

Extra Care Home Services Ltd

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Inspection report

24 Market Place
North Walsham
NR28 9BS

Tel: 01692500714
Website: www.extra-care.co.uk

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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

Extra Care Home Services Ltd is a domiciliary care agency providing personal care to 20 people aged 65 and over who live in the North Walsham area. The service provides support with other needs; however with domiciliary care services the CQC only regulates personal care. This is help with tasks related to personal hygiene and eating. Where personal care is provided we also consider any wider social care provision.

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

The registered manager demonstrated exceptional leadership and instilled a very caring and inclusive culture of care delivery. People, relatives and staff commended the service and registered manager very highly. A person using the service told us, "I'd recommend it to anybody. The staff come on time, they are very helpful, kind and friendly." A relative told us, "The service is amazing." There were effective quality management processes in place and service development and continuous improvement was embraced. Engagement with stakeholders and across the community was excellent.

Every aspect of the service was person-centred and staff were passionate about promoting people's wellbeing by taking a truly holistic approach to their care. End of Life care and support was exceptional. Staff responded extremely well to changes in people's needs and the service actively helped people avoid social isolation. People and relatives had confidence that any issues would be quickly resolved.

People received care from extremely kind and thoughtful staff, with whom they had built particularly close and trusting relationships. Staff consistently demonstrated concern, consideration and compassion to people and their relatives. Without exception, people's voices were listened to and acted upon. People were empowered to live their lives as independently as possible and always treated respectfully by staff.

Staff took an innovative and proactive approach to keep people safe. They promoted positive risk-taking when it was safe and appropriate to do so. The service was very committed to people's safety and managed this through careful risk management practices, robust infection control measures, and a high degree of attention to any events, incidents, or near misses which may require changes to care delivery. Medicines management was of a good standard and regularly checked. Staffing was very carefully managed and people received a seamless service of care.

People's needs were assessed thoroughly and their care plans were developed collaboratively, ensuring they were individualised and in accordance with people's wishes. Staff training was tailored to individual needs and ensured people received high standards of care. This included nutritional and hydration support and input from health care professionals when needed. 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.

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

Rating at last inspection

The last rating for this service was Good (report published 07 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 was 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.

Extra Care Home 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 one inspector.

Service and service type

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

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 one week's 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.

Inspection activity started on 04 November 2019 and ended on 19 November 2019. We visited the office location on 12 November 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including the registered manager, two care workers, a care co-ordinator and a senior care worker. We reviewed a range of records. This included three people's care records and 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.

After the inspection

We continued to seek evidence from the provider. We also spoke with two people who used the service and four relatives about their experience of the care provided, and with two health care professionals who have worked with the service.

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 as remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff were proactive and innovative in promoting people's safety and enabling positive risk-taking. For one person, the service was a point of contact on their pendant alarm. Due to frequent calls, staff created a plan of the person's flat and marked on it the time and locations of each fall. This indicated where and when most of the falls were occurring. The staff were then able to tailor their support to the person accordingly, which included introducing an aide for certain activities. These actions resulted in the person falling less, remaining safe and maintaining a similar level of independence.
- Without exception, staff sought to promote people's independence, as far as was safe and possible. A relative told us, "[Registered manager] made lots of suggestions regarding [family member's] independence and was very good at helping [family member] retain their independence in their home and making suggestions that kept [family member] safe. They suggested a special water heater, for example, so [family member] could make their own hot drinks."
- We heard further examples of staff taking a proactive approach to keep people safe from harm. The registered manager told us they had suggested and arranged for people to benefit from other aides. For one person at risk of being scalded, the service obtained cups with suctions on the bottom to prevent hot drinks from tipping over harming them. For another person, they suggested and installed a key safe to minimise the risk of the person falling when trying to get up quickly to answer the door. This also helped ensure the person didn't miss their visit if they were asleep when the care worker arrived.
- Risks to individual people were thoroughly assessed and care records clearly showed how to keep people safe. Staff we spoke with were fully aware of the risks to the people they supported and the actions they needed to take to keep them safe. Risk management was undertaken collaboratively with people, their relatives and care workers.
- Risk assessments and corresponding care records were reviewed regularly and updated after any safety-related incident. The service reacted promptly to emerging safety concerns and this ensured people were constantly protected from risk of harm.
- Any potential risks to staff whilst they supported people in their own homes were also assessed and managed by the service.

