BJB Care Services Ltd

# Heritage Healthcare- Wakefield

## Inspection report

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15 November 2021

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

About the service
Heritage Healthcare- Wakefield is a domiciliary care agency providing personal care to 39 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
Staff demonstrated the service's vision and values. There was a focus on delivering high-quality care, with a clear emphasis on people. A robust governance framework was in place. Staff involvement was key in developing care improvement. Quality performance was managed. People, relatives and staff were engaged with the service. The provider actively developed links with partner organisations and used these to shape and improve both the service and the market.

Systems were in place to ensure people were safeguarded from abuse. Risks to people were assessed, monitored and managed. People were encouraged and supported to maintain their independence. Sufficient staffing levels were in place. Medicines were administered safely. People were well protected by robust infection prevention and control measures. Incidents were reviewed, lessons learned and improvements identified and shared.

People's needs and choices were assessed and reviewed in line with current best practice and legislation. Outcomes were identified and people supported to achieve these. Staff were well supported. People were supported to eat, drink and maintain a balanced diet. There was a strong team ethos. Consent to care and treatment was sought and recorded. 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 were treated with respect. Care plans recorded how people were involved in their care. Their views and wishes were at the centre of their support. Care plans provided detailed direction to enable staff to deliver care which respected people's privacy and dignity. Daily notes recorded how staff encouraged people's independence.

People were placed at the heart of their care plans to ensure care delivered was person-centred. People's concerns and complaints were dealt with promptly and consideration was given to how improvements were made. People were supported at the end of their life.

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

Rating at last inspection
The last rating for this service was good (published 4 October 2018).

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heritage Healthcare- Wakefield on our website at www.cqc.org.uk.

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?**<br>The service was safe.<br>Details are in our safe findings below. | **Good** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was exceptionally well-led.<br>Details are in our well-led findings below. | **Outstanding** ☆ |

# Heritage Healthcare- Wakefield

**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 two inspectors.

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 24 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.

Inspection activity started on 21 September 2021 and ended on 23 September 2021. We visited the office location on 21 September 2021.

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. 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 four people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the field care supervisor, senior care workers and care workers.
We reviewed a range of records. This included six people's care records and medication records. We looked at three 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 looked at training data and reviewed feedback about the service.

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe using the service. One person said, "Yes, absolutely. I tend to see the same people and they know me quite well. They're all very nice." A second person told us, "I do feel safe, yes."
• Staff told us they had undertaken safeguarding training within the last year and records confirmed this. One staff member told us, "We get training and updates every year. I find them useful."
• Staff were able to identify all the types of abuse and understood the correct safeguarding procedures should they suspect abuse. A staff member said, "I would always let the office know if I thought someone was being abused. We're encouraged to do that."
• Staff confirmed the management team operated an 'open door' policy and they felt able to share any concerns they may have in confidence.

Assessing risk, safety monitoring and management
• People's safety was monitored and managed through robust risk assessments. These took place before care delivery started, with a review when care was first delivered.
• Staff were trained on how to identify potential hazards in people's homes and how to manage these. Staff ensured risks were re-assessed if these hazards were likely to be repeated. A staff member explained, "Some of the people we visit are alone and might not see the risks in the own home. We do training on risk assessments so we can see them and help prevent accidents."
• Staff encouraged and supported positive risk taking to support people's independence. One staff member told us, "We always try to encourage people to do things for themselves if they can. It sometimes takes more time but it's worth it."

Staffing and recruitment
• People and relatives told us staff had enough time to care for people safely. One person said, "I've never had a problem. They [staff] don't seem that rushed usually and will stop and chat".
• All the staff we spoke with told us there was enough time to provide safe and effective care. One staff member told us, "Yes, that's not a problem really. There's enough travel time usually, except if the traffic is bad, but that's nobody's fault."
• Staff were not asked to deliver care on their own until their competency had been checked and they felt confident to do so. One staff member told us, "I'm new to caring so the induction was important to me. I only started a few weeks ago. I worked with one of the seniors until I felt confident. I never felt unsafe and felt I could ask as many questions as I wanted."
• A robust values-based recruitment system was in place with a clear audit trail to validate all the necessary

pre-employment checks.

