

L Adams and J Adams

Broad Oak Manor Domiciliary Care

Inspection report

Broad Oak End
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Tel: 01992551900

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Broad Oak Manor Domiciliary Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It also provides assisted living to people with more independence. It provides a service to people living with dementia, people with a physical disability, older people and people with sensory impairments. Its office is based in a rural area of Hertford. At the time of our inspection visit there were seven people receiving a service of personal care.

The service is on the same site as another of the provider's services, Broad Oak Manor Care Home. Also on site is a converted barn that people can use to socialise. This contains comfortable seating areas, a television and a café area that members of the public can also use.

Peoples experience of using this service:

People's care was person centred and based on what was important to them. People's concerns were dealt with and acted on before they became a complaint and to the person's satisfaction. One staff member told us how they danced to encourage a person to get out of bed. Systems were in place to meet people's end of life care needs and help ensure a dignified and pain free death. One compliment from a relative stated, 'The family wish to express our sincere thanks to all the staff who cared for [person] and [staff] who looked after then with such kindness. Thank you also for the kind expression of sympathy and condolences which were a great comfort to us all.'

Skilled staff were provided with the necessary support including coaching, shadowing experienced staff and regular supervision, staff maintained their skills. People's needs were completely met. One relative told us of the significant difference staff made to their family member in being able to live at home. People's independence was upheld and promoted with enough to eat and drink. Staff enabled people to access healthcare support by working exceptionally well with others involved in people's care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for by staff with compassion, kindness and dignity. Staff knew people well and they promoted people's privacy, culture needs and independence. People had a say and choice in who and how their care was provided. One person told us, "I absolutely can't praise staff enough for what they do. They go the extra mile every time and do the little things that mean so much."

The registered manager promoted and supported an honest and open staff team culture. Staff upheld the provider's values by helping people live a meaningful life. Governance and oversight of the quality of the service was highly effective in driving improvements which changed people's lives for the better. People were at the heart of determining how the service was run. The service and its management team worked extremely well and successfully with other organisations. People received care that was highly coordinated and as a result they led a meaningful life. Many people complimented the service for the quality of care

provided. One relative told us that all staff had totally transformed their family member's life and how pleased they were at how well the service was run.

Risks to people were identified and managed well. Appropriate steps had been taken to safeguard people. Sufficient numbers of staff with the required skills had been recruited safely and deployed to keep people safe. The provider's monitoring systems were useful in alerting any reason staff were running late. One person spoke fondly of their care staff and said, "I feel safe knowing I can rely on [staff]. I have never ever had a missed [care] visit" People were supported to take their medicines as prescribed by trained and competent staff. Lessons were learned when things did not go quite so well. Infection control systems promoted good hygiene standards.

Rating at last inspection: Good (report published 03 December 2016). At the latest inspection the service had improved to outstanding.

Why we inspected: This was a planned inspection based on the previous rating.

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

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

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 exceptionally effective

Details are in our Effective findings below.

Outstanding ☆

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Good ●

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 ☆

Broad Oak Manor Domiciliary Care

Detailed findings

Background to this inspection

The 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 checked 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.

The membership of the inspection team:

The inspection was undertaken by one inspector.

This inspection site visit took place on 6 June 2019 and was announced.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It also provides an assisted living service with access to a night shift warden. Seven people were receiving this service.

Not everyone using Broad Oak Manor Domiciliary Care receives the regulated activity of personal care. CQC only inspects the service being 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.

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 five days' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests'

decision about this. We needed to speak with relatives of people who lacked the mental capacity to do this.

What we did before the inspection:

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included information from statutory notifications the provider sent to us. A notification is information about important events which the provider is required to send to us such as incidents or allegations of harm.

What we did before the inspection:

Prior to our inspection we contacted the local safeguarding authority and commissioners of the service to ask them about their views of the service. These organisations' views helped us to plan our inspection.

What we did during our inspection:

The inspection took place between 29 May 2019 and 12 June 2019. It included speaking with relatives by telephone and contacting health professionals and the local safeguarding teams. We spoke with three relatives by telephone and received feedback from two health professionals.

