

Yourlife Management Services Limited

YourLife (Sheffield)

Inspection report

Windsor House
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

YourLife (Sheffield) is registered as a domiciliary care service. It provides care to people living in their own apartments within Windsor House in Sheffield. Not everyone living at Windsor House uses YourLife (Sheffield). CQC only inspects the service for people receiving 'personal care;' that is help with tasks associated with personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 18 people who lived at Windsor House were receiving the regulated activity 'personal care.'

People's experience of using this service:

Systems and processes were in place to safeguard people from abuse and avoidable harm. People told us they felt safe with the staff that supported them. People were highly satisfied with the service they received from staff and respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. Both people and staff reported feeling respected, listened to and influential.

People received personalised care that was responsive and specific to their needs and preferences. People's needs were assessed and risks to people were managed so they were supported to stay safe, whilst having their freedom respected. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible. The policies and systems in place at the service supported this practice. Everyone we spoke with provided positive feedback on how staff were supportive and went the extra mile to get care just right for people. They described how they were supported to be involved and consulted in decisions about their care and support.

Where people did have concerns or complaints these were listened and responded to.

The service had safe systems in place for the management of medicines and the prevention and control of infection.

The service made sure there were sufficient numbers of suitable staff who had received training to provide them with the necessary skills and knowledge to deliver effective care and support. People spoke of a fantastic staff team that were reliable, consistent and did not rush.

The whole service continued to have a good track record. The service promoted links with the local community and healthcare professionals to deliver effective care and support so that people were supported to live healthier and fulfilled lives.

Staff told us it was a good team and they were valued by managers. Staff were motivated and proud of the

service. There were high levels of satisfaction across all staff. There was a strong emphasis on continuous improvement with staff gaining additional qualifications and involved in how service delivery could develop and improve for people.

The registered manager had a clear vision and was passionate in providing high quality care and support, promoting a culture that was person-centred, open, inclusive and empowering for both people and staff. The registered manager was supported in this by an organisation where responsibilities were clear and where quality performance, risks and regulatory requirements were understood and managed.

Where systems and processes went wrong or were not followed lessons were learned and improvements made to minimise the same error in the future.

Rating at last inspection: Good (report published 14 June 2016)

Why we inspected:

This was a planned inspection to confirm that the service remained good.

Follow up:

We plan to continue to inspect the service in line with our inspection programme for services rated outstanding. Until then we will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-led findings below.

Good ●

YourLife (Sheffield)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

YourLife (Sheffield) is registered as a domiciliary care service. It provides care to people living in their own apartments within Windsor House in Sheffield. At the time of the inspection 18 people who lived at Windsor House were receiving the regulated activity 'personal care.'

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 10 days' notice of the inspection site visit so that the registered manager would be available and because we wanted to visit people in their own homes and we needed support from the registered manager to arrange this.

What we did:

Prior to the inspection we looked at the Provider Information Return (PIR). This is information we require registered providers to send us at least once annually to give some key information about the service, what

the service does well and improvements they plan to make.

We also gathered information from other stakeholders that have contact with the service. We received feedback from four health and social care professionals.

During the inspection we visited five people in their own homes to ask their opinions about the care they received. We also spoke with two family members who were present during those visits.

We spoke with the registered manager, a member of the senior management team and two members of care staff.

We also observed one member of staff in the provision of care to one person who used the service.

We reviewed various records relating to the management of the service. For example, notifications from the service, one person's care file in detail, including medicines management, together with sampling from two other care records, one staff recruitment record, records of accidents, incidents and complaints, policies and procedures and audits and quality assurance reports.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe at Windsor House. People we spoke with consistently told us they felt safe using the personal care service YourLife (Sheffield) and living at Windsor House. They told us they had developed close relationships with staff and trusted them. They were confident to raise concerns if they did not feel safe. One family member told us how they trusted staff to do the right thing with their relative when they were not there.
- The PIR confirmed policies remained in place regarding bullying, harassment, safeguarding, mental capacity and protection of vulnerable adults that were regularly reviewed and updated and systems to ensure all staff have read and understood the policies. This was confirmed in our discussions with staff.
- The registered manager was aware of when incidents required reporting to safeguarding.
- However, discussions with the registered manager identified that notifications to CQC may not have always been submitted in line with the requirements, as neglect and acts of omissions, such as medication errors would need to be notified to CQC if they place people at risk of harm even if they do not meet the threshold to report to local authority safeguarding. The registered manager acted on this immediately with a new flow chart diagram for staff and putting the topic on the agenda for the next staff team meeting. There was no evidence this had impacted on keeping people safe.