Staffing and recruitment

- People told us they had never had any missed visits. One relative said, "There would never be any concerns about people not turning up. I never had the slightest doubt that would happen." Another relative told us, "We were delighted with the care. The staff were always so reliable."
- There were enough staff to ensure people's needs were met fully and that visits were of an appropriate length. Although they happened rarely, any late visits were well managed by staff through effective and timely communication with office staff. The registered manager monitored calls so that actions could be

promptly taken if any visits were missed or late.

- The registered manager ensured that people's visits could always be covered by existing staff in the event of sickness or holiday so that the service never had to rely on agency staff. The growth of the service was deliberately very controlled to ensure staff were always available nearby to provide safe and highly personalised care. The registered manager told us, "I'll never take anyone on until I know we can accommodate it."
- The people who used the service received a rota so they knew who would be supporting them and when. There was excellent continuity of care as people regularly saw the same care worker or a small number of care workers, who ensured effective communication between each other. This ensured people were kept safe and their needs and wishes were always met.
- Staff were recruited safely and in line with best practice. This included undertaking checks on their background and employment history. The registered manager was very careful in their selection of staff and told us that all staff lived locally. This minimised the risk of late or missed visits. People and relatives spoke highly about the suitability and experience of the staff. One person told us, "They are very experienced carers, they are intelligent, sensitive and empathic."

Preventing and controlling infection

- The registered manager demonstrated a strong commitment to keeping people and staff safe from the spread of infection. They offered a free flu vaccination to all members of staff every year. Staff had access to a ready supply of personal protective equipment and gloves provided by the service were also stored in people's homes.
- People told us that staff were very careful and always took appropriate infection prevention precautions when assisting them with personal care and food preparation.
- Staff understood the importance of infection control and they received regular health and safety, infection control and food hygiene training.

Learning lessons when things go wrong

- The registered manager was committed to learning lessons to in order to ensure people's safety and wellbeing. Staff told us they would immediately raise and report any incidents or near misses. One care worker said, "If I have any concerns about a person, I come in and tell [registered manager] who respects my opinion. If there are any concerns, we talk things through."
- Accidents and incidents were recorded and responded to promptly to try to prevent them reoccurring. Monitoring of such events also took place to identify any themes or patterns and mitigate future risk. Staff told us any learning and changes to care practice was shared and discussed with them.
- On one occasion a member of staff had not realised they were due to visit a person. This was because they were referring to a version of the rota that had subsequently been updated. In response to this situation, the registered manager told us they planned to number each updated version of the rota. This reduced the risk of care staff working from the wrong rota in future and demonstrated the registered manager learnt lessons and made improvements when needed.

Using medicines safely

- Staff supported people's independence to administer their own medicines where possible, for example in one case, they arranged for a person to benefit from aides so they could self-administer their eye drops.
- There was evidence that all aspects of medicine management followed best practice. Medicine administration records showed that good practice guidance had been followed and regular audits ensured this continued. A risk assessment was in place for one person who was prescribed a paraben-based emollient because the medicine was flammable and the person was in contact with people who smoked. Guidance was provided to staff about how to manage this situation.

- People and relatives spoken with said that where they received support with medicines, they were very happy with this.
- Staff were regularly trained and assessed as competent to prompt and administer medicine to people using the service who required these types of support.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which protected people from the risk of avoidable harm and abuse. Staff received annual training in safeguarding and had a good understanding of this. Safeguarding information was clearly available in the office.
- Staff we spoke with were able to describe potential signs of abuse and knew to promptly report any concerns. The registered manager was fully aware of their responsibilities to escalate any concerns to the local authority safeguarding team.
- There had been no reason for the service to make any safeguarding referrals and the people and relatives we spoke with all said they felt safe receiving support from Extra Care Home Services Ltd.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were fully assessed and their care wishes and preferences were clearly documented. People and relatives were fully involved in the initial assessments which took place when they started to use the service. Care was taken to explore and document people's life histories and interests, which were used to inform care planning.
- Care practice was in line with legislation and guidance and people and relatives told us that care was delivered to a high standard.