We visited the office location on 6 June 2019 to see the registered manager and the nominated individual who has overall responsibility for the quality of service provision. We spoke with the general manager who is also a registered manager for the provider's other service, one team leader and two care staff. We also spoke with another staff member on 12 June 2019, as they were off duty on 6 June 2019.

We looked at two people's care records and their medicines' administration records. We also looked at staff training and supervision planning records and other records relating to the management of the service. These included records associated with audit and quality assurance, accidents and incidents, compliments and complaints.

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 Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. All staff spoken with had a good understanding of what safeguarding meant and to whom they could report any concerns including the local safeguarding authority. Staff kept up-to-date with appropriate and effective training on this topic.
- People said how reliable staff were in their care visit times and they had no concerns about staff's care.
- People told us they felt safe. One person said, "I trust [staff]. They always lock my door on leaving." A relative told us, "When I have visited, staff are always very careful when repositioning my [family member]."

Assessing risk, safety monitoring and management

- Risks to people were identified and systems were in place to manage these. Staff knew how to mitigate each person's risks as well as promoting independence in taking risks that were safe.
- People's home environment was checked for safety and reviews of this promoted people's safety. People said how attentive staff were including, making sure equipment was always checked before use and the use of life-line pendants. Emergency plans were in place to ensure people were supported in the event of a fire.
- A staff member told us that their training on emergency evacuation equipment gave them confidence should a fire occur.
- One relative told us that staff were "meticulous" in their family member's care and they had "seen huge improvements" in the person's skin integrity.

Staffing and recruitment

- Staff recruitment systems helped ensure that only suitable staff were employed.
- People and relatives told us that there was enough staff who had the skills to keep people safe. The registered manager told us that recruiting staff who showed the right values in the first place had helped retain staff.
- Changes to people's needs were responded to with appropriate amendments to staffing levels. Systems were also in place to cover staff absences both planned and unplanned. One person told us, "I don't have to wait for [staff] to arrive. They are pretty much so reliable I can set my watch by them, every day."

Using medicines safely

- Medicines were managed and administered safely by trained and competent staff. This helped ensure good medicines' administration practice and kept people's medicines safe, such as if children visited their relative.
- Effective audits were in place to ensure any errors with medicines such as recording were promptly acted

on. Medicines were disposed of safely including where they were no longer required.

- People could be as independent as they needed to be with their medicines. One relative told us they provided all their family member's support with medicines and staff just "checked if this had been done".

Preventing and controlling infection

- Systems were in place to promote good standards of infection prevention and control. This included the training of staff, provision of protective clothing and audits to make sure staff adhered to good hand washing practice.
- One person said that staff, "Always wear an apron and tidy up the bathroom and kitchen before leaving."
- The registered manager told us that they did unannounced checks to make sure staff adhered to good standards for hygiene.

Learning lessons when things go wrong

- The provider and registered manager made improvements when things did not go so well. For example, in the way staff's rosters and information in handover records were communicated to them.
- The registered manager told us that where staff had not always completed the correct record such as for repositioning people and oral care, a reduction in forms was being implemented to avoid further errors.

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 Outstanding. At this inspection this key question has remained the same Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's needs were assessed in detail at the earliest opportunity by staff who had exceptional skills based on their qualifications. Staff followed best practice and as a result people achieved better outcomes. For example, people at high risk of pressure ulcers avoided these. Staff with previous healthcare experience acted on any concerns immediately to enable the right health support. Another example was the use of the latest guidance for food and drink consistencies which had resulted in people attaining a healthy weight. One relative had praised the staff as they had not been able to encourage their family member to eat and drink well.
- There was a range of staff who were champions in various areas of people's care including dementia care, moving and handling, medicines' administration and nutrition. Each of these staff members had continued to develop their skills through educational establishments which specialized in these subjects. One staff member described to us minute detail of how their support had achieved incredible results especially for people with life changing health conditions.
- Following successful completion of the Care Certificate, staff had further developed their skills in care including support from speech and language therapists (SALT) and physiotherapists. This meant staff had the latest guidance and support to meet people's needs. In one case, a person had moved from a residential care home to live in their own home with support from staff who attended to their every need. For example, supporting the person to complete an intensive physiotherapy programme every day of the week. This was instrumental in the person living a healthier quality of life they might not otherwise have done.
- Care and support was regularly reviewed, changes were made in line with guidance such as for administering medicines in the community.