Assessing risk, safety monitoring and management

- People continued to be safe from the systems in place to assess, monitor and manage risks involved in the delivery of care to people.
- One person's record we reviewed included assessments of specific risks posed to them, such as risks arising from the management of medicines, the environment, their mobility and nutrition and hydration.
- Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.
- Whilst people using the service lived in their own private apartments within Windsor House we found arrangements were in place to deal with emergencies. We saw contingency plans were in place to deal with unforeseen situations that might arise, such as outbreaks of fire. We saw this included evacuation plans and access to vital information, such as personal contact details and check lists for emergency services when this was required.

Staffing and recruitment

- Our discussions with people and staff and our observations throughout the day confirmed there continued to be enough staff employed to ensure people received care and support at the agreed times and meet

people's needs promptly.

- People who used the service were very positive about staffing arrangements. People told us that care staff were reliable. People also told us care staff did not rush them. No-one we spoke with had experienced missed visits from staff. Comments from people included, "They're generally on time. If they're more than five minutes late I buzz my buzzer to find out what's happened," "They're pretty spot on with times," and "I have a list of who's coming to do my caring."
- One family member said, "[Person] has consistent staff that are fond of them."
- The registered manager demonstrated how staffing was organised to make sure there were sufficient numbers of staff to support people.
- Examples of a rota was provided. This demonstrated how staff knew who to support and when, when they were on duty.
- All staff spoken with said there were sufficient staff on duty.
- The registered manager continued to carry out pre-employment checks to make sure the staff employed were safe to work with vulnerable people. In the PIR they described a process which recognised the importance of individuality and incorporating equality and diversity in the workforce.
- However, we identified when confirming the process continued to meet regulations that the policy and procedure for recruitment was not dated and did not include obtaining confirmation of satisfactory conduct for staff in relevant employment such as work history associated with health and social care and/or children or vulnerable adults. This meant there was a risk this was not obtained for staff. There was no evidence this had impacted on people using the service. One person told us, "[Registered manager and a member of the senior staff team] always interview the staff and they are very selective."

Using medicines safely

- Medicine systems continued to be organised so that people received their medicines when they should. Safe systems continued to be in place for the receipt, storage, administration and disposal of medicines.
- People told us they were happy with the support they received with their medicines and said care staff did this well.
- However, one family member said they had occasionally found the odd tablet where staff had recorded they had observed their relative taking their tablets.
- Training was provided for care staff about the safe management of medicines together with an assessment of their competency before they supported people with their medicines.
- Discussions with staff confirmed they knew the systems in place for the safe management of medicines.
- Observations of one staff member administering medicines confirmed this was put into practice. They took their time to check what medicines were needed from the medication administration record, what had already been administered and what continued to require administering. Likewise, they took their time explaining this to the person and not rushing the task.
- The medicine records we checked confirmed the person was receiving their medicines as prescribed by their GP and staff were keeping accurate records about what medicines they had administered to people and when.
- We saw that audits of medicines were carried out daily to make sure people had received their medicines in a safe way and take immediate action if required. This meant errors were quickly found and resolved to keep people safe.

Preventing and controlling infection

- Our discussions with staff confirmed systems were in place to prevent and control the spread of infection. They told us they were supplied with personal protective equipment such as gloves and aprons and that supplies were plentiful.

Learning lessons when things go wrong

- The registered manager was keen to develop and learn from events. There were systems in place to learn from any accidents or incidents and reduce the risk of them reoccurring.
- Staff completed accident and incident forms at the time they occurred. Records seen were of good quality.
- The registered manager continued to monitor these to identify trends and take preventative action to improve the safety and quality of the service.
- We checked that any preventative action and learning recorded was carried out and were able to confirm it was.

