to meet their needs. A relative told us, "[Relative] can be quite demanding but staff always have a smile. Never seen the staff get frustrated. I take my hat off to them." Another relative said, "They're [staff] all well trained before they start."

Before admission to the service a 'client focused needs assessment form' was undertaken to assess whether the service could meet the person's needs. The assessment looked at background information of the person, communication, health and physical wellbeing, medicines, mental health, emotional wellbeing, memory, diet and nutrition, self-care ability, personal safety, lifestyle choices and preferences, finances, and household tasks. Records confirmed this.

Staff told us that they received enough training and support to give them the skills needed to carry out their roles. Records showed staff had completed training specific to their role. Training included Mental Capacity Act 2005 (MCA), health and safety, person-centred care, epilepsy, moving and handling, infection control, fluids and nutrition, safeguarding adults and child protection, emergency first aid, managing challenging behaviour, fire safety, and food hygiene. Staff also did specific training that reflected the needs of the people they were supporting. For example, staff completed a two-day clinical training course which covered pressure care, suctioning and PEG care. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus. One staff member told us, "We have a two-day clinical training. It's really good. You learn to use the equipment." Another staff member said, "It's very helpful. You can ask to do more training. Some [training] topics are four days. Moving and handling [training] is practical with an assessment. It is all classroom training." Relatives we spoke with told us they were also invited to participate in training. One relative said, "I was asked to be involved at one time in the training programme."

Staff told us they completed a three month induction to their role when they started to work for the service, which included shadowing more experienced care staff. Staff told us and records showed that they received an additional five-day induction when they worked with a new person. A relative told us, "New [staff] are introduced slowly for a while by shadowing others." Another relative commented, "Any changes are well planned in advance. New staff have to be introduced over an extended period of 5 to 6 weeks. It takes a while for [relative] to trust them and know her ways. If ever there has been any issues where they haven't gelled, the [staff member] is quietly put in another project." One staff member said, "You do a five-day induction with the [person who used the service]." Another staff member told us, "We shadow [staff]." Records showed new staff completed the Care Certificate. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff within a care environment.

Staff told us they received regular supervision to support them in their role. Records confirmed this. One staff member said, "Supervision is helpful. You can discuss everything." Another staff member told us, "We can request to speak to the manager if any concerns. We get four [supervisions] a year but can request

more." Topics discussed in supervision records included people who used the service, work patterns, training, activities and general feedback. Staff also received annual appraisal where their current objectives were reviewed and future objectives set. Records confirmed this.

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

We checked whether the service was working within the principles of the MCA and found that it was. Staff demonstrated their awareness about when they should obtain people's consent and confirmed they asked people for permission before carrying out care tasks. Records showed that people had agreed to their care plan by signing a consent to care agreement form. Relatives were involved in making decisions where people lacked capacity. Records confirmed the service had seen copies of Lasting Power of Attorney (LPA) documents when people were unable to make their own decisions. One relative said, "[Staff] talk to [relative] in a proper way. They explain what they are doing."

Staff and the registered manager were knowledgeable about the MCA principles, people's right to a choice, and the importance of asking people's permission before providing care. The registered manager said, "Every individual is deemed to have capacity and must be treated as such. If the person lacks capacity then we have to have a best interest meeting and involve the individual, relatives and relevant professionals." Records showed best interest meetings were held. One staff member told us, "We should presume everyone has capacity until assessment is done. [Ask consent] for everything. For example for personal care, if they are happy to eat, and if they want to have their medication." Another staff member said, "We give [people] choice. We ask two times to make sure." This showed consent to care and treatment was sought in line with the legislation and guidance.

People were supported to have a meal of their choice. Relatives told us there were choices in regard to what people could eat. One relative said, "[Staff] shop with [relative] and cook his meals. They're watching his weight but he still gets to have his fish and chips and pies which he likes." Another relative told us, "We are [culturally specific] and like to eat our traditional food. The family plan out the menus for the week and do the shopping list. I have given the staff recipes and pictures and trained them how to prepare the food. They shop for the ingredients and cook the food. My relative loves her food." A third relative commented, "The food looks lovely. [Relative] is partially sighted and needs help to eat. He eats all his meals and enjoys it."