Using medicines safely
• Medicines were managed and administered safely. People and relatives were happy with the way they received medicines. One relative told us, "They always come on time and they will let me know if there's a problem with medicines."
• People were encouraged and received the right support from staff to self-administer where they were able to do so. This was reviewed annually to check people were safe and to support independence. The service supported a blended approach where some people needed some medicines administering, for example, eye drops but could take their own tablets.
• Staff said they were well-trained in medicines, felt confident to administer medicines, and were supported to do so safely. A staff member told us, "We do get spot checks and medicines is part of that."
• The service had developed clear guidance for staff to follow should errors or concerns about medicines arise. A staff member said, "We follow the company's procedure. We let the office know straight away so they can assess how serious it is."
• The service monitored 'as and when' medicine usage and medicine refusal. This information was used to inform monthly discussions with GPs, and, where necessary, prescriptions were altered to better support the individual.

Preventing and controlling infection
• All staff had received training in managing infection control and were aware of their responsibilities and its importance. Spot checks were undertaken to ensure PPE was worn appropriately and staff adhered to guidance.
• The service had good stocks of PPE and staff confirmed it was readily available.
• People were encouraged and supported to be independent, where possible. For example, one person liked to clean and they and the staff did tasks together.

Learning lessons when things go wrong
• The service had a strong 'no blame' ethos embedded throughout. This encouraged staff to take ownership, report errors and work together to consider improvements. One staff member told us, "I would look at the care plan first to see if there's anything I needed to know. If I can put it right I will, or I can ring the office." Another said, "I would always let the manager know. The office are really good."
• Information from lessons learnt was shared with the whole staff team; either through supervisions, team meetings or emails. Staff were encouraged to share their learning and discuss best practices at team meetings.

Good

# 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
• Assessments were centred around each person and their needs and choices. There was clear involvement of the person and detailed descriptions of care tasks with a focus on the person's wellbeing, which lead to a thoroughly holistic approach. The service allocated staff to people by considering their personalities and interests.
• The service recognised the importance of ensuring people's care and support was delivered in line with good practice guidance. Managers were proactive in ensuring this was shared with staff.
• Staff were aware of the Equality Act and were aware of their responsibilities not to discriminate against people. One staff member told us, "I did do some training on this. I think it's about making sure we treat people equally and don't discriminate."

Staff support: induction, training, skills and experience
• People were supported by staff who completed regular ongoing training. All staff, regardless of their role, received the same training. Staff described a thorough induction process followed by a process of probationary reviews and a training needs analysis. Individual training choices were facilitated.
• All staff were supported to develop their professional interests. A staff member, when asked about training, told us, "The company are really good like that. If you need training it will be there." Another described how they had been supported to progress and undertake further qualifications.
• Staff were supported through regular supervisions and appraisals. Staff were encouraged to visit the office to talk to managers. Staff were supported through any work or personal concerns. For example, one staff member had been involved in a car accident and the service had provided immediate and ongoing support.

Supporting people to eat and drink enough to maintain a balanced diet
• People's needs and choices about their food and drink were clearly documented. Consideration was given to people's religious and cultural needs. Care plans explained the reasons for these choices to support staff to better understand the person. For example, one person needed encouragement to eat a healthy diet but didn't like lots of 'healthy' foods. Staff identified additional time was needed to spend time with this person discussing other options for healthy eating, and this was facilitated.
• Staff spent time encouraging people to eat and drink when needed. Where people were at risk of malnutrition or dehydration, care plans were designed to monitor and record the details of what was consumed. This information was monitored and reviewed to facilitate an intervention, when needed.
• The service used a colour-coded system to identify different food groups, which assisted staff when

supporting people with their food choices. This also ensured the service could accurately monitor people's diets, when needed.

