Enablement Care Services Ltd

Enablement Care Supported Living Services

Inspection report

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10 September 2025
24 September 2025

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

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Summary of findings

Overall summary

Enablement Care Supported Living Services provides support to people to remain independent and live in their own home within their community. People who used the service had autism and learning disabilities.

At the time of this assessment, they supported 4 people who received personal care. The Care Quality Commission (CQC) only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

We conducted this assessment due to the length of time since the previous inspection. Assessment activity started on 10 September 2025 and ended on 24 September 2025.
There was not a registered manager in post at the time of this assessment. A registered manager is a person who has registered with the CQC to manage the service. A manager had been appointed and was due to start working at the service from 22 September 2025.

We assessed all the quality statements from the safe, effective, caring, responsive and well-led key questions. At the last inspection, the overall rating for the service was good. At this assessment, the rating has remained the same.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. ‘Right support, right care, right culture’ is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. People received safe care. Risks were identified and plans implemented to help reduce risk. Safe recruitment practices were in place and staff received appropriate training for their role. People received support with their medicines. Staff followed infection prevention procedures. People had their individual needs assessed. Care plans were reviewed regularly. Staff understood the principles of the Mental Capacity Act (MCA) and helped ensure people were supported to

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make choices and decisions. Staff were kind and caring and respected people's individual preferences. Governance systems were in place. These monitored the quality of the service to help drive improvements. The provider worked in partnership with other agencies to help provide people with the care and support that met their needs.

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People's experience of this service

The majority of people receiving support from the service did not use words to communicate. We therefore contacted their relatives for feedback. We spoke with 4 relatives. Feedback was positive about the care and support provided to their family members.

Relatives told us they found staff were caring, supportive and empathetic. A relative said, “We are happy with the care. [My family member] is being looked after well.” Another relative told us, “Staff are all kind and caring.”

Staff understood people’s needs and supported them to meet these. Relatives were confident that staff had the skills and knowledge to care for people. A relative said, “[Care staff] really do know how to support [my family member] and they understand [them] very well. This makes a positive difference.”

Relatives felt able to complain and were confident that if they did, appropriate action would be taken by management, and improvements would be made. A relative said, “I have had a positive experience with management. I can openly speak to them. I have no concerns or complaints.”

We spoke with members of staff which included the director, compliance and quality assurance manager and care staff. Staff told us they were well supported by management. They told us there was a positive morale amongst the team and staff worked well together to support people effectively.

We obtained feedback from 1 external professional as part of this assessment. Feedback obtained was positive.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	Good
Is the service effective? The service was effective. Details are in our effective findings below.	Good
Is the service caring? The service was caring. Details are in our caring findings below.	Good
Is the service responsive? The service was responsive. Details are in our responsive findings below.	Good
Is the service well-led? The service was well-led. Details are in our well-led findings below.	Good

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During the inspection-
We spoke with three people who used the service about their experience of the care and support provided. We spoke with eight members of staff including the registered manager, the director, the human resources and operations manager, two care co-ordinators and three support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at six staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We sought feedback from two family members, two health professionals and two further support workers.

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Good

Safe

On this page

- Overview
- Learning culture
- Safe systems, pathways and transitions
- Safeguarding
- Involving people to manage risks
- Safe environments
- Safe and effective staffing
- Infection prevention and control
- Medicines optimization.

Safe

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last assessment we rated this key question good. At this assessment the rating has remained good. This meant people were safe and protected from avoidable harm.

This service scored 75 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

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Learning culture

Score: 3

The provider had a culture of safety, based on openness and honesty. Staff listened to concerns about safety and investigated and reported safety events. Staff were encouraged to openly discuss and learn from one another. The compliance and quality assurance manager told us, "Sometimes depending on what happens, we would ask staff to do a reflective practice." This reflective practice would give staff an opportunity to consider what improvements they could make.

