

AStar Homecare Services Limited

# AStar Homecare Services Ltd

## Inspection report

Park View Business Centre  
Combermere  
Whitchurch  
Shropshire  
SY13 4AL

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30 September 2019  
07 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

AStar is a care agency providing personal care to people living in their own homes.

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. At the time of the inspection 34 people received personal care.

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

The registered provider promoted a high-quality, personalised and caring service. The management team and staff spoke very proudly and passionately about the service they provided. They were striving constantly to deliver outstanding care and support, and this was clear in the positive things that were achieved.

Staff had mostly been with the service since it started and had developed strong and trusted relationships with people. Staff and people were matched based on people's preferences, interests and personalities. The registered manager told us, "The staff team are phenomenal. The team not only provide a personal service, but they are very passionate. I am really proud of what they do".

People had improved their health and wellbeing through the support of staff. There was a strong focus on encouraging people to maintain or regain their independence which had achieved positive outcomes for people. Health professionals respected the judgement of the service and their initial assessment of people's health needs.

People told us they felt very safe and were supported to continue or re-engage in the activities they had enjoyed throughout their lives. This had a very positive impact of people's health and emotional wellbeing.

People were treated with respect and were supported to lead dignified lives. Staff regularly went to extra mile and were consistently kind to people and their relatives . People were comfortable and reassured in speaking to staff if they had any concerns or worries about themselves or their loved ones. This support was extended to relatives as staff understood the importance of relatives in the lives of people who used the service.

People's needs were thoroughly assessed prior to offering support to ensure the service could meet them. People and their family were actively involved in care planning and given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. Discussions about this with the person were regular and the approach tailored to that person. Care plans were flexible, and people did not have to have visits at the same time each day or week.

This was an in-depth recruitment process which focused on recruiting staff who were dedicated, kind and compassionate. One staff said, "I know a few people that have applied to work here and didn't meet the high standards, so I feel very lucky and privileged to be given the opportunity". Staff were competent and knew how to safeguard people. They had received regular training and support. Medication practice was safe. This meant people had the confidence they needed in staff to support them well.

People 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's choices in relation to their daily routines were listened to and respected by staff.

Information from quality audits was used to drive improvements. There was clear evidence of how this was shared with staff to drive performance and improvement. When things did go wrong the providers were transparent, open and honest. They focused on continual learning and positivity. This meant staff could positively enhance their practice and reduce the risk of events re-occurring.

#### Why we inspected

This service was registered with us on 10/10/2018 and this is the first inspection.

#### 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?

Good ●

The service was Safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally Caring.

Details are in our Caring findings below

### Is the service responsive?

Outstanding ☆

The service as exceptionally Responsive

Details are in our Responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

Details are in our well-Led findings below.

# AStar Homecare Services Ltd

## **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. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The consent of people using the service needed to be sought in order for us to contact them or their relatives.

Inspection activity started on 30 September 2019 and ended on 10 October 2019. We visited the office location on 1 and 7 October 2019.

### What we did before the 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. They were all keen to share positive feedback.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this info account when carrying out this inspection. They did provide us with a contact list within the timescale required.

### During the inspection

We spoke with nine people who used the service and sixteen relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, area supervisors and care workers.

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

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives felt, overwhelmingly, that staff kept them safe. Comments included "Definitely[safe] – because of the exceptional quality of care" and "Yes, they do everything the correct way and follow all procedures".
- Staff had a good understanding of safeguarding adults and how they contributed towards keeping a person free from harm. Staff proactively anticipated and mitigated risks to people's safety. Staff reported that they have been provided with excellent training and ongoing support to support people to stay safe.
- Information was available to staff to guide them as to the correct course of action to take should they have concerns about a person's safety and wellbeing.
- The registered manager had taken swift and appropriate action to report and manage concerns; working collaboratively with the local authority to monitor risk.