Care records detailed people's dietary requirements and preferences and gave staff clear directions on how to support them safely. For example, one care record stated, "I like my food to be moist and cut into small bite sized pieces (not mashed). I like them to be hot and fresh. Familiarise yourself with my favourite food. I have a list of food which I like in my folder in the lounge. Please support me to buy fresh fish and fresh food. Ensure that I eat different food every day and support me to purchase products I like." Another example, one person was at risk of choking. The care record stated, "Make sure my food is soft, moist, mashed or pureed as advised by Speech and Language therapist. Please complete the check list that helps to establish whether the food prepared is safe for me to eat. This should be done before serving my food. Mash my food with the fork. This is the chewing process that I am not able to do on my own. Form an oval shape with the food and place it against the inside of my right cheek. Please allow breaks in between feeding or swallowing. Always wait for me to let you know that I am ready for another bite."

People were supported to maintain good health. There were strong links and excellent relationships with

healthcare professionals such as dieticians, salt and language therapists, psychiatrists and physiotherapists. One health and social care professional told us, "Edenvale are always proactive with the care provided, keeping all professionals required up to date about activities, health concerns and appointments." Staff encouraged people to follow professional advice about their dietary needs and health. Their plans included any allergies, special diets and specific requirements the person had. People had a 'Hospital Passport', which was a document in their care file that gave essential medical and care information and was sent with the person if they required admission or treatment in hospital. Relatives told us people had access to their GP and other community health professionals. A relative said, "[Staff] get the doctor if needed. [Staff] take [relative] to physio." Another relative told us, "The doctor and nurse come frequently and I always go as well. The chiropodist does his feet." A third relative commented, "[Staff] sort out appointments. [Relative] goes to diabetic clinic so [staff] take there."

The service also supported people whilst they were in hospital. This was to make sure the person was supported with people they were familiar with. Also, it was to make sure people were receiving personalised care and support to their needs. Records showed a 'hospital visit and care log checklist' The checklist included observations of the person and correct medicines were being given. The registered manager said, "When [people] go to hospital, [staff] won't leave them. They won't leave anyone who is sick. We will not leave people in unsafe care." One health and social care professional told us, "[The service] especially effective in meeting [people's] outcomes, preventing hospital admissions, and supporting people at end of life." This meant that people were supported to maintain their health.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives we spoke with told us that Edenvale Care Limited was an exceptionally caring service. One person said, "They're helpful and friendly." Another person told us, "On a whole Edenvale are magnificent in all areas of care." A relative said, "We get an excellent service. [Staff] very caring, keep me informed, and I'm very pleased they are doing an excellent job." Another relative told us, "[Staff are] amazing. Treat my [relative] like one of their own kids. It's great to see." A third relative commented, "[Staff] do a marvellous job." The provider showed us an emailed compliment from a person who used the service. The email stated, "This really concludes a fantastic working relationship. This gives me an opportunity to say how important it was to have [young support workers] support me in my life that shared the same values as I do. Hopefully I'll be here for another twenty years."

Relatives gave us examples where the service had supported them when they were unwell or needed some encouragement in their own life. For example, one relative told us about when they were taken ill when visiting the supermarket. The relative said, "I took bad in [supermarket]. I rang [office staff] and they came and took me to their offices and looked after me." Another relative told us, "[Staff] also support me. If I'm feeling a bit down they have a chat. Give me a bit of support." A third relative commented, "[The service] treats me as a priority because I am a single parent. I get a good service."

Feedback we received from health and social care professionals before the inspection was outstanding about the caring ethos of the service. One health and social care professional told us, "Yes, [service] very person-centred. They will always go the extra mile for those people they work with." Another health and social care professional said, "There have been some staff who have been around for a while, providing a familiar, stable and caring team to the [people who used the service]." A third health and social care professional commented, "For [person], with a diagnosis of dementia, staff have adjusted their practice as his cognitive skills decline. However all is far from negative, he continues to enjoy a full and varied lifestyle that meets his needs and preferences. They even took him to a football match, knowing how much joy that would bring him based on his past experiences." This meant from the feedback we received from people who used the service and their relatives and health and social care professionals showed the service cared for people in a way that exceeded expectations.