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

Good: 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 PIR confirmed that prior to the commencement of care people continued to have a comprehensive assessment of their needs to confirm the service was able to meet those needs and gather information about people's preferences and routine. When we reviewed a person's file we were able to confirm this and that for this person it included emotional wellbeing, health details, personal care and hygiene, continence care, medication, personal safety and identified risks, mobility and sensory requirements, nutrition - eating and drinking, social inclusion and access to the community, cultural and religious needs, finances, housework and shopping.
- People and their family members were positive about the personal care service that was provided and felt their quality of life was promoted by staff who were skilled in meeting their needs.

Staff support: induction, training, skills and experience

- The PIR confirmed staff continued to complete an induction that included shadowing a more experienced member of staff before working alone with people. Training included safeguarding, health and safety, emergency first aid, basic life support, equality and diversity, infection control, control of substances hazardous to health, moving and handling, fire safety and medicines administration.
- Of the 18 staff employed, 17 had completed the Care Certificate and had a NVQ Level 2 or above in Health and Social Care. These are nationally recognised qualifications to ensure staff have the right skills, knowledge and behaviours to work in the industry.
- All grades of staff told us they felt very well supported both within YourLife (Sheffield) and the wider organisation. They told us they had plenty of opportunities to meet with each other and their line managers and discuss their work.
- When we reviewed staff records it confirmed what the registered manager and staff had told us about training, supervision and appraisal.
- People told us they thought staff were well trained because they knew what they were doing. Comments included, "[Registered manager] is always training staff. He's good with them," and "They're very well trained. They know how to do silver service."

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

- The PIR confirmed people continued to receive support with eating and drinking where required to maintain a balanced diet where this had been identified during the assessment process.
- When people received support from staff with their meals and drinks, their food preferences were recorded

in their care plan along with any special dietary requirements.

- People told us they were happy with the support they received with their meals and drinks and staff prepared meals of their choice.
- Windsor House also had a restaurant where a three-course meal was provided at lunch time and where people could choose to eat their meals. Everyone we spoke with took advantage of this on most days to meet both their nutritional and social needs. Comments included, "Food's incredible for the money," and "The chefs are remarkable. They'll do an afternoon tea if you've guests coming. They're so willing and artistic. A salad's a work of art. It's not just thrown on a plate."

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

- The PIR confirmed YourLife (Sheffield) continued to work with other organisations to deliver effective care and support to people.
- We saw within two people's care records of staff seeking advice from community health professionals, such as district nurses.
- We received feedback from four health and social care professionals. They included, "I visit Windsor House on a very regular basis as I have a number of patients there. I have always found that the staff are very helpful and friendly and as for [registered manager] he is really approachable and knows what is going on with the patients that I'm due to be visiting. My patients always speak very highly of [the registered manager] and all the staff," "I have always found the place to be excellent in every aspect. I visit perhaps six times a year," and "We haven't got any issues with the care that YourLife provide to their residents."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- We checked and confirmed the service continued to work within the principles of the MCA.
- The PIR confirmed MCA policies and procedures continued to be in place and the manager was confident staff understood these.
- Our discussions with staff confirmed they understood that people had the right to make their own decisions whenever possible.
- People we spoke with told us they were not subject to any forms of restriction or restraint. One person said, "You're not restricted. You can come and go as you please. They keep track of you, but in a caring way. They know us."
- We saw people signed their care records to show they consented to their care and support, when they had the capacity to make this decision.
- People were asked if they had given authorisation to any other person to make decisions about their care, for example by making a Lasting Power of Attorney (LPA). We found where they had the service had recorded and verified this information so that in the future staff have clear information about which decisions each attorney is authorised to make.
- We found that where people lacked capacity the records to demonstrate the decision making around care and consent could be improved and recommended the registered manager seek reputable advice to do this.