Assessing risk, safety monitoring and management

- Staff supported people to stay safe and empowered them to take appropriate risks. Risks were considered and assessed on an individual basis. People's capability was considered so that they were supported to remain as independent as possible
- Assessments clearly documented how the level of risk should be reduced, including step-by-step instructions for staff. People recognised the importance of this and one person commented "I know the carers are supported by the agency as they are accountable, and they are clear what actions they are supposed to take".
- Changes in people's needs were recorded accurately, detailing how and when the change occurred, and information shared with staff using the service's electronic communication system.
- Joint work had been undertaken with other agencies such as the Fire Service and Police to ensure people remained safe in their own homes. For example: Personal Emergency Evacuation and Safety Plans had been written in conjunction with the Fire Service for those who were unable to get out of the house independently or were bedfast.
- Risks to staff were also considered including an assessment of the environment in which they worked, equipment used and lone working.
- Contingency plans were in place that considered the continuity of the service when effected by external factors such as bad weather or staff sickness.

Staffing and recruitment

- Rotas were well planned to ensure people received support from a small and consistent team of staff. Rotas were sent in advance and staff had the time to go to each call.
- People told us "Staff are always on time and never ever in a rush". They consistently knew who to expect

and a new staff member was always introduced.

- Staff had never been late or failed to show up. 99.9% of calls in the preceding quarter had been on time. An electronic system ensured managers knew the whereabouts of staff, to ensure the safety of both people and staff, late calls could be tracked, and alternative arrangements made through consultation with people.
- Staff were recruited safely. The service had a thorough recruitment process which was based on the service's values, as well as undertaking robust checks. Checks included checking employment history, verifying references and referrals to the disclosure and barring service.

#### Using medicines safely

- There were systems in place to support the safe management and administration of medicines.
- An electronic recording system was in place which immediately alerted the office staff if medication had not been signed for or had been given late. This allowed a swift investigation and resolution of any issues.
- Care plans were in place that directed staff as to the support someone required.
- Wherever possible, staff took steps to support people to retain full or partial management of their own medications. This ensured that people retained autonomy in a key aspect of their care.

#### Preventing and controlling infection

- Staff understood the importance of infection prevention and control.
- Staff had access to personal protective equipment such as aprons and gloves. People confirmed that staff used these.

#### Learning lessons when things go wrong

- The registered manager was open and transparent with staff, people using the service and families where things could be improved.
- Accidents and incidents were investigated, and actions taken to minimise any reoccurrence.
- The staff newsletter contained a section called "Lessons Learnt". This gave a reflective account of an incident or occurrence that had taken place along with things to be done differently as a result.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service ensured it was up to date with current best practice and standards of care. A Staff member said, "Best practice and new policies are always brought to our attention through staff meetings or newsletters that we often get given to read".
- Assessments were unique to an individual and contained information and guidance specific to each person's needs and wishes. Assessments and support plans had been completed in excellent detail.
- The service was holistic in its approach to the assessment, planning and delivery care and treatment.

Staff support: induction, training, skills and experience

- Staff knew people extremely well and how to best meet their needs. They used the training they had received to support people and provide excellent outcomes and a good quality of life.
- Staff received training in key areas and a robust induction which followed the care certificate.
- The provider told us, "We adapt our training methods to support staff wherever needed, staff are very open with us because of this of what they need and how best to do this".
- One person told us how they had felt very safe and had utmost confidence in the staff following guidance given directly to staff in their own home. The registered manager had arranged for the occupational therapist to provide specific training for staff using equipment provided. The person was pleased to be involved as staff were able to clarify what was required and most importantly understand how they felt to be to in their position.
- The registered manager had sought training and competency check from the district nursing service enabling them to take and monitor a person's blood glucose levels. They had developed a check list had been which was to be shared as good practice across the local managers network.

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

- Where people needed support to eat and drink detailed information was available in their support plans to ensure staff knew exactly what to do.
- Where people were at risk of malnutrition or dehydration staff recorded the amount consumed and this was closely monitored.
- Staff had recognised the importance of a person having access fluids throughout the day, not only during their visits. Staff had looked in their own time for a water bottle that a person would be able to drink out of to ensure the person had access to fluids and remained well hydrated.

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

- Staff monitored, identified and recorded any changes in people's health and made appropriate and

immediate referrals to health professionals with consultation with people. People and their relatives were supported to attend medical appointments where they could not do this independently.

- Support plans were developed in conjunction with a host of other professionals to support people to maintain their health. This meant people continued to receive seamless care as they went about their daily lives.
- We had exceptional feedback from health care professionals. Comments included " We receive prompt communications about clients' needs and they are so willing to do joint visits with us which we find very helpful", "We are very impressed by the level of care they offer, and they do go the extra mile for their clients to keep them well".
- Another professional told us that the registered manager had spent the time working within the community and visiting the local hospital as a volunteer in order to make good links with relevant professionals and organisations.
- A "Not quite right" check list had been developed to alert staff to 'look and listen' for very slight changes in a person that could be early warning signs of ill health. It guided staff as to what processes should be followed should a person appear unwell and how to obtain support from any health care professionals and clinical specialists.