The service logged all compliments received. We looked at a selection of the comments made about the service. One comment included, " We were so overwhelmed with how generous and kind everyone was on her birthday this year. It makes such a difference to know that she is being cared for with such genuine kindness." A member of the public had observed a support worker and a person who used the service at a place of worship. The member of the public contacted the provider to compliment on what they had observed. They had written, "I am pleased to place on record my observations of your carer during the [place of worship] service. The carer was constantly looking and listening for any signs of discomfort or distress in the [person]. Immediate action was taken if help was needed. This attitude was continuous throughout and the carer placed her hand on the [person's] arm frequently in a reassuring manner to indicate she cared."

The service promoted people to live as independently as possible. Staff gave examples about how they involved people doing certain aspects of their own personal care to help them become more independent. This was reflected in the care plans for people. One staff member said, "[Person] is independent. We encourage them to wash themselves." Another staff member told us, "Help [person] folding clothes and sheets. Feels like they have done a good job." A third staff member commented, "We had a [person] who couldn't read or write but can now. It was a proud moment. For example, one care plan stated, "I can clean my own face. Remember to prompt me to wash properly especially in the creases and folds of my body and support me to reach places I cannot reach. Prompt me to dry myself." The service development manager and records showed how the service had changed someone's life. For example, one person had limited verbal communication. The service supported the person with an electronic communication device. The person had a goal to share their life story by giving speeches in the community such as schools. The person also wanted to interview people such as sporting personalities. With the support of the provider this was achieved. The person had a social media video page and we saw the videos of the person giving speeches and interviewing people. Records showed the person recently interviewed a high-profile sporting personality with the support of the care staff. After the interview the person emailed the provider with the video and thanking the staff. The emailed stated, "I'm honoured to share with you this interview. Yes, probably the best and amazing thing I've done with Edenvale. [Sporting personality] mentioned it's the best 10 questions a journalist has ever asked her. Considering that I had little ambitions when I started [at] Edenvale to someone as big as [sporting personality] saying that is indescribable! It makes me weepy seriously! Congratulations to you all keeping beside my life journey for almost 10 years!"

Staff spoke in a caring way about people they supported and told us that they enjoyed working at the service. One staff member said, "There is a relationship. Everyone has grown close to [people who used the service]. You care about them and love them." Another staff member told us, "To understand [people who used the service] you have to talk to them."

Care plans contained detailed information about people's interests, family life and life history. Care records also contained people's religious and cultural needs. This helped give staff the information they needed to build rapport with people in order to establish positive relationships with them. For example, one care plan stated, "First and foremost, please remember I am blind. I cannot see you at all. I need you to tell me what you are doing at any point you are with me. I know it is hard to remember I cannot see you, but it is really important to me that you try. Sometimes it helps me if you give me a reassuring stroke on my arm or even hold my hand to let me know it is me you are talking to." Another example, one care plan stated, "I usually wake up around 8.30am by myself. If you need to wake me up for appointment, wake me gently, speaking to me softly. Ask me if I am ready to have shower before my breakfast. I enjoy taking part in my personal appearance. I like wearing my [football team] t-shirts."

People and their relatives told us their privacy and dignity were respected. A relative said, "[Show dignity and respect] by the way they speak to [relative]. I can't speak highly enough." Another relative told us, "Treat [relative] with respect and care and love." Care records reflected people's privacy and dignity was to be respected. For example, one care plan stated for a person's personal care needs, "Remember to cover me with a towel to maintain my dignity and keep me warm." Another care plan stated, "Support me to maintain my self -esteem by helping me to maintain a high standard of personal appearance. Give me lots of praise and compliments on my appearance."