Staff support: induction, training, skills and experience

- Staff confirmed they received regular training in areas of care that were central to their role. Staff were all up to date with their training and their competence to administer medicines and deliver care was routinely assessed. A person told us, "The staff are very personable and professional and they know what they are doing."
- Staff told us they were supported to undertake additional learning and development if they wished. Two members of staff had undertaken supplementary training on dementia and a senior carer participated in the Dementia Care Coach programme and acted as a coach and mentor to other team members.
- Support to staff was provided through supervisions, appraisals, joint care visits and staff discussions. The registered manager promoted individualised support to staff members and therefore the format and focus of the support was tailored to each staff member's experience, skill set and needs.

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

- Where people required support with their nutrition and hydration, this was provided by staff and to the satisfaction of people and their relatives.
- The service effectively responded to people's nutritional needs. For example, one person became too tired to eat their meal in the evening and developed anaemia as a result. A lunch time call was introduced so care staff could cook them a meal at midday. Staff told us they also made sure they prepared and left snacks according to the person's wishes for them to enjoy during the day. This resulted in an improvement to the person's appetite and general strength. Their relative told us, "They no longer take iron tablets, [family member's] diet is now the least of my worries."

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

- People, relatives and the healthcare professionals spoke highly of staff's ability to support people to access and benefit from healthcare services. A healthcare professional, who supported a person to find a

solution to their mobility needs, told us, "Carers were very willing and cooperative. If I had to meet them there were very obliging. They had a good communication system in the care plan."

- The registered manager was proactive in contacting healthcare professionals directly, where appropriate. They referred one person for a grab rail to aide them to access their home when they arrived back from routine hospital appointments. A relative told us, "[Registered manager] never hesitated to contact the district nurse or doctor, who they had a very good working relationship with."
- The service worked collaboratively with external agencies to ensure people had access to the services they required. This included a chiropodist and a dentist who visited people in their homes. The service made sure that people were referred appropriately to specialist clinics and staff also supported people to attend health appointments. Care staff altered visit times, where necessary, to ensure people were ready in time for their hospital transport.
- Each person's care records contained a document with key information about their health and care needs. Should there be a need for urgent hospitalisation this document would support continuity of care between services.

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.

- Staff understood and worked within the principles of relevant legislation. Staff understood the importance of seeking people's consent before offering care and supporting people to make their own choices and decisions.
- People and relatives told us their freedom was not restricted and they had choice. One relative spoke about their family member who had declining cognitive abilities. They said in relation to the support received from Extra Care Home Services Ltd, "[Family member] is being listened to so that's nice. It's good for [family member] to have some say over their care at the moment."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People and relatives couldn't speak highly enough of the staff, who they said always showed exceptional kindness and concern. A person told us, "The staff are very helpful, kind, caring, patient and friendly." We observed staff taking a particularly attentive and considerate approach to people who telephoned the service during our inspection. A relative told us, "The support and love shown to my [family member] was amazing. The staff showed such kindness to them." Another relative stated, "[Family member] has told us that [staff member] always shows care and kindness beyond their duties. When I visit [family member], I am made to feel welcome and part of [family member's] care."
- Staff and in particular the registered manager demonstrated a natural empathy and sensitivity to people's needs. A relative told us, "They are an amazing team and [registered manager] has real empathy. They showed a real understanding of my [family member's] situation." A person said, "The staff couldn't be better." The registered manager told us that care workers were matched with people if they had experience or understanding of a particular condition. For example, one care worker supported and took particular foods to a person with a dietary sensitivity.
- We repeatedly heard that staff developed friendships and meaningful relationships with people who enjoyed and felt at ease in their company. A relative said, "[Family member] thinks of the staff as friends." Another relative said, "[Family member] says all the staff are very kind and very lovely. They know them well. They like to have a chat with people and it gives structure to their day."
- Staff considered the small things that mattered to people. One person who was bought a plant with specific requirements by a relative was supported by staff to nurture it. The registered manager took them specific plant food and a care worker collected rain water for them to water it with. People always received a birthday card and at Christmas the registered manager visited everyone with a card and gift from staff.
- Relatives and people benefitted from open and trusting relationships with staff, who they found to be reliable and professional. A relative said, "The staff go in every day if they have any worries about [family member], they call me promptly. They are great." Another relative said, "Being so far away, it really puts my mind at rest. They are delightful. I've never seen anything other than being absolutely marvellous and going above and beyond. They are delightful."
- Staff demonstrated sensitivity and discretion in meeting the needs of a person whose relative had protected characteristics as defined under the Equality Act 2010. Staff offered reassurance and support to the person and co-operated fully with their wishes in managing a situation which was difficult for them to deal with.