Staff support: induction, training, skills and experience

- Staff's training, supervision, coaching and mentoring was appropriate and based on people's needs. The registered manager regularly reviewed staff's support needs and sourced additional training when needed. For example, end of life, and dementia, care. Staff used skills from previous roles including being a health professional and using the latest guidance for pressure ulcer prevention and wound care.
- One example of staff skills was caring for a person with a life changing health condition. The registered manager had ensured that staff had training and staff with previous skills met the person's needs in a new environment, with different equipment and doing this to the person's complete satisfaction. This meant the person could be with their family members in their own home and watch their favourite programme on TV. Staff would engage in conversation about this which the person thoroughly enjoyed. Another example included the registered manager visiting a learning disability service and used ideas on successfully meeting

people's needs with challenging behaviours which had resulted in a significant reduction in these. For this person, staff had bonded well and supported them in a respectful way.

- Staff were ingenious in promoting healthy eating and drinking. One relative said, "I simply can't praise staff enough for their skills. They enabled my [family member] to live at home." The relative added, "Staff have a knack in helping my [family member] to eat and eat well." This resulted in the person continuing to live well.
- All staff spoken with praised the frequency and quality of their support. One staff member told us, "I am a champion for dementia care and I have gained skills to pass on to other staff including managing challenging behaviours and ways to encourage people to eat, drink and wash." Because of this we found that these behaviours had reduced significantly. The provider told us in their PIR, "We have held reflective practice sessions with staff where the focus has been on 'what it is like to be an individual receiving care with dementia' and the impact on communication and care delivery. This has been successful in giving the staff insight into how they can better connect with people."
- The registered manager accessed training that benefitted people including following the latest guidance for food and drink consistencies. This had promoted good health, eating and drinking for people at risk.

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

- People were supported to eat and drink enough. Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight. One staff champion had supported a person to have their favourite tea with thickener using SALT guidance. This meant that people continued to enjoy drinks they once thought no longer possible.
- Most people did their own shopping, with relatives' help, or purchased food locally to eat at home. When needed, staff went shopping with people and helped them do this. People could use the provider's communal barn which people from the provider's other service could use.
- People could purchase meals of their choosing such as a main meal each day in a format appropriate for people's needs such as pureed. One relative told us how their family member "ate so well" and this had been purely down to staff's diligence. Another relative said, "Using the right size cutlery is so important as is not rushing each mouthful."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff team worked consistently well with many other health professionals involved in people's care. Referrals to healthcare professionals such as dieticians and physiotherapist were made promptly. One health professional told us that the provider's staff were, "Some of the best they had come across" in providing joined up care in the community.
- Guidance in care plans was extremely detailed and staff rigidly followed this. One example of how this had benefitted a person was by the occupational therapist placing a bed with cushions against a wall, thus removing the need for a bed rail.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from external healthcare professionals this was enabled. Staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- One health professional told us the staff were "very good at knowing exactly when to request help" and "very good at implementing guidance" including specialist diets to prevent choking.

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".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care in the community services this is applied for, and authorised, through the Court of Protection (CoP).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where needed, there was appropriate consideration of care that was in people's best interests including for bed rails and living at home. One relative told us how "astounded" they were at having their family member "back at home rather than fading away in a care home".
- All staff and management team members applied all the principles of the MCA and gave people freedom of choice but in a safe way. Where decisions needed to be made for people these had been authorised through the CoP.
- One relative had a Lasting Power of Attorney which gave them authority to make decisions on the family member's behalf. The relative said, "I know my decisions make the difference between having the right type of care or not."