Outstanding ☆

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to people's needs. A relative told us, "There have been a couple of incidents. I discussed it with the [office staff member] and she acted straight away. That's Edenvale, they listen, take your concerns seriously and act." Another relative said, "I can't fault them. There has been a few problems. Mainly due to misunderstandings but they have been put right very quickly."

The provider had systems in place to support people on end of life and palliative care. The provider had a policy called 'our approach to end of life care. It described how to support people and relatives developing an end of life care plan, keeping people informed, staff roles and responsibilities, nutrition, comfort, pain management, maintaining social relationships, training and reflecting on the death of a person. The service worked with the local authority developing workbooks for people with learning disabilities who were end of life. The workbooks were in easy read and pictorial versions. A health and social care professional told us, "[Staff member] liaises with the family, sensitively broaching the subject of end of life planning, and sharing ideas about the sorts of things they might like to consider." We saw care plans for people who were end of life. The service supported people when their own relatives passed away. One relative told us, "They helped [my relative] organise the funeral, he was able to choose his own hymns and they supported him through the service. They took him to the crematorium so he could see where [relative] was and were right by his side." Staff told us they were supported by management whilst caring for people at the end of their lives. One staff member said, "Two [people who used the service] sadly passed away. The whole team was brought in and bereavement sessions were offered."

The service also went above and beyond supporting relatives of people receiving end of life care. For example, the service had asked for additional funding from the clinical commissioning group to support a family who's relative was end of life. With the extra funding the service took this family out and provided social activities and emotional support to help them through the process of their relative dying. A staff member said, "If [person] end of life, [management] are very supportive." The provider showed us correspondence from a health and social care professional about a person they had supported towards the end of their life. The health and social professional commented about this experience, "The fact that [person] was able to remain in her familiar home, supported by staff who knew her, as her needs evolved and changed, is a reflection of the dedication of Edenvale and the staff team. [Person] was cared for in the true sense of the world." This meant the service was particularly skilled at helping people and their families to explore and record their wishes about care at the end of their life, and to plan how they will be met so that they feel consulted, empowered, listened to, and valued.

Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. The care plans covered a full range of needs. The care plans were person-centred. For example, one care plan stated, "Always ask me and involve me in my care. Do one thing at the time so I am not rushed. Prompt me to brush my teeth, prompt me to brush the back of my teeth. I can help remove my clothes after I have been to the toilet. I can help to lather myself and wash myself. I enjoy the sensation of water. I can clean my own face." Another example, one care plan stated, "During the day, [person] must be dressed appropriately for the weather before going out. It is

better to dress her in layers as if she becomes too hot, clothing can be removed. Ensure her legs are covered with a fleece blanket and she has her scarf, hat, gloves, poncho and raincoat when going out on a cold day."

People's care and support was planned with them, the people who mattered to them and health and social care professionals involved in their care. Relatives were fully involved, where appropriate, in identifying people's individual needs, wishes and choices and how these should be met. They were also involved in regular reviews of each person's care plan to make sure they were up to date. A relative told us, "I attended [relative's] annual review a few weeks ago to review her care and am always invited." Another relative said, "Normally I get invited to the six monthly reviews. Edenvale and the psychologist and social worker are there too." Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People's cultural and religious needs were respected when planning and delivering care. One staff member told us, "One of my [people who used the service] is a [culturally specific] lady. She has separate food. She eats [culturally specific] food." Another staff member said, "[Person] is [spiritual faith]. She goes to every Sunday to [place of worship]." Care records reflected people's wishes with cultural and religious needs. For example, one person had a care plan on religious and cultural beliefs. The care plan stated, "I was born in [country] and my family moved here when I was a child. My religion is [spiritual faith]. I am very proud of my background and culture. I must always be covered from my neck to my feet. My family may request for longer visits on special occasions or festivals such as [culturally specific festival] which marks the end of [culturally specific occasion]."

Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We would assess their needs [and] identify their sexual orientation. We would find the right organisations to fully support them with their sexuality. We have got staff who are [LGBT]. When we recruit we are vigilant to find out their attitudes for people. They shouldn't be doing a care if they are intolerant." A staff member told us, "[LGBT person] may want to go clubbing. We would support them." Another staff member said, "We would give them the support. We would support them to find [partner]. Give them a chance to talk."