A system was in place to report, record and monitor incidents and accidents to help support people safely. We looked at a sample of the most recent incidents/accident records. These detailed the nature of the incident/accident, immediate actions taken, the outcome and any follow up actions taken. However, there was a lack of documented information about lessons learnt to help reduce reoccurrence. We raised this with management who advised that they would ensure this information was recorded in future.

Staff told us they were able to raise concerns outside of the management team to help prevent the development of a closed culture.

Safe systems, pathways and transitions

Score: 3

The provider worked with people, relatives and healthcare partners to establish and maintain safe systems of care, in which safety was managed or monitored. They made sure there was continuity of care.

People, and their relatives where appropriate, were involved in their care and support planning.

Safeguarding

Score: 3

The provider worked with people and healthcare partners to understand what being safe meant to them and the best way to achieve that. Staff concentrated on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect.

Relatives told us they were confident their family members were safe when being supported by care staff. A relative told us, "I am confident [my family member] is safe." Another relative said, "[My family member] is safe with staff. Staff do understand [my family member's] needs and care."

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Procedures were in place to help safeguard people from abuse and improper treatment.

Staff knew how to report concerns and said that they wouldn't hesitate to do so. They were confident that management would take appropriate action without delay.

Involving people to manage risks

Score: 3

The provider worked with people to understand and manage risks by thinking holistically. Staff provided care to meet people's needs that was safe, supportive and enabled people to do the things that mattered to them.

Potential risks to people's safety were assessed appropriately and risk assessments included detailed measures in place to help reduce risks. People's risk assessments included details of relevant risks, triggers and control measures to help protect them. Risk assessments were comprehensive, and person centred.

Personal Emergency Evacuation Plans (PEEPS) were in place for each person. These provided details about people's mobility and medical conditions that could impact on their ability to leave the premises in the event of an emergency and guidance on how staff should support them.

Safe environments

Score: 3

The provider identified and controlled potential risks in the care environment. They helped to ensure equipment, facilities and technology supported the delivery of safe care. The provider assessed people's homes for risks and took action to ensure people, staff and visitors remained safe.

The provider used technology to help promote the safe delivery of care. For example, senior staff monitored electronic care planning systems. This helped to promote safety for both people and staff as the provider was assured care visits were completed as planned.

Safe and effective staffing

Score: 3

The provider made sure there were enough qualified, skilled and experienced staff, who received effective support, supervision and development. They worked together well to provide safe care that met people's individual needs.

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We looked at a sample of staff rotas and found there were sufficient numbers of staff in place to cover care calls and meet people's needs. The provider had an electronic homecare monitoring system in place to monitor care staff's timekeeping and punctuality in real time. The system flagged up if care staff had not logged a call to indicate they had arrived at the person's home and were running late.

Policies and procedures were in place to help recruit staff safely. Checks on the suitability of potential staff were completed. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Records showed that staff had received training in areas relevant to their roles. Staff were given opportunities to discuss their performance and professional development with senior staff.

Infection prevention and control

Score: 3

The provider assessed and managed the risk of infection. They detected and controlled the risk of it spreading. Care staff followed infection control processes, including washing their hands, keeping people's home's clean and wearing personal protective equipment (PPE).

Staff had completed training about infection prevention and control. Staff said they had enough PPE.

Infection prevention and control policies were in place. Staff were given the information and guidance they needed.

Medicines optimisation

Score: 3

The provider made sure that medicines and treatments were safe and met people's needs, capacities and preferences. Medicines management systems were in place.

Electronic Medicine Administration Records (MARs) were completed by staff. We looked at a sample of these and found these were completed indicating medicines were administered as prescribed. Where medicines were not administered, there was a clear record of the reasons why and any action taken by staff.

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Staff received training to administer medicines to help ensure they had the appropriate knowledge and skills.

Medicines in extra care settings should be stored in people's own flats in accordance with guidance. Medicines were stored in this way and people had a lockable cabinet in their flat where they stored their medicines.