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

- People and their relatives were involved in care planning and the service ensured that people were at the heart of decision-making. A relative told us, "The staff are real advocates of older people's needs, of the rights and needs of an individual. I felt [registered manager] would put my [family member's] needs first, they would represent them. I admire [registered manager] very much for standing up for my [family member]."
- People who used the service were empowered and enabled to voice their opinions. A relative told us, "I can't praise the team enough. They really listened to [family member] and put their wishes first."
- People and relatives told us staff gave care which was not rushed. This enabled staff to spend quality time with people and further supported their involvement in discussions about their care. People could express their views in their own time and at their own pace. Staff told us they supported a person with temporary auditory difficulties by writing on a notepad to them, to ensure they were fully involved in care discussions.
- The registered manager's exceptional understanding of how the decline in the health of a loved one impacted on a family meant they were also extremely supportive of relatives. They offered relatives opportunities to discuss developing symptoms and challenges and worked collaboratively with them to find solutions and peace of mind.

Respecting and promoting people's privacy, dignity and independence

- Staff provided highly respectful and courteous care which promoted people's dignity and sense of self at all times. A relative told us, "[Family member] had to go into a nursing home for two weeks and lost their spirit in that short time. That never ever happened under the care of the agency. [Family member] was always positive. Staff treated [family member] with dignity and respect, they were realistic about expectations but encouraged them." A recent compliment card received from a family member stated, "Thank you for all the love, care and support you gave my dear [family member] to allow [them] to live [their] independent life. You made [family member] smile and always treated [them] with such dignity."
- The registered manager said, "The service strove to always provide privacy, dignity and respect as it understood how uncomfortable and degrading some personal tasks can be." Staff explained to us how they maintained people's dignity whilst providing personal care and respected people's wish for privacy if a relative was present.
- The service was awarded Highly Commended at the 2016 Norfolk Care awards in the category of promoting dignity and respect. The service was also awarded a Dignity Champion Certificate of Commitment by the National Dignity Council.
- Staff were committed to empowering and enabling the people they supported. For example, a person was supported to enjoy maximum independence by staff working with their relative to ensure information was recorded on a whiteboard in a way they could understand. Staff introduced the person to a dementia 'speaking clock' and the use of visual and audible prompts, enabling the person to get ready at the right time so they could attend a local café for people living with dementia.
- Staff gave many examples of how they encouraged other people to be independent and this was confirmed by people's relatives too. A relative told us, "My [family member] liked to choose their clothes in the morning with the staff and if they wanted to help prepare meals with the staff, they would always take them through in their wheelchair and involve them."

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 ensure people have choice and control and to meet their needs and preferences

- Care, treatment and support plans were personalised, thorough and reflected people's needs and choices. People contributed to care plans and the service responded to their wishes. A relative told us, "[Family member] really valued the regular review meetings and appreciated having a voice. Their suggestions were always acted upon. For example, if there was a particular carer that [family member] didn't gel with, [registered manager] would change that person." A person told us, "The staff are very responsive to requests. They can't be faulted. They clean between my toes and put my socks on. Also, I wanted to watch rugby so they obligingly came a bit early. They are very cooperative and very nice."
- The service was extremely responsive to changes in people's care needs. The registered manager stated, "Our care plans are not rigid documents just as we recognise we are all diverse individuals and our needs change regularly. We welcome changes made to their support at any time." Without hesitation, the service changed the frequency, length, or timings of people's visits to suit preferences, or social or health commitments. A staff member told us, "We go when they want." A relative said, "The staff's reliability, cheerfulness and attentiveness to how [family member] wanted things done was excellent."
- Care staff worked with health care professionals to enable a person to continue to mobilise as independently as possible, in line with their wishes. Whilst it would have been quicker for staff to support the person to transfer using a different system, this would have meant the person was totally reliant on staff. After discussions with health care professionals, care staff helped the person undertake some upper limb exercises so they could weight bear enough for personal care and transfers to be carried out by one care worker. Their relative told us, "[Family member] is very, very glad."
- People were provided with highly personalised care by a small group of staff who knew them exceptionally well. Staff talked about one person's wishes regarding their appearance and their liking for a particular drink in the evening. For another person, different staff told us in detail exactly how they liked to be supported to have their hair cared for, their preferences for a night time drink and their preferred snacks and how they liked them to be prepared.
- The service won a 2018 Norfolk Care award in the category Excellent Person Centred Care and Support.