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

- The service was distinctive in the way that people and relatives spoke extremely positively about the impact the service had on their lives.
- Outcomes for people were positive, consistent and often exceeded expectations with people being able to successfully avoid repeated hospital admissions and to stay at home.
- A relative reported "Since Astar took over [relative's] care, they have been happier, brighter and has a more positive outlook on life. They were previously in and out of hospital but since they have taken over they have not been in once. We feel like we owe her better health to the care given by Astar".
- Other relatives told us " As a family we couldn't manage without the support. It has enabled [relative] to live independently and stay well within their own home. She is safe, well fed, clean and happy. All staff go over and above to ensure she is so well cared for and well" and "Thanks to Astar I have got my [relative] back. They love the visits, the chats and all the little things that mean so much".
- Relatives also spoke about how the service supported their own health and well-being. One stated "I no longer have to check what has and hasn't taken place and I know they are well. I have complete confidence and I'm looking forward to the future, not dreading it. So, a massive big thank you to them all!"

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found that they were.

- The registered manager and the staff had a very sound understanding of the MCA and how this related to their day to day work. They gave examples where they had strongly advocated for a person where others

were trying to make decisions not in line with their expressed wishes.

- Care plans and risk assessments took into account a person's ability to make a decision on any given day. People confirmed that staff respected their choices and always asked their consent.
- Documentation was in place to confirm where a person had a nominated ' legal decision maker' and outlined what decisions they were authorised to make.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 were overwhelmed by positive comments which included "It is a big relief that they are all so kind and caring", "They do things in such a lovely way and don't talk down or patronise", "They make me feel comfortable and to be greeted with such a positive attitude is wonderful".
- There was a strong focus on building trusted relationships with people and their families. This started with matching the right staff to people and giving people time. One person told us "They are the best team of carers we have ever had: and I am quite picky! They are kind and nice natured. It is like the sunshine coming in".
- The values and ethos of prospective new staff was assessed at interview and induction to ensure they embodied the person-centred culture of the service. Discussions with people and staff showed this culture was firmly embedded and the service was exceptionally caring.
- The quality of support for staff was equal to the care and support given to people using the service. Staff felt especially valued and respected by the management team. They told us they were treated as equal contributors and felt highly motivated to go the extra mile to support people to gain independence and a sense of worth.
- Staff saw people's emotional and physical well-being as equal. They went beyond a person's care plan to ensure all their needs were met. A family member said " [Relative] can get tearful but the staff know exactly what to do and he usually ends up laughing by the time they are going".
- The service and staff were extremely committed to ensuring care and support was delivered in a non-discriminatory way and the rights of people with protected characteristics were fully respected.
- The provider was passionate about having an 'inclusive' and empowering service. The service had recently hosted and participated in training from the 'Silver Rainbows': a social network for older lesbian, gay, bi-sexual and trans (LGBT) people in Cheshire. All literature for the service displayed the LGBT rainbow as did the lanyards provided to staff.

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

- The staff and registered manager were exceedingly proactive in encouraging people to have a voice and acting on their wishes. Care plans identified the expressed views of the person with specific information for staff to follow on the person's care needs.
- The service advocated for people to enable them to lead life to the full. They had advocated for a person which resulted in the local authority allocating additional time so staff could take them shopping as well as recreational activities.
- The service valued involvement from people's families and encouraged them to be involved in their care as

much or as little as they felt comfortable with.