Staff working with other agencies to provide consistent, effective, timely care
• The service had developed close and effective working links with therapists. Senior staff attended assessments to support their understanding of people's needs and also to provide accurate information about people's abilities.
• Staff were vigilant about monitoring people's abilities and recognised the importance of identifying and recording these. This ensured timely referrals were made so people received the support they needed as soon as possible.
• Staff frequently requested additional time to care packages, with robust evidence to support these requests. This meant care was able to be delivered according to people's changing needs. For example, one person who was resistant to personal cares benefitted from spending more time chatting with staff before accepting support in this area. Staff obtained additional time to facilitate this.

Supporting people to live healthier lives, access healthcare services and support
• The service was equally focused on people's holistic wellbeing as well as care tasks. Care plans directed staff to consider the wellbeing of each person.
• People's wellbeing was closely monitored. For example, one person sometimes chose not to take a medicine which meant a potential adverse later reaction in their mood. Clear guidance was available to staff in how to monitor this and the alternative support to offer.
• Staff were clearly engaged and invested in people's wellbeing. For example, one person who had been told their mobility would not improve was determined to regain this. Staff discussed with health professionals and were dedicated in providing support and encouragement to this person to achieve their goal, which they did.
• Staff ensured people's wellbeing was a priority. One staff member told us, "I did call on someone who was very upset when I arrived. They…wanted to talk. I spent as much time as I could then rang the office. They [the office] called the lady's son who came out to see her."

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 described the recent training they had completed about MCA. They could tell us what the implications of MCA were for each of the people they supported. One staff member said, "I have done training on that [MCA]. It was really useful."
• Staff were clear about people's right to make their own decisions and for people with capacity to take risks and make potentially unwise decisions. One staff member said, "If someone (with capacity) wants to do something, it's their choice. I wouldn't want to stop them."
• Care plans contained clear guidance about how to support people to make individual decisions about their care. For example, advising staff to give people time to make decisions.
• Consent to care was always sought and clearly recorded. Relatives were involved when necessary. Care plans set out individual decisions relating to each task. For example, one person was able to make choices about some things but needed the support of their husband to make others. Their care plan told staff 'we

are like peas in a pod and I'm always wondering where he is, if you need to know anything I am unable to answer, please ask him'.

Good

# 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 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
• People, relatives and staff gave overwhelmingly positive feedback about the caring nature of the service. One person said, "They (staff) are all so kind and caring." Another said, "If I need something or I've run out of something, the staff will go and get it for me. Nothing is too much trouble for them." A relative told us, "Staff will always go the extra mile. My mum has dementia and not always easy to deal with, but they are so kind with her."
• The staff we spoke were dedicated to the people they supported, and displayed a caring and respectful disposition. One staff member said, "The people are the best thing about this job. They have so much to tell you and you see new things every day." Another told us, "I do think we treat people with respect. We are trained but I think it's basic decency too. You treat people as you would like to be treated."
• Care plans were written in language which encouraged caring. The focus of each care plan was the person being cared for rather than the task with which they needed support. Each task was described from the person's point of view.
• People's religious and cultural needs were explored and recorded. Detailed guidance was provided to staff about how to approach these with sensitivity.

Supporting people to express their views and be involved in making decisions about their care
• People and relatives all told us they were involved in making decisions about their care. One person said, "The staff are always asking me if I'm happy with the care. They do listen and I don't get the feeling they do it because they have to." A relative said, "They (the provider) are brilliant like that. They're great communicators and will always let me know if there have been changes with mum."
• Staff described how they involved people and relatives. One staff member told us, "We're encouraged to do that. One of the reasons I like working here is because the service users come first. If someone is not happy with their care or they would prefer a different carer, they are listened to and it usually happens." Another said, "You do get to know people in this job and we're lucky that we can spend time with people. Not all agencies are like that, I can tell you."
• Rotas were scheduled to ensure staff spent the whole of the allotted time with people and use this to get to know people. Records clearly recorded this and showed how care was continuously shaped by these discussions. Care plans contained suggestions for how staff were able to involve people in decision making, where people struggled with this aspect.

