

LS Care Limited

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Inspection report

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17 September 2019
24 September 2019
15 October 2019

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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

About the service

LS Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to children, younger and older adults including people with some complex physical health care requirements. At the time of inspection 20 people were using the service.

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

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

Staff were highly-trained, knowledgeable and passionate about the service giving people the very best experience they could. People told us they were highly appreciative of the support provided to them.

Robust systems were in place to ensure care was extremely person-centred and to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the registered manager.

Care was completely centred and tailored to each individual. Risk assessments were in place and they identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks, including for positive risk taking.

The service was very flexible and adapted to people's changing needs and desires, enabling positive outcomes for all people. Records were very well-personalised, up-to-date and accurately reflected people's care and support needs. Effective systems were in place to identify what each person wanted to achieve, and how best to support them to do this.

People were extremely well-cared for. Staff knew the people they were supporting very well and care was provided with exceptional patience and kindness. The service went to great lengths to ensure people's privacy and dignity were always respected.

People were encouraged and supported to lead as fulfilled a life as possible. People were supported to foster their dreams and aspirations. There were several examples where staff had really gone the extra mile and supported people in different aspects of their lives.

Everyone we spoke with complimented and highly praised the staff team and gave examples of the outstanding care that was delivered. One relative told us, "Really, there isn't anything that could be improved. I'm happy for [Name] that they are so happy with the service."

Staff were skilled and very knowledgeable about each person they cared for and they were extremely committed to making a positive difference to each person. They were enthusiastic and believed

passionately in the ethos of the service.

The registered manager had ensured resources and skilled staff were available to support people and a number of staff were appointed as champions in certain subjects.

Communication was very effective and staff and people were listened to. Staff were well-supported and were aware of their responsibility to share any concerns about the care provided.

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

People, relatives and staff were very confident about approaching the registered manager if they needed to. They recognised that their views and feedback were valued and respected and consistently used to support quality service development.

Strong processes were in place to manage and respond to complaints and concerns. The registered manager and management team undertook a range of audits to check on the quality of care provided.

Staff were encouraged to continue their professional development in order to progress and provide the best outcomes for people. Staff demonstrated that they really understood the importance and benefits of providing person-centred care.

Staffing capacity was sufficient and staff deployment was effective to ensure people's needs were met in a safe, timely and consistent way. Systems were in place for people to receive their medicines in a safe way. There was clear evidence of collaborative working and excellent communication with other professionals to help meet people's needs.

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 24 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

LS Care Limited

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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an Expert-by-Experience who carried out telephone interviews. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people and younger adults.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 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 17 September 2019 and ended on 15 October 2019. We visited the office location on 17 September 2019.

What we did before inspection

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

During the inspection

We spoke with the registered manager, a senior clinical manager, clinical manager and a senior healthcare assistant. We reviewed a range of records. This included four people's care records. We looked at five staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the site visit we telephoned and spoke with four people and six relatives of people who used the service. We telephoned and spoke with five support workers. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. Without exception all people and relatives told us people were safe with staff support and trusted staff. One person commented, "I feel 100% safe" and a relative said, "Staff are highly capable and can make on the spot decisions where necessary."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and managed. Measures were put in place to remove or reduce the risks.
- Risk assessments included environmental risks and any risks due to the health and support needs of the person. People's individual circumstances were recorded in each risk assessment and staff were given guidance on how to protect them from harm.
- Where people required equipment to keep them safe, this was in place.
- The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed. A relative told us, "There is a great on-call system. Someone can be here in ten minutes, this happened recently."

Staffing and recruitment

- There were sufficient staff to support people. Relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met. One person said, "I have my own team and they are all great. I have about eight girls who I get on with very well."
- Relatives and people said staff were reliable, arrived as arranged and stayed for their allocated time. If any calls were late people were kept informed or if their care worker was changed. One person commented, "There is a rota, so I know who is coming and when. The office let me know if the rota changes."
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. Application forms were completed, references and proof of identification were checked.