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.

- Although not required at the moment, the registered manager told us that information could be made

available in formats to suit people's needs. People's individual communication needs were recorded in their care plans. People were provided with information in a way they could understand and staff adapted their communication styles to good effect with different people.

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 encouraged and supported to maintain relationships with people that mattered to them and to avoid social isolation. Staff supported relatives and people to maintain loving relationships through a shared desire to maximise people's quality of life and providing support as and when required.
- For some people, the impact of the care visits in terms of preventing social isolation was life-changing. One relative told us, "(The care visits) have enhanced [family member's] quality of life no end. They were a depressed lost soul after my [relative] died and unable to socialise. But now they have that interaction from people they consider as friends. It's made a massive difference. They were on tablets for a while but they are much brighter now and no longer need to take them. Socially and emotionally, the care staff really lift their spirit, it's marvellous."
- People were supported to be socially active and access the community. The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. The registered manager told us that the service introduced two people who used to play bowls together in a team. They said, "We were able to link them up and they have visited each other on several occasions and revisited their old bowling club." For another person, the staff encouraged their attendance at a day centre by ensuring their visits were timed so they were ready for the taxi to take them there. Members of staff took remnants of wool for a third person so they could knit items to keep them stimulated and maintain dexterity in their hands.

End of life care and support

- Staff delivered exceptional end of life care, which was tailored precisely to people's individual needs and preferences and delivered with sensitivity and compassion.
- Relatives of two people told us that the service had honoured their family member's wishes at this stage of their life and cared for them with dignity, sensitivity and kindness. In both cases, relatives told us their family members had died in the location of their choice and in their final hours their preferences for how they wished to take food and water, their personal care and personal wishes were fully met.
- One relative told us, "To see the level of dignity and care that [registered manager] gave my [family member] in the last moments and afterwards was an incredible comfort. I'm incredibly grateful and thankful for all they did in [family member's] final hours, ensuring they were calm and peaceful." The registered manager was asked by this relative to help lay the person out. The relative told us, "Watching [registered manager] and my [other relative] care for [family member] after their death with such tenderness has given me a beautiful final memory."
- Another relative said, "The staff went out of their way to support my [family member]. The team provided overnight care for their last four or five days. [Registered manager] was going in outside of regular visits, off her own back."
- The service was accredited to provide the 'Six Steps' end of life care programme for homecare agencies, which is nationally recognised as a best practice approach. The registered manager's learning was disseminated to staff to support advanced care planning and end of life care. Staff were also trained in end of life care and those we spoke with explained without hesitation the key aspects of end of life care.
- The service had explored and discussed people's preferences and choices with them and their relatives in relation to end of life care. Records included preferences relating to individual needs and preferences. Where people were not ready to talk about this area of care planning, the service respected their wishes.

Staff understood fully that people sometimes needed time to have such conversations and they re-introduced the topic gently at later stages, such as at the annual review of care.

Improving care quality in response to complaints or concerns

- The service had received one complaint in the past 12 months, which was subsequently withdrawn. This was responded to appropriately.
- People and relatives told us they would feel comfortable raising any concerns, should they have them.
- The registered manager showed commitment to continual learning and we were assured they would take action to improve the quality of care provision in response to any complaint received.

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 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

- This inclusive and enabling service was led by an inspirational and exceptionally dedicated registered manager. They demonstrated determination to ensure people received outstanding care and achieved the best possible outcomes. Their unwavering commitment to people was exemplified when they told us, "This level of respect, this should be the norm." The service had an open and empowering culture which was truly embedded at every level. This was evident in the care provided and the support for relatives but also in the collaborative and highly supportive relationships amongst the staff.
- All the people and relatives we spoke with were fulsome in their praise of the staff and the manager. One relative told us, "I can't praise them highly enough. It's very personal, very professional, very proactive. The whole aura, ambit and attitude of the service is amazing." Another relative said, "Extra Care provides an exceptional service that exceeded our expectations and has absolutely improved [family member]'s quality of life." A person said, "The care is great, it couldn't be better" and a health care professional specifically recalled the manager as being, "Very good."
- Everyone we spoke with said the registered manager was highly visible and involved in people's care. A member of staff said, "[Registered manager] is never afraid to get involved with all care calls and is always willing to help cover anything that's needed." A person said, "I think the senior manager is very skilled and personally involved to provide this very good service." During the inspection, the registered manager undertook an additional, voluntary visit. A care worker told us, "That was typical, they do that sort of thing all the time."
- Staff embodied the values of the service, which put the people who used the service at its heart. The registered manager told us, "I am and always will be very proud of my staff and the service they deliver to some very special individuals." Staff told us they worked as a team and were there for each other at all times. A staff member said, "I think we all go the extra mile to help each other. No question about that."
- Staff felt encouraged, cared for, respected and valued. All the staff spoke in extremely glowing terms and very fondly of the registered manager, referring to them as a, "Fantastic role model," "Very understanding," "Approachable," "Professional," "Proactive," "Caring," and, "A great team leader." A member of staff told us, "I have total respect for them." Another care worker said, "[Registered manager] would never ask us to do anything they wouldn't do." Staff were recognised for their dedication to the service as each year they were given a paid day of annual leave on their birthday, taken out for afternoon tea and given a Christmas gift by the registered manager.
- Extra Care Home Services Ltd was recognised and 'highly commended' at the Skills for Care accolades in March 2018 for the best employer of under 50 staff award. They came in the top three services in the country.