Where people were prescribed medicines on a when required basis (PRN), there were appropriate protocols in place to advise staff on what circumstances and how to give these medicines.

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Effective

Good

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At our last assessment we rated this key question good. At this assessment the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

This service scored 75 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Assessing needs

Score: 3

People's needs were assessed and planned for. People and their relatives, where appropriate, had been involved in the care planning process. A care needs assessment had been carried out before people received care from the service.

People's needs, risks and choices were assessed and planned for. Assessments were used to help create care plans which outlined people's care and support needs, preferences and wishes and the support required by staff. Care plans were reviewed to reflect changes in people's needs, wishes and health conditions.

People's relatives told us they were confident people's needs were met and their choices were respected. A relative said, "Staff know [family member's] needs. I am confident that they do understand their needs."

Delivering evidence-based care and treatment

Score: 3_The

provider planned and delivered people's care and treatment with them, including what was important and mattered to them. This was done in line with legislation and current evidence- based good practice and standards. Staff undertook a range of training to help them perform their role effectively. Staff told us training was helpful, and they felt appropriately skilled and well informed. A member of staff said, "They equip us with training so that we can put it in practice and support our clients."

People's nutrition and hydration needs were assessed and individual care plans were in place. Staff monitored people's food and fluid intake where necessary and helped ensure people had healthy and balanced diets. A

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relative told us, “They take care of [family member’s] meals. [They] eat fruit, vegetables and [staff] really do help [them] to eat healthily.”

How staff, teams and services work together

Score: 3

The provider worked well across teams and services to support people. Staff had effective communication systems. Regular meetings were also held for staff and provided an opportunity for staff to share information about the running of the service and people’s individual needs.

Information was also shared with staff through the provider’s internal electronic platform.

Staff told us they felt communication was good. A member of staff told us, “Communication is good. Professional and cordial. There are no gaps in communication.” Another member of staff said, “Communication is effective here.”

Staff shared information with each another as necessary to help ensure people experienced continuity of care. Staff told us they were supported in their work and felt valued working at the service. They said they felt comfortable reaching out to their colleagues and management for support.

Staff worked well with external healthcare professionals. They made timely referrals when they identified people had a specific need. Management communicated with various professionals such as the local authority, GP, community mental health teams.

Supporting people to live healthier lives

Score: 3

The provider supported people to manage their health and wellbeing to maximise their independence, choice and control. Staff supported people to live healthier lives and where possible, reduce their future needs for care and support.

Staff recorded their visits on electronic daily notes. These included the tasks staff completed and people’s healthcare needs. Management used these notes to help monitor people’s progress.

Care plans were detailed and personalised. There was information for staff on how to monitor and care for

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people to keep them safe and well. People's healthcare needs and medical histories were documented in their care plans. Care plans included details about how people's health and medical conditions affected their everyday life and how staff could support them to overcome difficulties.

Monitoring and improving outcomes

Score: 3

Outcomes were set for people in their care plans. These detailed how people wanted to be supported to achieve their goals and outcomes. Care plans we reviewed showed evidence of outcomes being monitored and progression towards goals.

Daily notes were completed by staff. These enabled staff to monitor people and help staff respond to people's changing needs promptly to help promote positive outcomes.

Consent to care and treatment

Score: 3

The provider told people about their rights around consent and respected these when delivering person-centred care and treatment.

Staff had received training on the Mental Capacity Act 2005. Staff were aware of the importance of giving people time to make their own decisions where possible.

Systems were in place to ensure valid consent to care was obtained.

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Caring

Good

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At our last assessment we rated this key question good. At this assessment the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

This service scored 75 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Kindness, compassion and dignity

Score: 3

The provider always treated people with kindness, empathy and compassion and respected their privacy and dignity.

Relatives told us staff were kind, respectful and caring. They said that staff treated people with dignity and were respectful. A relative told us, "There seems to be a good bond between [my family member] and care staff. This makes me happy." Another relative said, "[Care staff] are kind and caring and patient."