Using medicines safely

- People received their medicines in a safe way, where support was required. One person commented, "It is a co-op between me and the staff. I do the stock management and they do the dispensing. They let me know when I need to get more stock, it works very well." A relative told us, "They (staff) are spot on with medicines, it's very reassuring."
- There had been several missed signatures on the medicines administration records, MAR and increased

audits had been introduced to check their accuracy. There had been no impact to people as they had received their prescribed medicines. We discussed the possible use of peer audits and checks at staff handover to ensure medicines records were always completed appropriately, before staff left a person's house, to reflect the medicines administered. The registered manager responded swiftly and introduced this system before the end of the inspection site visit.

- Staff received regular medicines training and systems were in place to assess their competencies.

Preventing and controlling infection

- Staff received training in infection control to make them aware of best practice.
- Gloves and aprons were available to staff to reduce the risks of infections spreading. A relative commented, "Staff wear gloves as needed, I'm a stickler for washing hands and they all do it very well."

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted on.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

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.

- No one was subject to any restrictions under the MCA.
- Staff had received training about the MCA.
- Records showed people's capacity to consent to various aspects of care or treatment had been assessed. Where people no longer had capacity to consent, records showed who was responsible for decision making with regard to care, welfare and finances when formal arrangements had been made with the Court of Protection.
- People told us they only received care and support with their consent.

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

- Before people received care, a detailed assessment took place to check if people's needs could be met. One person told us, "My care team was organised with the commissioners when we had a meeting about me leaving hospital, we even took some carers with us to the meeting."
- Assessments included information about people's medical conditions, eating and drinking requirements and other aspects of their daily lives.
- Some people had complex health care needs. Care plans were developed for each identified care need and staff had guidance on how to meet those needs.
- People received their support in accordance with current best practice guidelines. The management team kept themselves up-to-date with changes and made sure this was reflected in care provision. One person commented, "They (staff) clearly respect their limitations however prove to be adept at learning new skills and embrace a challenge."

Staff support: induction, training, skills and experience

- Staff followed a comprehensive training programme to develop their knowledge and skills. One staff member told us, "There's always plenty of training, I grab every chance." A relative said, "Staff are always

going on training." A health care professional commented, "I have met a large number of carers for LS Care. They have all been very professional and well-trained, showing a genuine interest in their clients well-being."

- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role. A staff member said, "I work with people with more complex health care such as they use mechanical ventilators, and I get training about that. I shadowed other staff for two weeks as part of my induction."
- Staff received regular supervision and appraisal. A staff member commented, "We have three monthly supervision and an annual appraisal. If you're interested in other courses, you ask and management will sort it for you. I want to do dementia training."

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

- People were supported with their food and drink where needed.
- Care plans described people's eating and drinking needs and food likes and dislikes.
- Staff followed guidance provided by healthcare professionals for any specialist nutritional needs.

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

- Records showed there were care plans in place to promote and support people's health and well-being.
- Where people did sometimes need assistance, staff contacted the office staff to alert a health care professional or family member if they had concerns. A relative told us, "Staff were on the ball, they've telephoned the nurse or GP if they were worried. They discovered a nasty infection."
- The service worked alongside local community and medical services to support people and maintain their health. A healthcare professional commented, "The agency regularly engages to ensure that clients are informed of any changes or if there are any additional techniques/ devices to better aid client independence and support them with their ventilator needs."
- Staff made sure people were supported if needed, by arranging assessments for specialist equipment that might enhance their lives, such as specialist beds or mattresses.