The registered manager paid for the team to attend the awards ceremony in London. They told us, "It was us as a team picking up the accolade, not just me."

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 was fully committed to openness and transparency and they understood and met their duty of candour. They told us, "Transparency is encouraged and any mistakes or omissions are acted upon and recorded rather than being ignored."

Continuous learning and improving care

- The registered manager was passionate about continuous learning and in developing and improvement people's care experiences and outcomes. An example of this was their response to a high degree of satisfaction in their people and relative surveys. They said, "This does not mean we should become complacent and we need to continue to ask our service users what more we can do to exceed their expectations."
- The registered manager had worked creatively since the last inspection to enhance the experience of people using the service. This showed they were forward-looking, motivated and continuously looking for ways to improve. They had adapted their delivery of mandatory training, recognising that members of staff learnt and retained information differently. The service had gained the accreditation for the 'Six Steps' programme of end of life care delivery. Auditing tools and care planning had been enhanced to ensure a highly personalised and responsive service was delivered.
- Staff told us the registered manager was passionate and tireless in their efforts to support staff to self-develop. One member of staff said, "[Registered manager] always engages staff to, 'Think outside the box,' when it comes to self-development. Another member of staff told us, "[Registered manager] encourages us all to gain a better understanding of our roles within the company. They encouraged us to all gain extra qualifications." The registered manager embraced the 'new and fresh' ideas that a returning member of staff brought with them after a period of time working in a different care setting.
- Staff nominated the registered manager for, and in 2017, the registered manager won the Motivational Leadership award at the Norfolk Care awards recognising the support and commitment given to the service company and outstanding leadership attributes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager fully understood their legal and regulatory responsibilities. They ensured they kept up to date with any relevant updates and changes. There were clear areas of responsibility, lines of accountability and staff knew when and how to report specific incidents.
- The service had an effective internal system of governance that was tailored to its needs. Various quality assurance tools were used to monitor care delivery, including audits and checks of medical records, care records and call visits. Regular staff observations and supervisions enabled staff performance and competencies to be assessed and discussed.
- Staff discussions took place when needed and ensured staff were up-to-date with any changes to people's care needs. Staff told us they could make suggestions to management and their views were listened to. One member of staff told us they made suggestions relating to the administration and recording of pain patches which was implemented. They spoke of an open and friendly working culture in which they felt comfortable to speak up if they wanted to.
- Regular and meaningful interaction with people and their relatives to evaluate care took the form of informal visits and chats, more formal reviews of care and annual surveys. The responses were

overwhelmingly positive but the registered manager was committed to developing questions and approach each year to ensure that people were always engaged with the process and to encourage feedback.

- The service actively engaged with community groups, developing and strengthening links with local organisations. The service had expanded its remit since the previous inspection to provide an outlet to supply aids and adaptations to promote and enhance independent living. The service offered advice and support to the general public, who could visit their premises, as well as going out into the community to support groups to talk about their work and how they could help. It was recognised by the local authority as an 'In Good Company' service, this quality mark was awarded to the service for demonstrating a strong commitment to combating loneliness in the county.
- The service worked very well with external professionals, such as healthcare professionals from a variety of settings, social workers and commissioners from the local authority. This promoted joined up working between those involved in a person's care, and as far as possible a seamless package of care.