Respecting and promoting people's privacy, dignity and independence
• Care plans directed staff to ensure people's dignity and privacy was maintained. These were very specific to each person and their individual situation. Care plans contained detailed examples of how staff were able to support people's independence and wellbeing. For example, "ask me if I would like to help you prepare my meal", and, "sometimes I like to let the bed air, sometimes I like to make the bed with your help".
• Staff described how they supported people's independence. One staff member told us, "Our service users don't have to be with us forever. We always try to get people to the point where they can do things for themselves. It's not always possible though." Another said, "The last thing we want to do is make people dependent on us."
• Staff described how they protected people's privacy. One staff member told us, "Well, we don't just barge into someone's home. If we have to let ourselves in that's one thing but I always knock before I go in."
• The service ensured only the staff member on each specific day had access to the person's care notes who they would be supporting that day.

Good

# 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 remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People's choice and preferences were at the heart of their care plans. Each person's personality was embedded in their care plans. Staff were matched to people's personalities.
• Staff monitored people's changing needs and brought these to the immediate attention of managers, who promptly arranged for reviews or referrals, as required.
• The service understood the importance of people's daily routines and planned rotas to accommodate these. For example, scheduling earlier calls on days when people had appointments to attend.
• People and relatives told us support calls were nearly always made when they were scheduled. One person commented, "Oh yes. They usually come on time but if they are running late, they will always ring." A staff member told us, "I don't usually have a problem and I work all over the patch. Sometimes I run late and the office will ring the person to let them know. If it was really late, they would send someone else to do the call."

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 recorded people, and relative's, communication needs and ensured these were met. For example, service user guides and information were provided in large print and easy read. Staff were advised when people read lips, for example, and were also taught to check people's facial expressions and hand movements to support communication. Whiteboards were used as reminders to support people living with dementia.
• The electronic care planning system facilitated a quick and easy two-way communication between relatives and staff, where consent had been given. However, the service recognised this system was not easily accessible to everyone and ensured regular alternative methods of communication with others.
• The service supported staff who had different communication needs, for example, with dyslexia or a hearing impairment. These were sensitively explored and staff were provided with information in appropriate alternative formats. Additional time was given to staff, where needed, to support completion of training.

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 in their interests by the service's holistic approach and emphasis on wellbeing. For example, through conversations with the person staff identified they enjoyed singing hymns and arranged for CDs of hymn singing to be bought to encourage and support this. Another person was supported by staff to attend their granddaughter's wedding. For another person staff drove them to attend their sporting activity.
• Staff monitored people's wellbeing and sought interventions where they felt people were at risk of social isolation. For example, staff noted one person had 'showed signs of becoming increasingly more lonely, I have suggested requesting a social visit for (him) so he doesn't feel as isolated and to get him out of the house'. The service made a request for a social visit call, which was accepted.
• People were encouraged and supported to access the community. One person was supported to walk the corridors of their communal building to support their contact with neighbours and keep them mobile. Another was supported to keep in touch with relatives because they were visually impaired so on each visit staff were directed to ask them if they would like help to dial a number.
• Staff themselves were an important part of people avoiding social isolation. For example, staff were directed to 'Support me to be social and keep my mind working: please sit and do a jigsaw puzzle'. Comments from people included, "They normally make my food and sit and have a chat with me while I eat."

Improving care quality in response to complaints or concerns
• People and relatives had received information about how to complain. One relative said, "We went through that when we started, and I think I have a leaflet somewhere. But I've never needed to complain. In fact, I spend my time praising them!"
• The service took a proactive approach to complaints and staff were engaged with this. For example, identifying potential causes for complaints and taking mitigating action. One person told us, "I would just speak to my carer and they would sort it out. Honestly though, I've never had reason to complain."
• Staff felt supported by managers. One staff member confirmed, "I haven't had to deal with a formal complaint yet but the managers have discussed this with us and to come to them with it."