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 the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- We received consistently positive feedback about the caring nature of the service and staff's empathetic approach. People and relatives constantly referred to the trust, kindness, understanding and sensitivity to people's individual needs as reasons why they felt the service was exceptional.
- Staff promoted an exceptionally strong person-centred culture where people were at the heart of the service and were committed to ensuring they received the best possible support. People's comments included, "I feel LS Care provide fantastic high-quality care" and "I would even say they (staff) are exemplary." A relative told us, "Staff make a fuss of [Name] they put them at the centre of their care."
- Staff were exceptionally kind, caring, patient and committed to the people they supported. They had developed very strong relationships with people and helped ensure they enjoyed a quality of life, whatever the level of need. Staff all said they enjoyed "coming to work" and they "felt valued." People were overwhelmingly positive about the care and support they received. Comments included, "Staff support [Name] wonderfully", "I cannot sing staff praises enough" and "Staff carry heavy items for me, they even do the ironing sometimes. I have received comments from the GP, consultant and district nurses all saying how well [Name] is looking and being looked after."
- Staff worked sensitively and compassionately with people and people trusted the staff who supported them. Staff were aware of and had an in-depth understanding of people's needs, anxieties and aspirations. They established consistent and trusting relationships with people which enabled people to relax with the support provided. There were several examples of where staff had gone 'the extra mile' to provide exceptionally caring and compassionate support and worked with people to improve their well-being and quality of life. Examples included, arrangements being made, after taking appropriate advice, to support a person who received food and drink via a tube into the stomach [PEG] to have some alcohol through the PEG, to celebrate their birthday. For one person who was anxious and had not been able to have a shower for six months, a relative told us, "LS Care started, they came round and did an assessment and [Name] was showered on the very first day. [Name] told me it was blissful" and "[Name] had stopped going to the Tuesday club. LS Care started and took [Name], they absolutely love it, it's the highlight of their week."
- People and relatives said they were introduced to staff before they started working with them and they were supported by the same staff on a regular basis. Their comments included, "I know all of the team. Most of them have been coming for years" and "We usually have the same staff team. Occasionally we have new staff and they are introduced gradually."

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

- Every effort was made to ensure people were supported to express their views so that staff understood

their preferences, wishes and choices, including where people may not communicate verbally. A person told us, "I can talk to staff I feel listened to" and "If I have a query they listen and respond immediately."

- Regular meetings took place with people and their representative to discuss their care and support needs which also included discussion about their future plans and aspirations. One relative commented, "[Name]'s care plan is revised and updated regularly. [Name] has changing needs, so it is always being looked at. Staff flag things up and make sure everything is done properly."

- Communication methods such as large print, pictures and other bespoke methods of communication were used to help people remain involved and retain ownership and be responsible for decision making in their lives.

- Care plans were exceptionally detailed with a consistently high degree of personalisation, and provided staff with an excellent guide to understanding each person, including people who may not communicate verbally. This enabled staff to provide person-centred care if people could no longer tell staff how they wished their care to be provided. A relative said, "It's a personal service. It's designed for the person using the service."

- People received their care and support from a service which was entirely flexible and able to respond to individual requests and changes. One relative said, "Staff will ring me and ask when I can be available for half a day to discuss [Name]'s care plans" and "[Name] has been out in the garden. They put in things like [Name] needs bed rest to prevent sores from their chair."

- People and their families were informed and involved in their family member's care. One relative told us, "Communication between us is excellent, I feel very involved."

Respecting and promoting people's privacy, dignity and independence

- There was a very strong culture of empowering people. Detailed and personalised care records documented how people's independence and autonomy were to be promoted and to ensure they were at the centre of all care and support they received. A health care professional said, "Staff regularly engage to ensure that clients are informed of any changes or if there are any additional techniques/ devices to better aid client independence and support them with their ventilator needs."

- Staff fully understood the importance of people maintaining their independence and the benefits it had for their well-being. For example, one person planned their menus each day and shopped for the food with staff. Another person told us, "I wash myself, I have a cover over me and staff wash my back."