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a strong person-centred culture where people were supported by highly motivated staff. People's care was based on what was important to, and for, them. For example, one person used to work in healthcare and staff knew what the person really liked to do and supported them in these activities.
- Staff were highly attentive to people's preferences, for example by organising visits from community groups including schools and musicians. Staff had arranged for a local school to visit and share modern experiences with people who then shared their experiences of life and work in the 1940s. People talked to the children about household chores such as heating an iron on the stove to iron clothes. One person had worked as a school teacher, they made positive comments about how the visits "keep me in touch with youngsters."
- The provider had a barn where social events were organised. People living in the care home, and visitors from the community, all met to enjoy the events, and meet informally together. Photographs from various community gatherings were available for people to look at and reminisce. One set of pictures evidenced how instrumental children had been in showing people how to use modern technology. One person said, "I have got very good at using IT. It helps me keep in touch with my friends." Another person showed us their computer tablet they used to share their favourite photographs with families and friends.
- Staff demonstrated a real empathy towards everyone they cared for. A relative told us that despite their family member's health, "staff had shown only compassion" in meeting "every single aspect of their needs", despite the person's complex care. One staff member said, "I have worked here for several years and completed dementia care training to an advanced level. Understanding what it is like being old or living with dementia is very important." Their dementia care practice meant incidents involving people with behaviours that challenged others were reduced significantly.
- Staff made every person feel they really mattered. One relative told us staff had sourced a special and beautiful photograph of their loved one in their youth and this was a "very touching" gesture. The relative went on to tell us that care staff were "flawless."

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

- Staff made sure that people, or those acting on their behalf, were able to contribute as much as they wanted, to how they wanted staff to provide their care and support. Decisions people made were recorded in their care plans. One person said, "My [family member] helped me decide what [support] I needed. I was determined to live in my own home, and here I am, living with just a little help."
- Staff signposted people and their relatives to sources of advice and support, including advocacy services if people wanted independent advice. Staff provided information how to do this.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people extremely well and ensured that any changes in people's needs were noted and discussed with the registered manager. Privacy and dignity were embedded into the team's practice and people were treated with the utmost respect.
- Staff spent considerable time building trust with people. The registered manager ensured that staff were carefully matched to each person and over time these staff were able to bond with the person. For example, staff built such a great rapport with one person that despite being very proud they were happy for staff to provide them with continence support. The staff did this with total discretion as they understood that this was a very sensitive area for the person.
- The staff team worked hard to ensure that people maintained or regained their independence. One example of this was when one person had suffered a life-changing health condition and had become totally dependent on staff for everything. The person had physiotherapy and four daily exercise sessions with staff, which had helped them increase their independence. This had taken many months of perseverance by the whole staff team. The service had received many compliments from relatives, which had highly praised staff for supporting people to regain full independence. One relative told us how staff made "every single effort" to promote independence at every chance they got.
- An equality, diversity and human rights approach was fully established. Staff showed genuine concern for people and were keen to ensure people's rights were upheld. Staff treated people equally well, whilst respecting people's individuality, and did not show any bias in anything people were supported with.
- People's right to privacy and confidentiality was respected and staff were very careful to keep people's care information confidential. For example, staff only shared information with a person's relatives when the person had agreed to this. When visiting people in their homes we observed staff waiting for people to respond and how patiently they were doing this. A relative said, "[Staff] are absolutely meticulous knocking on the door." Another relative said, "When I visit, staff religiously knock on the door and await permission to enter."
- People were afforded choice and control in their day to day lives. Staff were keen to offer people choices in the way they wanted to be supported including attending communal meals in the provider's barn, and with whom they did this. One person told us, "I like the fact I can visit friends as well as family visiting me."