People were familiar with care staff that supported them and felt comfortable in their presence. People received care from a consistent regular team of care staff that they were familiar with.

This was confirmed by relatives we spoke with. A relative told us, "We have the same regular staff. [My family member] has autism so does not like changes. [They] are happy with the same staff and this is what we wanted."

Treating people as individuals

Score: 3

The provider treated people as individuals and made sure people's care, support and treatment met people's needs and preferences. They took account of people's strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

People's spiritual and cultural needs were documented and staff respected their beliefs. For example, they offered meals which remained in line with their religious values. The management team made efforts to appropriately match people with staff based on their interests and personality traits.

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Staff understood people's needs and provided care in a way which was personalised to them. Staff had taken time to get to know people, which helped promote positive working relationships and helped people feel comfortable when in the presence of staff. Staff had a knowledge of people's individual preferences and routines. This helped to ensure the care they provided was tailored to the individual they were supporting.

Independence, choice and control

Score: 3

The provider promoted people's independence, so people knew their rights and had choice and control over their own care, treatment and wellbeing.

People were supported to remain as independent as they wished. Care was carried out in a way which people wanted, which helped people remain independent with aspects of their personal care where possible.

People's independence levels were recorded in their care plans so staff knew where they needed assistance. This helped ensure staff had the information they needed to help meet people's needs.

Responding to people's immediate needs

Score: 3

The provider listened to and understood people's needs, views and wishes. Relatives told us they were happy with how staff responded to their family member's needs. They told us staff were responsive and attentive. A relative told us, "Staff in the office respond quickly when I call them."

Care records were reviewed by staff to help ensure they included sufficient guidance for staff to care for people in a person-centred way and to recognise people's changing health needs. Daily care records were reviewed by management to check that staff provided care in a person- centred.

Workforce wellbeing and enablement

Score: 3

The provider promoted the wellbeing of their staff. Management supported staff and helped them to deliver person-centred care. The compliance and quality assurance manager told us, "The team works well together. Staff are always able to pop to the office and there is good synergy. I encourage staff to speak to me openly."

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Staff told us they were happy in their role. They said management staff were supportive and encouraging. Staff we spoke with told us they felt supported and valued by their colleagues and management. They said they felt happy and safe at work. Staff told us they could raise concerns and ask questions. They were confident these

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would be addressed. A member of staff told us, “Management are easy to reach. They are friendly and there when I need them.”

Management had an open-door policy. Staff were encouraged to speak up and raise concerns openly.

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Responsive

Good

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Responsive

Good

25 September 2025

Responsive – this means we looked for evidence that the service met people's needs. At our last assessment we rated this key question good. At this assessment the rating has remained good. This meant people's needs were met through good organisation and delivery.

This service scored 75 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Person-centred Care

Score: 3

The provider made sure people were at the centre of the care and support and they decided, in partnership with people, how to respond to any relevant changes in people's needs. A relative told us, "I am definitely happy with the care [my family member] receives here. It is definitely about their wellbeing there."

People and their relatives were involved in sharing information on their preferred personal care routines and levels of support they required from staff. Care was carried out in line with people's wishes and that staff had a good understanding of their needs. People's care plans included information to reflect their physical, mental, emotional and social care needs. People and their relatives had opportunities to review care plans. This helped to ensure staff were responsive to any changes to people's needs.

People received consistent person-centred care and support. Care plans included personalised information and guidance for staff to make sure they treated people as individuals.

Care provision, Integration and continuity

Score: 3.

The provider understood the diverse health and care needs of people and their local communities, so care was joined-up, flexible and supported choice and continuity. Relatives told us people received continuity in their staffing and care arrangements. They told us people were allocated small teams of staff, whom they had built positive relationships with so that they felt comfortable in their presence.

Management considered the geographical area, people's needs and timings of potential care packages to

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help ensure people received timely and consistent care. The provider made referrals to professionals in response to people's changing needs to ensure there was a joined up and coordinated approach between different stakeholders involved in people's care.