End of life care and support
• Sensitive conversations about end of life care are held, where appropriate, with people and their relatives. The service recognised the need to be led by people's wishes when taking an involvement in end of life care.
• There is a whole-service focus on early intervention. Detailed monitoring of care enables the service to take a proactive response to people's changing health and wellbeing needs. Two staff recently volunteered to provide night-care, which is not usually provided, to one person who was at end of life.
• Staff took every opportunity to support people with their end of life wishes.

Outstanding ☆

# 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 outstanding. At this inspection this key question has remained the same.

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

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

• The leadership of the service placed people at the heart of the organisation. The service had developed a charter (dependable, independence, gentle, nurture, integrity, trustworthy and you) which outlined the aspects the service aimed to achieve. For example, care plans were written with the charter's aims in mind which meant people received support in this manner. A relative told us, "They (staff) are excellent. Each and everyone has a great personality. They all love [person's name] and it shows. It's not just for [person] but it's support for the rest of the family as well."

• The charter and the service's values (honesty, excellence, approachability, respectfulness and teamwork) were shared and embedded across the organisation and displayed in the staff room. Managers led by example and the recruitment, induction, supervision and team meetings promoted these values.

• Staff described a welcoming culture focused on providing high-quality care. When asked to describe how the service delivers good quality care, one staff member told us, "We (staff) are all the same. We're all a little bit obsessed." A person told us, "If it wasn't for them I wouldn't have any kind of life. (Their) care has enabled me to fulfil my dreams and ambitions. They've made a phone call when they know I've got something stressful happening or worrying about something. They all go above and beyond."

• The registered manager fostered an open culture by encouraging regular visits to the office by care staff and facilitating friendly chats with biscuits and chocolates, focussing on the staff member, their lives and families. The registered manager told us, "Carers are my business, I don't have a business without carers."

• Staff said the service was very well-led. Staff told us they were well supported and were working for a good employer. One staff member said, "I do feel really well supported. I can go to the manager any time, or one of the seniors." Another said, "I really like working here. I did struggle a bit at the beginning but the manager and seniors were brilliant and very caring. I'm lucky to work with such a great team."

• There was a strong team ethos across the whole organisation. For example, office staff frequently delivered care and support, primarily to better understand the people they support and the issues care staff may experience.

• The registered manager explained how office staff were as invested as care staff about people achieving their goals and ambitions. For example, all the office staff telephoned to clap and congratulate one person when they had achieved a milestone towards their goals. One person described how staff had taken them to buy a musical instrument and all staff supported and encouraged them to learn how to play it. This fostered a feeling of collective and shared community across the service.

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 candour and openness in all their interactions with staff.

• The service was open and honest about when things went wrong. People and relatives told us the service communicated with them well. On person said, "They mean a lot because we can talk about anything and I mean anything, it doesn't matter what." One staff member said, "The [registered] manager is really good like that. I always feel nothing is hidden from you and if you needed to say something in confidence, it would be kept private." Another staff member said, "I don't think much has gone wrong lately, not that I know of. I think the manager would be open though; that's been my experience."

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

• The registered manager was very clear about their role, responsibilities and regulatory requirements. The registered manager took every opportunity to ensure they kept updated on legislation, guidance and best practice. Staff were supported to understand their roles through clear job descriptions and regular supervisions. Spot checks ensured they put this into practice to support high quality care.

• Quality performance was well understood across the whole service. Senior staff had been supported to take ownership of some monitoring and checks. The office manager undertook further checks and the registered manager undertook additional checks on these.

• A clearly scheduled and planned robust range of audits had been developed by the registered manager. This system had been adopted by the wider franchise due to its thoroughness, detail and evidence-based quality checking. Audits were themed around the key questions of safe, effective, caring, responsive and well-led.