Respecting and promoting people's privacy, dignity and independence

- The service was extremely committed to helping people remain independent. Some people had drastically reduced the support required following a period of 'enablement' and 'rehabilitation'. One person said it had enabled them "To get their life back".
- One relative said "Astar have turned my [ relatives] life around. They have a new lease of life since these staff have come in (the ones before were poor). My [relative] has someone she can talk to and they all get on so well".
- Another relative told us that staff were "Absolutely wonderful" and went on to explain how their loved one had become a recluse following a fall. With the support of staff, they had regained independence and now "They now can walk, and they take her out to her old haunts".
- Staff were sympathetic the difficulties of caring for a person and the additional pressure this could have on family dynamics. They were empathetic and sensitive to family matters that impacted on the household.
- One relative told us that they had not been out for a long time but "Once I realised the staff were so good, I had the confidence to leave them with my [ relative] and get out to play golf and meet friends. It has been such a relief. And another said "They are not only good with my [ relative] who trusts them implicitly, they are lovely with their partner too: just to kind and understanding. I think they are brilliant".
- Staff were exceptionally skilled at promoting people's dignity whilst providing care. A family member spoke with passion as to how staff ensured their loved one was clean, had matching clothes, make up and perfume. They said "Staff recognised that they had always taken a real pride in their appearance. They take such time and care".

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 ensure people have choice and control and to meet their needs and preferences

- Managers and staff at the service were exceptionally committed to ensuring equality, accessibility and inclusion for all involved.
- The service recognised the importance of promoting people's independence and actively supported this at the person's own pace. One family member described how the GP was concerned that their relative didn't get enough exercise. Staff now took them for a walk around and also have got them to "Do little things each day in the kitchen like they used to. It has done their self-esteem "wonders".
- People continually received personalised care that responded to their changing needs. Rotas were planned to allow for people to exercise some choice and control of when and how they received support on a day to day basis.
- Care plans focused on a person's abilities and what they were able to do for themselves, no matter how small.
- Information was gathered relevant to a person's life history, and staff used this to prompt the person to reminisce and discussion. This helped staff to get to know the person and engage the person in meaningful conversation
- Staff were extremely vigilant in identifying any changing needs and ensuring all care plans were reviewed and updated, and care and support provided reflected the person's current needs.
- The service embraced advances in mobile information technology to ensure staff could access people's records and important information via secured electronic systems on their mobile phones.
- All daily records detailed how people had consented to each aspect of care provided during their support and also where they had declined certain aspects 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 were supported to go out with support into the local community. One professional told us "I often see the staff out and about, taking people shopping, for coffee, walking the dog or going for a drive. They always look so happy".
- The service and staff had an excellent understanding of people as individuals and how their needs and emotional well-being should be met.
- Staff recognised the risks of social isolation and one told us "Sometimes we are the only people they will see all day, so we make our visits count. We become their family".
- One person told us "I now have something to get up for: the staff. I watch by the window for them to come, it's so marvellous to have someone to talk to. Other family members commented, "They talk about the old

days which they love" and "They chat and reminisce: it really gets them going for the day".

- After thoughtful consideration staff had made suggestions about how people's interests could be expanded or reignited. One person was supported out into his garden to potter after many years and another had gone shopping for the first time in a decade. This had been made possible by the positive and trusting relationships staff had developed with them.
- Staff had, with consent, taken photos of people doing such things so that they, and their families had lovely memories. The photos reflected such pleasure and enjoyment.
- A newsletter had been developed for people and this included light hearted stories, well-being information as well as activities and events in the local community that people might be interested in. A number of people told us that they liked this it was informative and kept them in touch with things going on that they may not know about.

#### 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.

- The Service User Guide was available in a variety of different formats to ensure ease of access to people and relatives using the service. Information, including rotas, had recently been sent in large print to facilitate a person's communication needs.
- Care plans recorded people's communication needs and how staff should meet these.

#### Improving care quality in response to complaints or concerns

- Staff felt empowered to improve care quality by raising suggestions with managers, these were discussed with the staff group, and implemented through agreement. Examples of this were the newsletters for people using the service and weekly patch based drop-in sessions for staff.
- The service had not received any formal complaints however each person received details of the complaints process in their welcome pack.
- Where informal issues had been raised, the service was very proactive and took immediate action to resolve the matter and reflected on the issue, considering whether any changes to their approach or improvements were needed.
- People had no cause to make a complaint as issues were addressed immediately. One person told us "The manager is brilliant and I am totally comfortable talking to her about anything",

#### End of life care and support

- The provider had been very proactive in ensuring that people's end of life wishes had been sensitively discussed with them and recorded in detail where the person had wished to share.
- This included preferences in regard to cultural and spiritual needs as well as more practical arrangements.
- At the time of the inspection, staff were caring for people who were dying. Their families felt that this was done with empathy and understanding. Staff had received additional training in this aspect of their work.