The provider helped to make sure people could access the services they needed in the community. This included liaising with different healthcare professionals and providing support for people to attend appointments.

Providing Information

Score: 3

The provider supplied appropriate, accurate and up-to-date information in formats that were tailored to individual needs.

Staff identified and recorded communication needs. They helped ensure people received information in ways they could understand. Care plans recorded individual communication preferences. The use of an electronic care monitoring system meant that care records, incidents, and communication logs were visible in real time, supporting both transparency and the continuity of care across the service.

Systems were in place to hold confidential information, and the provider had systems to ensure compliance with the UK General Data Protection Regulations (UK GDPR). Service records were kept locked away or were password protected on electronic devices. This helped to ensure people's private and sensitive information was only shared with authorised persons.

Relatives told us they had the information they needed. They knew who to contact if needed and wouldn't hesitate to do so. A relative told us, "Communication is good. [Staff] keep me updated with what is going on. I am always involved and if I am not happy with something, I will always phone and find out what is happening".

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Listening to and involving people

Score: 3

The provider supplied appropriate, accurate and up-to-date information in formats that were tailored to individual needs.

The provider had an understanding around the Accessible Information Standard and processes in place to ensure people's communication needs were met. The Accessible Information Standard is a legal responsibility to ensure people receive information in a way they can understand it. The provider carried out assessments of people's communication and sensory needs to identify any support or adjustments required.

People and relatives were encouraged to share feedback and ideas, or raise complaints about their care, treatment and support. Staff involved people and relatives in decisions about their care.

People's communication needs were documented in their care plan. This provided information about people's individual needs and included information about how the person communicated and details of how to communicate with them.

Equity in access

Score: 3

The provider made sure that people could access the care and support they needed when they needed it.

People received care and support in line with their assessed needs, and the provider ensured this was delivered equitably, regardless of a person's background, language, or culture. The provider made sure that people could access the care, support and treatment they needed when they needed it.

The provider had policies and procedures around equality and diversity. Staff told us they had received training in equality and diversity. This helped to ensure they had awareness of people's protected characteristics and the requirement for all people to receive fair and equal treatment.

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Equity in experiences and outcomes

Score: 3

Staff and leaders actively listened to information about people who are most likely to experience inequality in experience or outcomes and tailored their care, support and treatment in response to this.

Relatives told us that people were treated fairly and raised no concerns about discrimination or inequality in relation to their care. Management told us people's needs and preferences were assessed before the provider agreed to commence care services. This helped to ensure people's needs could be met. People's care plans contained information in relation to how their social, cultural and spiritual needs should be met.

In a recent staff meeting, staff identified that it would be helpful for them to have further information about people's individual religions so that they could support people appropriately. In response to this, the provider put together a 'religion in care setting' document. This provided staff with important and practical information about different religions and their specific rituals and practices. This document was shared with all staff to help further their understanding and build confidence around this area.

The provider had a programme of training that covered equality, diversity, and inclusion. Staff were aware of the importance of treating people equally regardless of their abilities, their background or their lifestyle.

Planning for the future

Score: 3

Management confirmed that at the time of the assessment no one was being supported with end-of-life care or in receipt of palliative care. However, if such support was required, staff would complete the appropriate training. The registered manager expressed a commitment to ensuring such care and support would be personalised.

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Good

WELL – LED

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- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Freedom to speak up
- Workforce equality, diversity and inclusion
- Governance, management and sustainability
- Partnerships and communities
- Learning, improvement and innovation

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Well-led

Good

25 September 2025

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At our last assessment we rated this key question good. At this assessment the rating has remained good. This meant the service was consistently managed and well-led.

This service scored 75 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Shared direction and culture

Score: 3

The provider had a shared vision, strategy and culture. This was based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people. Staff told us management encouraged a positive culture of learning and development at the service. They said they felt listened too and valued.