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received their care at exactly the time they needed, this met their needs exceptionally well. For example, people were assigned their own staff member who provided reliable and timely care. This staff member provided the vast majority of the person's care and this helped develop life-long friendships. Staff were innovative in involving people, their family and circle of friends in determining precisely what care they needed and what outcomes they wanted to achieve. Staff successfully did this by using regular face to face meetings, meetings of community members or e-mail contact as well as input from health professionals. In addition, people's homes were located close to a restaurant, library, exercise classes, and activity centre. This enabled people to keep doing the things they loved.
- The registered manager showed us many examples of how they had done this including; family Christmas lunches, an Oscar film awards evening specifically requested by a person who had always wanted to attend the Oscars. This was as well as a community knitting scheme in support of a charity for a person who loved knitting. In addition, people made ornamental poppies with names on to remember the sacrifice and to commemorate Remembrance Day. One person had been instrumental in establishing a bridge club and another a gardening club. In each of these occasions, people were at the heart of every one of them including visiting the provider's care home to play cards and do gardening with people who lived there. A relative said, "It is amazing the things that happen. There is never a dull day even in winter there are hobbies and all sorts of clubs based on [family member's] preferences." Photographic records showed people planting the vegetables and flowers they would benefit from when fully grown.
- The service fully understood different people's needs in a way which promoted equality. For example, one person had been a school teacher and they had many fond memories. As a result, the registered manager had arranged several visits from a school. People and the children had developed ongoing friendships where they shared life's experiences both in the modern day and from many years ago. One person told us, "I love it when the youngsters come, it lightens the day for me and makes me smile." Another person had "thoroughly enjoyed explaining rationing" during the second world war to the school children. This also included learning from them about school life today. One person described the children as their "angels who listened" to their every word.
- Staff had an excellent understanding of what was important to people. One person had requested an evening to celebrate the Oscar's. The registered manager had sourced a red carpet and replica trophy. People dressed in all their finery, walked the red carpet or did this in a wheelchair and spent an evening watching their favourite films and then being presented with an Oscar. Photographic records showed the delight on each person's face. One person had commented, "I didn't know how heavy an Oscar was." Another person had been supported to drink their favourite drink but with thickener agreed by the SALT. As a result they felt comfortable taking part in community events such as a barbecue.

- Staff acted on the finer points of people's care and enabled a wider range of other hobbies and pastimes included people hosting a street party barbecue and helping to serve drinks and food.
- Every person was unanimous in praising staff for how care was very person-centred. No matter what people's needs were, staff supported people to take part including those who used a mobility aid or needed as special diet. One compliment from a relative stated, 'Thank you for all your wonderful care. You helped so much in helping them [regain independence]'. Another person who had been a dressmaker was supported with cotton thread, thimbles, and buttons. This gave the person comfort and helped them remember a time when they were fully independent. Staff also showed the person pictures of when they, and friends, were dressed in clothes they had once made.

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.

- Staff followed guidance and ensured people were not discriminated in any way. People with sensory impairments led as normal a life as possible.

Improving care quality in response to complaints or concerns

- The provider had followed their complaints process and involved people and relatives in resolving concerns. Individual letters of apology had been sent as well as explaining to the person what action had been taken and asking them if this is what they wanted.
- One person was very grateful at changes made to their care visit times and that their care had been reliably provided ever since. Changes were made to the quality of care that was provided and processes were in place to maintain this such as through observations of staff's care practice.

End of life care and support

- Although no one needed end of life care and support there were systems, policies and procedures in place for this. This included support to relatives and staff including bereavement counselling.
- In case of people requiring resuscitation the provider had implemented a system where people's decisions about this were kept in a special container located where healthcare professionals could easily locate it.
- A positive theme was how many compliments the provider had received from relatives. A sample of these included, "Thank you to all the staff at Broad Oak for everything you did to help [family member]" ... "[Family member] could not have been better cared for anywhere else and I know you all went well beyond your duty of care" and "Thank you so much for the excellent care you gave to our [family member]".
- People were supported to have a dignified death in a place they had chosen, with flowers, music, friends and staff they wanted to be with them. Staff who had a lead role in palliative care were supported by the local palliative care team with advice on symptom management. As a result, staff with these skills ensured people were supported in a dignified way and prompt reporting and recording of any changes in health.