- Staff were extremely proud of their caring approach towards people and believed strongly in the values of the service. A staff member told us, "We are trained to put people first." Staff all knew the importance of respecting people's privacy and dignity. A relative commented, "Staff shut the curtains and they do protect [Name]'s dignity."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People appreciated the service's role in helping them to remain independent and valued the relationships they had formed with staff. People and relatives all told us staff went the extra mile to support people to achieve their dreams and aspirations, whatever the level of need. One person said, "Staff go above and beyond. They have an excellent attitude." A relative said, "Since [Name] has been with this company they have thrived" and "[Name] gets anxious about change but they like this company and love the girls. They are a changed person."
- There were many examples of where people were supported extremely well to maintain relationships, to avoid social isolation and to be part of the community despite some complex healthcare needs. Examples included, a person was supported to attend a staff member's wedding. Another person, with a life changing condition and who was reluctant to go out, was supported to go to babysit their two young relatives, this increased the person's self-esteem as they were giving something back to their family. They were also supported by staff to become a dog owner, encouraging them to be involved in the care of the animal and to go out into the community every day. A person, who was preparing to attend a wedding and disliked noise and wouldn't book into a salon, had their whole staff team attend to help them get ready, on the morning of the wedding. There were staff doing hair and make-up, while others did nails and helped them to get their clothes ready. For another person who wanted to train to be a disc jockey they were supported to buy some equipment so they could practise at home and staff made arrangements so they could do some DJ work at a party and local disco.
- Some people were supported to go on holiday. One person was supported to holiday each year in the South of France, with their staff team. Two staff took a usual flight whilst two others drove in the jumbulance with the person and all of their equipment. The person stayed in a house with staff and visited their family daily at their villa. Another person was supported to holiday three times a year on their own and with their husband. They booked different places in England to visit and got involved in the planning of the daily activities such as visiting markets and shopping centres.

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

- The service supported people with some complex physical needs, including acquired brain injuries, tracheostomy care, PEG feeding, stoma care and mechanical ventilation for breathing. Care was delivered by a team of staff who knew people extremely well. A health care professional commented, "The agency was one of the first North East companies I have witnessed request a minimum of two weeks of cross over care before discharge to ensure the patient and the carers were well acquainted and that they were able to

manage."

- People, relatives and other appropriate professionals were fully involved in planning how staff would provide care. A health care professional commented, "LS Care are cautious in their approach to taking on new complex care packages, always actively contacting the team, ensuring they have received up-to-date training on kit and techniques and are an active participant in the patients discharge."
- The service employed nursing staff who were involved in carrying out assessments of people's health care needs and ensuring staff received the necessary training and guidance to meet people's care and support needs. They arranged or provided training for staff about for instance, the use of mechanical ventilators, PEGs, stoma care and other health care requirements so people could be supported in their own home.
- People had assessments and care plans which covered all aspects of their physical, emotional, psychological, social needs and aspirations. Information detailed what was important to the person and how they wished to be supported to achieve their goals. For example, for one person when they had respite at home they arranged pizza nights with their care team, as part of their care and support. For another person, a relative said, "[Name] has been out in the garden. Staff are trying to increase [Name]'s world and their normality despite the difficult circumstances."

End-of-life care and support

- People were well-supported and their wishes were respected and carried out with regard to their end-of-life care. There were instances where staff had supported people as part of advanced care planning and within multi-disciplinary decision making to make their end-of-life care arrangements and staff supported some people until the final stages.
- The agency followed the Gold Standards framework for end-of-life care. Information was available where people were reaching the final stages of their life and support was provided to ensure people received a comfortable, dignified and pain-free death. Health care information was in place along with emergency care plans and information about any spiritual or cultural wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was accessible and made available in a way to promote the involvement of the person.
- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. Staffing rosters were sent out monthly to people in large print if they had visual needs. Where people were supported if their first language was not English, (although they may communicate in English), arrangements could be made to make information accessible. How people communicated was reviewed at the initial assessment.
- Information was available in people's care records about how they communicated. The registered manager told us all current people made their needs known verbally or through body language and facial expressions. In the past some people had communicated via electronic aids such as I-pads with communication aided applications.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Everyone said they would be very comfortable to make a complaint if they needed to. One person said, "If I have any concerns, I can talk to staff" and "I don't need to complain, but I do know there is a booklet with the procedure in it."
- People and relatives were very confident that any complaints made would be fully investigated and responded to. A relative said, "I have had two issues in eight years, both relatively minor and both resolved

immediately." Another relative said, "I didn't think a particular worker was right and it got sorted immediately."