The compliance and quality assurance manager explained that they encouraged staff to be reflective about their practice and open to feedback about how they could improve. Staff were aligned with the provider's values and were positive and enthusiastic about their roles. They told us management were open to their suggestions about how to improve the running of the service.

Staff undertook a range of training and had used this to help ensure procedures were followed to provide people with good quality care. There was regular communication between staff so that they could share their experiences and learn from one another. Systems and processes had been designed in line with the service's vision and values and focused on people and meeting their individual needs.

Capable, compassionate and inclusive leaders

Score: 3

The provider had inclusive leaders who had the skills, knowledge, experience and credibility to lead effectively. They did so with integrity, openness and honesty. Relatives told us they had confidence in the management of the service. A relative said, "I have to give credit to management in the way they train their staff and they are very caring in their manner."

There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The management team were responsive when things went wrong and took action

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to make improvements. Throughout the assessment of the service, management and staff we spoke with acted with openness, integrity and transparency.

Staff told us managers were knowledgeable and provided them with the support they needed to do their job effectively. There was open and ongoing communication between the management team and staff. A member of staff said, “It is a lovely company to work for. We have maximum support. We are supported to do our jobs to the best of our ability.”

Freedom to speak up

Score: 3

The provider fostered a positive culture where people, relatives and staff felt they could speak up and their voice would be heard.

Speaking up procedures were in place and accessible to staff. Details of these procedures were shared with staff. Information was also displayed on noticeboards in the office. Staff told us they knew how to raise concerns and were confident the management would listen to them and respond.

Staff told us they felt confident that they could raise any issues with the leaders, and they would be taken seriously and investigated. The provider had a whistle blowing policy in place, which detailed how staff could speak up about any concerns they had about the service. In addition, managers were regularly in contact with staff and this helped to promote an open rapport and effective working relationships.

Workforce equality, diversity and inclusion

Score: 3

The provider valued diversity in their workforce. They worked towards an inclusive and fair culture by improving equality and equity for people who worked for them.

The provider had policies and procedures in place around workforce equality and diversity. The leadership team were sensitive and responsive to staff’s individual circumstances. This helped to ensure reasonable adjustments were made to accommodate staff’s needs. The compliance and quality assurance manager told us, “We always support our staff. Reasonable adjustments are always respected and we try to meet these. Staff are supported.”

Staff spoke positively about working at the service and said that their diversity needs were met. Staff were supported with flexible working conditions, felt discrimination would be challenged and had opportunities to celebrate their diversity. Staff told us they felt well supported by the management team and felt like a valued

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member of the team.

Governance, management and sustainability. Score: 3

The provider had clear responsibilities, roles, systems of accountability and governance. They used these to manage and deliver good quality, sustainable care and support. Systems in place to oversee the quality and safety of the service. This included live monitoring of care through the electronic care planning system. This helped to ensure was carried out as planned.

Senior staff completed audits to help identify opportunities to make improvements. This included audits of care plans, care notes and medicines administration records. We found that some audits lacked detail and raised this with management. Management was receptive to this feedback and advised that they would review these.

Management understood and demonstrated compliance with regulatory requirements. They also understood their responsibility to provide honest information, suitable support and to apply duty of candour where appropriate.

Partnerships and communities Score: 3

The provider understood their duty to collaborate and work in partnership, so services worked seamlessly for people. They shared information and learning with partners and collaborated for improvement. The provider told us they worked with a range of other professionals to help make sure people received continuity in their care. Relatives were able to give us examples of the service working in partnership with other agencies, including community.

Learning, improvement and innovation Score: 3

The provider focused on continuous learning, innovation and improvement across the organisation. Management focused on ways to improve the quality of care. The provider had an ongoing service improvement plan and this enabled them to review audits and feedback to help ensure measures were in improving the quality of care.

The culture within the service promoted honesty and learning from mistakes and there was a clear understanding of the need to be open in the event of anything going wrong. Feedback was shared with people and staff to ensure lessons were learnt.

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