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 now improved to outstanding. This meant the service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and health professionals had many very positive views about the quality of care provision. One person said, "The only reason I can live in my own home is because all the staff are so good at their job. The [registered] manager is like an old friend. We get on and share ideas. Many of these have been implemented." Examples of these ideas included an Oscars evening, charity events, knitting club and bridge club. Relatives and people described the service to us as one they would "absolutely recommend" and "nothing is ever too much trouble".
- Compliments were used to identify what worked well. One of the many compliments stated how a person had praised the staff team for, 'How well (the service) was run.' Their relative had said that this was, "Praise indeed from such a precise person." Another compliment praised the service for giving "[family member] their independence and life back". This had all been due to the staff team's commitment.
- An open and honest staff team culture had been fully established. Staff were supported with regular supervision and meetings and reminded of the importance of providing high quality. Staff upheld the provider's values by providing care to the highest practicable standard. Staff also made every possible effort to help people have exceptional support in all aspects of their care. One staff member said, "The [registered] manager is very supportive. You get all the support you could ever need. They always listen." People's care was consistently provided to a very high standard including

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

- The registered manager fully understood their legal responsibilities. They and the provider had notified us about events that they are required to inform us of. They were clearly displaying their previous inspection rating both in the service and on their web site which is a legal requirement.
- There was a strong framework of accountability to monitor performance and risk. This led to the deliverance of demonstrable quality improvements to the quality of service people received. The registered manager had the complete support of various staff including the nominated individual, a general manager, team leaders and care staff. The support they received helped them to consistently and effectively make exceptional improvements to the quality of people's care. For example, with eating and drinking, pressure ulcer prevention and a very active programme for social stimulation. The provider told us in their PIR, 'The registered manager meets with senior management regularly both informally and on a formal basis to review the service and to agree any changes according to the outcome of any audits, inspections or feedback.'

- Processes were in place to support staff. This included supervisions which one staff member described as, "a two-way conversation" where any issue affecting their work was resolved. They said, "I always get the support I need and that's why I have been here for so long."
- All staff had a shared and great passion for working at the service and changing people's lives for the better. One staff member told us the registered manager was "Very good at creating an environment where staff developed their skills, and this had a huge positive impact on people's lives."

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

- No matter what people's needs and preferences were, staff did their utmost to enable people to have a better quality of life. People's views and suggestions in how the service was run were acted on in a way which gave people the greatest benefit. This included for the quality of care and being as individualised as practicable. One example was a person who had set up a knitting club. With help from a friend in the community who shared this passion they had produced many items for children and an overseas charity.
- In addition to face to face meetings with people, many social events gave people and relatives the opportunity to discuss any ideas with the management team. This was also facilitated in the privacy of the provider's offices. One relative told us the registered manager was "very approachable".

Continuous learning and improving care

- The registered manager had developed robust systems which promoted accountability and the delivery of demonstrable quality. They advised that they had successfully trialled an electronic care planning system which provided a more holistic record of people's care. We saw that this was used to good effect. They were also proactive and self-disciplined in their professional development. They often sought additional training to enhance their knowledge and skills including learning disability services.
- Unannounced spot checks of staff helped ensure that standards of care were maintained. One person told us that "whenever staff were observed, there were never, ever any issues raised, only praise". One staff member said they were given feedback in a way which supported their learning in a positive way.

Working in partnership with others

- The nominated individual and registered manager had established excellent relationships with community health professionals and worked closely with them including physiotherapist, dietician, district/practice nurses, GP and palliative care team. They had a track record in success and being a role model in how care in the community was provided. The nominated individual told us they wanted to expand this model of care to benefit more people. One GP told us, "The management team have worked exceptionally well with us and our health care team and achieved some amazing results."
- The provider told us in their PIR that they ensured they maintained effective communication with GPs and people's family so that visits were planned and well-coordinated. The provider had well established relationships with local groups including schools, fire service, falls service, local police, religious groups and a mobile library service.
- This support and highly coordinated care had benefited people by having access to a dietitian to ensure that people had access to and were receiving the correct nutritional diet. This included liaising with the family to ensure that the recommended diet was always available.