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

Good: 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

- The service continued to involve people in their care and treat people with compassion and kindness.
- People told us staff treated them very well and were kind and caring. They told us they were well supported. This was supported by family members we spoke with. Comments included, "Staff are extremely good. Very helpful. They're not 'in charge' – you're left to be your own individual person," "They're excellent, such a caring lot of people. Very gentle," "I don't really think you'd get better. Staff are fantastic. They're helpful, but not intrusive. All of the staff are caring, it's amazing really," and "They're incredible staff. Very respectful. It's a mutual thing. I feel flattered because staff say they feel at home here and I have a rule that says, 'Anyone crossing my threshold is a visitor in my home.' I'm very content here."
- People told us they were highly satisfied when they received care from staff and that staff knew their routines and how they wished to be cared for and supported. They described the positive relationships they had built with them. Comments included, "I'm impressed with the relationship between staff and my [relative]. They're fond of [relative] and take their time to get to know them. They have done some lovely life history work which helps [relative] as it makes them feel secure."
- We saw in people's care records and life history books important details about their lives. This helped staff to build relationships by providing personal information about them such as details of their families.
- Through speaking with people and staff and reviewing care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- Our observations showed people displayed positive signs of well-being. They were happy, engaged with what was happening around them and had a sense of purpose to their lives. There was a positive atmosphere throughout Windsor House.
- We observed interactions between people and staff and saw they were professional, open and friendly and decisions concerning their care needs approached in a sensitive manner. It was clear they were knowledgeable and familiar with people's particular needs.
- We saw that people were at the heart of their own community in Windsor House and felt valued.

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

- People told us they were involved in developing their care plans. They told us staff visited them in their own homes to assess their needs and draw up a plan of care. This was supported by their family members. They told us their care plans were often reviewed if changes were required to their care plans and they were asked their views.

- A relative told us they had absolute faith in how their relative was supported.
- We were told of and saw home owner meetings, which provided people with information about developments concerning the service and an opportunity to participate in events and provide feedback and suggestions to improve the service.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity continued to be at the heart of the service's culture and values.
- In January 2019 a survey was sent to people who used the service asking for their experience on how staff respected their dignity. Following this a 'digni-tea' morning was arranged to promote dignity by discussions about what it means to different people.
- Discussions with people showed how staff maintained their autonomy and independence to live their lives on their terms with real meaning. One person said, "It's 24-hour care, but you are independent. They don't make you do anything you don't want. I'm still who I am. [Registered manager] empowers you, but challenges if needs be."
- People confirmed to us that their privacy and dignity was always maintained and this was supported by family members. Without fail everyone told us that staff always knocked before entering.
- People and relatives told us staff respected the need to maintain people's confidentiality and did not share information about other people who lived at Windsor House. One person commented, "There's no grumbles from staff, no gossip. They don't say where they've been or where they're going".
- We saw information about people's needs was securely stored and we did not see personal information available for anyone to see.
- In discussions with staff they understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were consistently polite, courteous and engaged and were genuinely pleased to be at work.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- The PIR confirmed care plans continued to be written with the person so the service could gain a clear understanding of their needs and identify the finer details of their routine, so staff were able to maintain this.
- Our discussions with people and their family members described how the service provided personalised care to meet their needs, preferences, interests and give them choice and control. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. This meant the service had information to create person-centred care plans which supported staff to provide personalised care which met their needs. Comments included, "[Relative] has been here a while and needs a lot more care. They change things as needed. They go the extra mile. I admire how staff are able to meet [relative's] needs as they can be challenging. They're good at distracting [relative] and have coping strategies. For example, if [relative] starts to get anxious in the restaurant they bring them back to their apartment and spend time talking with them. The ethos here is residents do it themselves if they can," "It's the little things. For example, if you have food going out of date they'll tell you and suggest a meal with it," "They have a lot of papers to guide them. I'd say they were excellent, ten out of ten and I'd definitely recommend them. We're very satisfied and am certain we've done the right thing coming to live here," and "They're a grand crew of girls. I'm happy for them to be my helpers. I can't praise them enough, they're pretty damn good. I'd rate them A+, you'd have to search the world to find any better. I see the poor places on television and feel sorry for those people."
- The care plan we reviewed was detailed and contained clear information about the person's specific needs, their personal preferences, routine and how staff should best support them to live happy, contented lives. This included people's communication needs. Where people needed support with communication, this was recorded in their care plan so care staff knew how to communicate effectively with people.
- People told us they knew their care workers very well and this supported the care workers to deliver care to people in accordance with their preferences.
- Care staff were trained to report any potential changes in a person's needs to the office staff and this then triggered an early review of the person's care plan. This helped to make sure people consistently received the correct level of care and support and meant people's care plans contained up to date and accurate information about the care they needed.
- The PIR identified in the last 12 months a staff member had undertaken training in dementia and wellbeing to better support people living with dementia. This had resulted in the formation of a dementia cafe to promote their quality of life and sense of self-worth both within Windsor House and local community. People's relatives spoke with us about this and the value of it for both parties.
- The service had also promoted a British and Minority Ethnic video within the staff team to improve their understanding of cultural sensitivities within different ethnic communities.