People were supported to go on holidays and participate in activities and learning to improve their life. One relative told us, "[Person] goes out a lot, as well as the day centre he goes to the pub [and] has been on holidays. He's been to a Christmas party this week." Another relative said, "[Relative] just finished a two year college course, goes to a gardening club, Zumba, [and] [the service] always looking for new things." A third relative commented, "[Relative's] activities are very important to him. He goes to the [day centre] twice a week to meet his friends, trips to London to the market, snooker and the gym. [The service] organise discos and he goes to [place of worship] every Sunday." People were also supported to achieve their aspirations and dreams. One person had wanted to work in a charity shop and the service had supported the person to achieve this. This showed people were supported and encouraged to explore their wishes and participate in different activities.

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaints to if they were not satisfied with the response from the service. People were provided with this information in a format they could understand and were also offered opportunities to raise concerns with the staff supporting them and keyworker meetings. Senior staff visited people in their homes and checked if they were happy with the care being provided. Records confirmed this. People and relatives knew the management team and how to contact them. One relative told us, "I have a good relationship with [senior

staff member]. If there is a problem I would talk to [senior staff member]." Records showed the service had received one formal complaint since providing a service. We found the complaint was investigated appropriately and the service had provided a resolution for the complaint in a timely manner.

The provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

Staff were well trained in communicating with people in different ways to meet their needs. For example, staff told us and records showed they communicated with people with objects of references and Makaton. Makaton is a language programme using signs and symbols to help people to communicate. The guide given to people prior to admission to the service was in an easy read pictorial version. The website for the service was accessible for people. The website had text and colour changes, font size increases, free text to speech service and also an easy read version available. Care documents were easy read and pictorial.

Outstanding ☆

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought the service was well managed and they had a good relationship with the management and office staff. A relative told us, "If I email or ring and leave a message they always get back to me very quick and act promptly. [Office staff member] is very accommodating, she will sort things out." Another relative said, "Messages passed on straight away there's no lapse in communication. It's a very caring organisation and I am very pleased." A third relative commented, "It's a very caring organisation from the people at the top to the bottom. The people who run it look after the staff and pay them well."

There was a strong organisational commitment embedding the organisational values for staff and people who used the service. The values for the organisation were shared in the staff handbook and the guide for people who used the service. The staff handbook stated, "We believe in each person's right and entitlement to have greater choice and control over all aspects of their life, where they live, how they live and to lead as full, purposeful and independent a life as possible, being part of the community." The values were reflected from the feedback we received from staff and feedback from people who used the service and relatives. One staff member said, "You feel supported and valued. It's like a family." Another staff member told us, "I like the care [management] give. Most of the company knows the [people who used the service] and family. They are focused on [people] and get the best life for them. You get so much support. [Management] are up for any ideas as long as they are safe." The registered manager said, "I have a passion for care because I believe care is about compassion. It's about challenging and changing attitudes. I believe in human rights. I'm into philosophy and ethics. Staff can approach me. I enjoy for staff to speak their mind and have an opinion and what can improve. It makes me happy when people do fantastic things. I don't tolerate poor care."

The service vision and values were imaginative and people were at the heart of the service. They were developed with people and staff in meaningful and creative ways and were monitored and owned by everyone. For example, the service had looked at ways of improving the service by involving relatives of people who used the service. The service had set up regular focus groups looking at topics such as understanding the role of the care coordinator, exploring ways of improving working with multiple agencies and joint working, data protection, and exploring training and development for relatives. Records confirmed this.

The service supported people to overcome significant barriers and achieved positive outcomes in their lives. The approach and ethos of the service was clearly communicated to everyone involved. The service had changed people's lives and helped to fulfil their hopes and dreams. For example, the service had matched a person with a staff member who had an interest in horse riding. The person had a real passion for horse riding. With the support of the service the person attended horse trials over the United Kingdom and now has won silver and gold medals at the Paralympics. We saw other examples of people being supported to share their life story with the local community and interview celebrities, supported to work in the community and travelling overseas. One person who told us, "They support me to also live a holistic life as I've interviewed many celebrities. This should be recognised so much and promoted to enable other disabled people to achieve their dreams."