• A shared responsibility for quality was fostered through clearly tracked action plans, which were used to benchmark the service against expected characteristics. This ensured the registered manager had exceptional oversight and understanding of the service, and staff understood its position, challenges, achievements and future direction. The registered manager was explicit that any expansion of the service would not be detrimental to the high-quality care people received.

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

• The registered manager created a culture of support and understanding across the whole service. Feedback from people, relatives and staff was encouraged, always noted and consideration given to how to develop care and support further. A staff member said, "Well, I'm new so I'm still learning but I think they (senior staff) are open to new ideas if it helps."

• There was a collective culture to recognise and celebrate people as individuals. The service sent out birthday cards, and flowers for 'big' birthdays, to both people and staff. For milestone birthdays, home-made cards were delivered by a team of staff who sang 'Happy Birthday'. Where it was not appropriate to do this for religious or cultural reasons staff were consulted for more appropriate ways to celebrate people. A relative told us, "They're up there with the best."

• The registered manager provided a personal response to every piece of feedback received; thanking people for taking the time to comment and thanking them for allowing the service to care for them or their relative. For example, "Thank you very much for your comments they are really appreciated and very kind. We absolutely love being part of your team and thank you for giving us the opportunity, it is a real privilege."

• Staff contribution was recognised and celebrated. Compliments were recorded and permission sought to share these with the individual staff who provided care to that person. Videos had been produced of people sharing their thoughts about the care and staff; all the comments were overwhelmingly positive. For example, "They (staff) mean a lot", "They (staff) are all kind and good and they will go out of their way", and,

"I'm always relieved when they come, we have a little giggle". This meant staff were engaged and encouraged to take ownership of their work.
• Results from staff surveys were displayed in the staff room, alongside a suggestion box. The registered manager considered and provided feedback to all suggestions. Recent suggestions included ideas for a staff night out / get together, and a bonus for picking up extra shifts. There was a monthly staff draw for attendance, and staff were able to nominate each other for a quarterly 'above and beyond' prize. A staff member told us, "I think it's fantastic. Your opinion really matters and they value you, like with Amazon vouchers if you do really well."

Continuous learning and improving care
• The service took every opportunity to consider improvements. Comments shared at care plan reviews were scrutinised and staff involved in shaping better care delivery. For example, it was identified people were often discharged from hospital with incorrect, out of date, or missing information. Staff developed an additional process for checking and querying documents when people were discharged from hospital. This had reduced incorrect medicines being given and prevented people from having inappropriate care information, such as do not resuscitate orders.
• Staff were encouraged to discuss suggestions and solutions. These were agreed and shared across the team, where applicable. One staff member said, "I think they appreciate staff feeling involved."
• Staff had identified many families were uncomfortable about visiting relatives during the COVID-19 pandemic, so had worked with people and their relatives to agree additional care during this time. For example, where previously families had brought people a regular shopping basket, staff spent time with people to plan and agree their weekly menus and shopping was bought according to people's wishes that week. This meant some people chose a more varied meal plan with fresh ingredients.

Working in partnership with others
• Close and trusting working relationships had been developed between the service and other health and social care professionals. The service provided a clear and evidenced-based rationale when requesting additional support. This meant professionals valued and trusted the opinions of staff and prompt action was taken when additional care and support was needed. For one person this meant a positive change to 'their routine' which better supported their personality and health condition.
• The registered manager was part of a wide range of manager groups. They took an active part in networking with other providers, community groups, and local and national care organisations. Experiences were shared and the registered manager used these to enhance their insight of the care market.
• The registered manager had developed a good understanding of what help was needed in their local community and used this to shape the service and care delivered. The registered manager was an advocate for developing the caring profession and their aim was to develop the role of caring as a professional career. They had developed talks for school careers' days and recruitment fairs to support raising the profile of the work in this sector.