- The PIR confirmed the service recognised the value of social interaction in promoting a good quality of life and sense of self-worth for people.
- People confirmed they were able to participate in a variety of social activities that took place to enable them to have opportunities to enhance their personal wellbeing. Ideas and events were initiated by both people who lived at Windsor House and staff. There was an abundance of life enhancing and interesting events and activities for people to become involved with. Comments included, "They're good at events. I get dressed up, they're good fun. Staff go to so much trouble. [Registered manager] and [staff member] are rocks and [staff member] plans lots of them".
- Discussions with people and events advertised in March 2019 included a sing a long group, an exercise class called Oomph, whist, celebrating world book day, memory café, talk on the flood of Sheffield in 1864, an American Night, a Holy Communion Service and afternoon tea to name a few.

Improving care quality in response to complaints or concerns

- The PIR confirmed a complaints policy and procedure continued to be in place which explained how any complaints would be dealt with and that this was outlined in the service user guide which was given to people. We were able to confirm this in our review of records.
- People continued to tell us they felt comfortable raising any issues or concerns with either care staff or the registered manager. They told us that they listened to their views and were confident any concerns would be addressed and resolved.
- The registered manager maintained a record of complaints received. We were able to confirm each complaint was investigated with actions to be taken and lessons learned if necessary. We found these actions and lessons took place in order that the service was improved. Complainants were provided with an outcome of their complaint.
- The registered manager told us they maintained an open door policy and welcomed feedback as an opportunity for learning and improving the service delivered. People, relatives and staff confirmed this and we saw this through our inspection.
- Everyone told us they had no reason to complain as matters were always dealt with when they made suggestions or if things weren't quite right and therefore that they didn't need to formally complain.

End of life care and support

- The registered manager told us they were not currently providing a service to anyone who needed this support. The PIR described how they had done this in the past and how they worked with health professionals to enable the person to remain at home. They described how the whole staff team were extremely proud that they could fulfil this for the individual and although it was a sad experience, it filled the whole team with a great sense of achievement.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.
- The provider's vision and values were clearly promoted to staff at all levels and to people who used the service. Their values used the acronym 'PRIDE' which stood for passion, responsibility, innovation, determination and excellence. Information about this was displayed in the entrance hall at Windsor House for everyone to see.
- People and relatives told us the registered manager was visible and known to them and approachable. They were highly satisfied with the level of service provision and had confidence in the management. Comments included, "We have a good relationship with [registered manager]. He does some care calls and is very patient. He's good at his job," "[Registered manager] is terribly young, but he's on the ball all the time. He's helpful. He keeps to the rules and makes sure staff keep to the rule and does it with a laugh," and "[Registered manager's] won awards and he's very deserving of them. He's very young, but most caring and understanding."
- We saw the registered manager to be kind and caring and that they knew everyone extremely well including their relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered provider had met their regulatory requirements in having 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.
- Discussions with the registered manager and the evidence they provided continued to demonstrate they had a range of knowledge and experience that was relevant to the service. Although the manager was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the regulated activity, further learning was required around reporting safeguarding notifications when perhaps they did not meet the threshold for a safeguarding alert.
- In addition to notify us of the additional types of people they provided a service to such as people living with dementia and who had a physical disability.
- We advised the registered manager that information registered with Companies House did not identify health and social care as the nature of the business.