## 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Feedback from people and relatives and was exceptional; comments included "The whole setup is first class and is working really well. They are the best people we have had to help us", " They are simply the best, I can't think of the words to describe them" and " They are the tops as a company".
- This view was supported by health and social care professionals who commented " It meets the CQC Mum's test", " I know we cannot recommend but really this agency is not A\* it is 5\*. They are person centred and well managed " and " I only wish they had been available when my own relative had needed help".
- Strong leadership was evident from the registered manager who embodied the values and behaviours of the service. They constantly encouraged and empowered staff to deliver an excellent and person centred service. Any changes which required management approval, happened almost instantaneously.
- Feedback reflected this and comments made included " I cannot stress what a difference they have made, they are really good and I would recommend them to anyone" and "They are very good and achieve the right standards".
- The registered manager led by example and completed care calls in order not to 'lose touch' with staff or people who used the service. This arrangement benefitted people and staff as they felt completely supported by the registered manager.
- A relative commented "The manager is amazing. She is hands on" and another told us "The manager leads from the front ! I don't think we would have had such a positive outcome if she was not so wonderful".
- Staff were highly motivated to support people, regularly volunteering to provide extra care to people or doing things in their own time. Without exception all staff spoke with passion and pride about the service and their commitment to delivering high quality and safe care.
- The provider had recently won an award for the best new business at the Shropshire Chamber of Business Awards. It rewarded local businesses who were dedicated to sharing opportunities, knowledge and expertise and who were firmly committed to positively impacting the local economy and community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted on their duty of candour responsibilities. They encouraged honesty and openness in all their interactions.
- Where errors, however small, were identified the provider discussed these with the person or family member, where appropriate, which ensured people were at the heart of their care and support.

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

- The management team were clear that quality was paramount; they had discussed expanding the service but did not want to compromise the personal touch and quality of care received by the people. The staff were pivotal to the service and the provider was clear that until they had recruited 'the right calibre' of staff with values aligned to the company then the expansion of the service would be limited.
- There was a strong governance framework in place which supported quality performance. All aspects of care and support, and the management of the service was planned and reviewed. The system tracked issues and remedial and preventative actions. This system enabled the provider to identify themes and trends.
- There was a clear system for identifying and logging any discrepancies immediately. New systems, such as the electronic call monitoring system and medication records, were immediately interrogated to provide the registered manager with as much information as possible about the quality of the service.
- The registered manager shared the responsibility for managing the performance of staff with area supervisors. The service had developed a positive approach to supervisions and appraisals discussing strengths and weakness but also testing out staff knowledge and values.
- Staff morale, motivation and retention were extremely high. A staff member said, "I've never known managers give recognition and appreciate what we do."
- The provider kept up-to-date with all legislative changes and national best practice guidance. Working practices were updated as a result which supported the delivery of high quality and safe care to people. All policies were being updated by an external company to ensure that they continued to reflect the service ethos and standards one year on.
- There was a registered manager in place and notifications were submitted to CQC as part of their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Quality assurance questionnaires were regularly issued to people, relatives and staff. Their feedback was analysed and action taken on suggestions. Response rates were high, and the questions used helped gather feedback to innovate and improve the service.
- The service produced newsletters monthly for staff and had recently started one for people and relatives.
- The service had a 'this is why we are outstanding' folder and told us they encourage staff to be proud of their personal achievements. This had countless examples and photos demonstrating positive and meaningful interactions with staff and people using the service.
- A challenge had been posed to staff to reflect on their motivation to work in this sector and to share this with each other, and people they supported via the newsletter. The registered manager had started this with her story of "Why I do this.."

Working in partnership with others

- The registered manager was instrumental in setting up a working party to make "Whitchurch Dementia Friendly". They had worked steadily to get this 'up and running' and were at the point now of seeking accreditation.
- The provider was an active partner in 'Shropshire Partners In Care' who were successful recipients of funding to localise the Department of Health and Social Care (DHSC) National Recruitment Campaign 'Every Day is Different'. Staff had shared their stories and participated enthusiastically in the initiative.
- All staff were encouraged and supported to be 'dementia friends' and told us how they have embraced this role in their local communities.
- The registered manager and staff told us they had developed and trusted working relationships with local health and social care professionals. This was supported by feedback we received about the service.
- The service supported local charities and the local community. The registered manager had taken part in a

parachute jump to support local charities and was planning their next challenge.