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 the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider and registered manager led by example to create a culture which was incredibly caring and supportive to people who used the service and staff. Comments included, "There is nothing they can do to improve the service, we're very impressed with the care" and "Everything is fine, brilliant. Staff lift [Name]'s spirits and they look forward to the visits so much. I am so grateful."
- An exceptionally motivated and enthusiastic staff team was in place, led by a motivated management team that worked together to follow best practice and achieve very positive outcomes for people who were referred to the service, as demonstrated throughout the report. A relative commented, "I find it refreshing when the staff may not agree with me and they can explain it to me. Then they can tell me who to go to if I need to take it further. They have the confidence to stand their ground." A scheme was in place to recognise staff that worked for LS Care and their length of service. A celebratory lunch took place to acknowledge longstanding staff members.
- The management team were committed to protecting people's rights with regard to equality and diversity. Staff were trained to understand how they supported people's rights and this was embedded in their practice.
- Arrangements were in place to ensure people were central to the processes of care planning, assessment and delivery of care. Care plans were person-centred to ensure people received individualised care and support.
- People and relatives told us communication was very effective from the office staff and with staff who supported them. This helped to ensure people received the support they needed and in a timely way. Comments included, "Office staff are superb" and "Communication is excellent. If there is anything wrong staff tell me immediately. Everything is written down. The nurse visits weekly and they check everything."

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

- The service was exceptionally well-led. The ethos, vision and values were led by the provider and registered manager. People, relatives and staff told us the registered manager and management team were very approachable. One person said, "The registered manager is absolutely, highly approachable."
- Staff shared the vision of the service to provide person-centred care and to put people first. All people commented very positively about support they received. One relative told us, "They [staff] are so kind, it was [Name]'s birthday and staff brought presents and sang Happy Birthday."
- The registered manager worked well to ensure the effective day-to-day running of the service and had

clear arrangements in place to cover any staff absences.

- Spot checks took place to gather people's views and to observe staff supporting people. A relative commented, "The care manager from LS Care visits regularly and they review the paperwork every month. The process is very organised and other paperwork is audited every three months."
- People received their care from a service that continually monitored standards and constantly looked at how improvements could be made. The governance and improvement agenda were firmly embedded into all areas to improve service provision. This included through audits, accident and incident analysis, surveys, meetings, spot checks, individual supervision of staff and appraisals. Where any incidents occurred, they were analysed individually and then checked for trends to reduce the likelihood of reoccurrence. For instance, increased auditing took place to check that required improvements were made where there had been gaps in staff signatures on MARs.

Continuous learning and improving care; Working in partnership with others

- There was a strong focus on continuous learning and improvement and keeping up-to-date with best practice to ensure people's needs could be met. There were several examples of "good news" stories where staff had worked in partnership with other social and health care professionals to ensure people received care appropriate to their needs and to enable them to enjoy a better quality of life. A healthcare professional commented, "They,[staff] are invested in gaining knowledge and regularly attend the yearly Specialists in Long-term Ventilation at Home network meeting, something that is not required of them."
- Staff members were allocated as champions and had lead responsibility for an area of interest such as dignity, dementia and care and researched their interest to promote best practice amongst all staff.
- Management were fully committed to provider forums and events that were organised via the local and health authorities and specialist services such as the spinal and epilepsy associations. The service were members of the Spinal Injury Association and Epilepsy association and Health Line. Clinical managers attended the Royal College of Nursing meetings which incorporates both NHS and private sector updating on the latest legislation and also sharing best practice.
- The service had an excellent record of being a role model for other providers. They worked in conjunction with external professionals to improve services for people. Some health care assistants had given a presentation at the Ventilation at Home (SiLVaH) forum.

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

- The registered manager had considered how people, relatives and staff were meaningfully involved in making decisions about how the service was designed and run. Regular surveys were carried out with people and relatives to collect their views. A relative told us, "I'm happy to give feedback and look forward to completing the forms".
- People and staff were encouraged to voice their opinions, and the management team responded to comments put forward. For example, one person who was involved in choosing their staff team, they had said the worker was good but they wanted a car driver, and this was addressed. A relative told us, as part of the staff recognition scheme, "They have feedback forms and we get asked who is your favourite carer? That is good, motivating for staff."
- Weekly staff meetings took place with office staff about the running of the service. A staff forum took place at Christmas for staff to come together and be further involved in the running of the service. There were plans to extend this to a three-monthly local forum with people and staff.