- We found the registered providers rating was displayed on their website and in the home meeting their regulatory requirements in this regard.
- We found the service had an up to date Statement of Purpose that met their regulatory requirements.
- The registered manager told us they attended meetings and conferences with colleagues to discuss practice, share ideas and cascade updates to all managers. They also said they were encouraged to undertake additional training to enable them to develop their careers.
- The registered manager had received two awards within the company celebrating his success. The estate managers award was awarded for his passion to deliver the highest quality of care and support to homeowners. Comments by the organisation's managers of why was because he has a real 'can do' attitude and willingness to learn. It describes his dedication to the development and of creating a fantastic team. It recognises his bespoke approach to creating care plans for homeowners, with lots of fresh ideas. He also received the award for 'outstanding rising star,' which he had been nominated for from his area manager.
- Staff at all levels continued to be clear about their roles. The registered provider had a clear staff structure and staff roles had clearly defined responsibilities.
- Staff continued to tell us they felt well supported by their line managers and they said they were confident any concerns they raised would be dealt with appropriately. One staff member said, "We get really good support. [Registered manager's] always accessible, always gets back to you. We work well together as a team - we all strive for same thing."
- Systems were well organised to support high quality, person centred care. The registered manager spoke of regular monthly visits from an area manager to support them in monitoring and improving the quality of the service.
- We were able to confirm governance systems continued to be in place to enable the registered provider and manager to assure themselves through assessment the quality of the service provided and take action to resolve issues when this was required. We saw these included a range of audits, such as reviews of people's care plans, medicines management, accident and incidents, staff training and the environment. We saw this included a programme of regular checks to ensure people's health and safety was effectively maintained. These were reviewed each month to help identify trends and take the necessary action to make improvements.
- Discussions with the manager and staff and our observations identified an improvement from the analysis of falls in 2018. The service felt they could do more to reduce the number of falls and as a result a staff member attended a course in 'falls prevention'. This has resulted in the staff member becoming an 'Oomph' trainer, which means they can offer tailored exercise to homeowners to help with balance, co-ordination and reducing falls. Discussions with people and information displayed confirmed this had been implemented.
- Another example of an improvement suggested by staff was the implementation of key workers so that care staff had a role they could focus on and be passionate about improving the service for people. One example how this has built relationships between one person and their keyworker is that the person is teaching their keyworker to play chess.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service regularly sought the views of people, staff and the public. The management team continued to consult with people about their care and about the service. People and staff were empowered to voice their opinions.
- People who used the service, their relatives and staff told us the registered manager continued to maintain an open door policy and welcomed ideas and suggestions to help develop the service. We saw the registered manager had a 'hands on' approach and saw people came with their individual matters directly. This meant the registered manager was aware of issues affecting the service.

- People who used the service had home owner meetings where they were able to feedback any suggestion for improvements in regard to the environment and social events. Where people received the regulated activity, personal care they also had regular reviews where they were able to feedback their experiences.
- An improvement from a homeowner meeting was a suggestion box that was introduced in 2018, which we saw to provide people with opportunities to post anonymous suggestions.
- Staff consistently told us of the positive management structure in place that was open and transparent and available to them when needed.
- The registered manager demonstrated how they encouraged motivation of their staff through messages placed on their rotas to promote a caring attitude.
- We also found in staff files where staff were recognised for their individual achievements. For example, in one staff member's file we saw throughout the year they had received them for 'Always asking if there's anything she can do to help and for helping with events and sorting through menus,' 'buying colleagues sweets and being friendly and for helping her colleagues when they needed shifts covering' and 'for helping different colleagues with their shifts and for vacuuming the dining floor very often and setting tables.'
- Staff had meetings where they were able to feedback any ideas on how the service could be improved and also were provided with an opportunity during regular supervision and appraisal.
- Care staff told us they received feedback about their work in a constructive way and the registered manager listened to their ideas to help the service learn and improve.
- Another initiative resulting from the analysis of falls had been to arrange for a physiotherapist from the local NHS to speak with homeowners about how they can continue to lead an active lifestyle through steps they can take to increase their mobility and reduce the risk of falls.
- We received feedback from four health and social care professionals that told us they had positive relationships with the service.