Staff achievements were recognised and celebrated by the service. Management and staff told us they were recognised for the work they did. Staff were nominated for financial bonuses. The provider's office had a noticeboard that had pictures of staff who had been awarded for their work. We asked the registered manager what they were most proud of. They told us, "My team, because they care. They are committed and dedicated. They believe in care and they are proud of the job they do." This was reflected from feedback from staff, people who used the service, relatives and health and social care professionals.

Staff spoke positively about the registered manager and working for the service. One staff member said, "[Registered manager] is good. She is compassionate." Another staff member told us, "[Registered manager] feels like one of us. She knows all the [people who used the service] personally. You can talk to her." A third staff member commented, "You don't need an appointment to talk to her."

Feedback from health and social care professionals who worked with the service was positive about the management and the quality of the service. One health and social care professional said, "Appears to have a good structure of team leaders. Manager responsive to requirements of the [local authority]." Another health and social care professional told us, "Edenvale are always pro-active with the care provided. I know who to contact at Edenvale if I have queries and get timely response back from them. Care plans and risk assessments are reflective of the needs of the [people who used the service]."

The service held regular staff meetings in each of the supported living schemes where staff could receive up to date information and share feedback and ideas. Topics included in staff meetings were record keeping, body charts, activities, medicines, meetings with health professionals, health appointments, review meetings, key working, lessons learnt, safeguarding, infection control, incident forms and updates on people who used the service. One staff member told us, "They help us improve and communicate. [Person who used the service] attends the staff meeting." Another staff member said, "It helps us work as a team." A third staff member commented, "We talk about everything and if any changes. Talk about appointments and medication."

The service involved people and their relatives in various ways and sought feedback on the service provided. This included regular reviews with people and relatives, quality assurance spot checks, and an annual survey. Quality assurance spot checks were completed on a regular basis. Records confirmed this. The service development manager told us, "We do spot checks across projects. We are in regular contacts with parents. Generally, once a month or sometimes more spot checks. For example, if a [person] has come out of hospital and the medication has changed. Quality assurance gives you opportunity to look at things. The spot checks covered people and relatives feedback, observations, activities, care plans, risk assessments, dignity and respect, health and safety, environment, medicine records, fire safety, food menu, and records completed. One staff member told us, "They check everything when they observe." Another staff member said, "They observe us step by step. We are happy about that because we want to improve ourselves."

The quality of the service was also monitored through the use of an annual survey to get the views of people who used the service and their relatives. Records confirmed this. The last annual survey was conducted for this year. Overall the results were positive. A relative told us, "They do send out surveys." The service development manager told us they had started to look at more imaginative ways of capturing people and relative's feedback. The service had just starting to work with an external consultant to help deliver this. Records confirmed this.

The service had a service improvement plan that covered 2018 to 2019. The plan looked at ways to improve the service, the tasks involved, who was responsible and when this would be achieved. The service improvement plan included tasks for setting up a pilot to review the care certificate, improving stakeholder

engagement, looking at alternative ways for supervision and appraisals, champions of care programme, General Data Protection Regulation (GDPR), international dysphasia diet standardisation initiative, and streamlining quality assurance. Records showed the service improvement plan had been effective and had improved the way the service was run. For example, the service had started work on the international dysphasia diet standardisation initiative and had arranged speech and language therapists and dieticians to form part of a steering group looking at training.

The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the PIR and senior staff told us the service worked with the local safeguarding board, the local learning disability team and the local NHS trust in developing a pilot scheme. The pilot scheme was about developing a simpler way for people with learning disabilities to access hospital so they could achieve better health outcomes and have a timely discharge back into the community. The service also worked with pharmacists, physiotherapists, health services, and local learning disabilities teams. Records confirmed this.