

Sanctuary Home Care Limited

Sanctuary Supported Living - 26 Tilmore Gardens

Inspection report

26 Tilmore Gardens
Petersfield
Hampshire
GU32 2JQ

Tel: 01730233124
Website: www.sanctuary-supported-living.co.uk

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12 November 2018

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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

What life is like for people using this service:

- People using this service benefitted from an outstanding caring, responsive and well-led service. People were consistently observed to be treated with kindness, compassion and respect. People told us they very well cared for and our observations confirmed this. People's relatives spoke overwhelmingly of the positive outcomes their relatives had achieved and how the service went "Over and above" their expectations in supporting people to achieve a good quality of life.
- In line with Registering the Right Support guidance, people were placed at the heart of the service, their views, opinions and wishes were sought and acted on to deliver person centred care tailored to their needs and aspirations. People had achieved excellent outcomes based on a robust care planning approach to meet their changed needs. People's independence was promoted and valued enabling people to maintain and develop skills and abilities to meet their desired outcomes.
- The service continued to provide safe and effective care. People were supported to live as independently as possible and to manage risks to their health safety and wellbeing. Staff continued to complete training that supported them to provide effective care and this included training to meet the specific needs of the people they supported. People experienced positive outcomes in their health due to the prompt and thorough approach in managing people's healthcare needs.
- The service was exceptionally well led. The registered manager was passionate about providing a high standard of care and committed to challenging discrimination which impacted on the rights, choices and needs of the people they supported. This had resulted in improvements to people's care and treatment and an improved quality of life. Staff consistently fed back they were well supported in their role and told us the leadership was "Excellent". There was a strong emphasis on continuous improvements which were identified through a robust approach to quality assurance, incident analysis and an inclusive 'can do' culture and ethos.
- More information in detailed findings below

Rating at last inspection: Good (the date the last report was published was 11 January 2016)

About the service: Sanctuary supported living – 26 Tilmore Gardens is a residential care home that was providing accommodation and personal care to 10 people living with a learning disability. Personal care was also provided to four people living in a supported living household. Both services were managed by one registered manager with separate staff teams.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Why we inspected: This was a planned inspection based on previous rating, the service has improved to Outstanding.

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Outstanding.

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 findings below.

Is the service effective?

Good ●

The service was effective
Details are in our findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring
Details are in our findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive
Details are in our findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led
Details are in our findings below.

Sanctuary Supported Living - 26 Tilmore Gardens

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type:

Sanctuary supported living – 26 Tilmore Gardens is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Personal care was also provided to four people living in a supported living household. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Both services were managed by the same registered manager and had separate staff teams.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection This inspection took place on the 7, 9 and 12 November 2018 and was unannounced.

What we did: We used information the provider sent us in the Provider Information Return (PIR). This is information we require 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 looked at information we held about the service including notifications they had made to us about important events.

We visited both locations and spoke with eight people and five relatives, four staff members during our visits and one staff member by phone following our visit. We also spoke with the registered manager and a visiting ex staff member. We received feedback from a community learning disability nurse.

We reviewed six people's care records, policies and procedures, records relating to the management of the service including audits and quality assurance reports, records of accidents, incidents and complaints, staff training and supervision records and the recruitment records of care workers.

Is the service safe?

Our findings

People continued to be safe and protected from avoidable harm.

People told us they were cared for safely and relatives confirmed people received safe care and treatment. A person's relative said "Safe? Definitely, (person) is very safely cared for".

Supporting people to stay safe from harm and abuse, systems and processes:

- People were supported to understand how to keep themselves safe. This included visits from a police community support officer at the home to discuss risks and promote safety awareness, and discussions on safeguarding during residents' meetings.
- Staff demonstrated a comprehensive understanding of recognising abuse and their responsibility to safeguard people. Training, policies and procedures were in place to guide and inform staff of how to act should concerns arise. A support worker said, "Safeguarding training was really drummed into me and helped me understand the importance of this and the responsibility I have".
- Assistive technology was used to support people's safety such as alarmed wristbands to call for staff support in an emergency or for emotional support. A person said, "We've got cameras outside to keep me safe".

Assessing risk, safety monitoring and management:

- Risks to people continued to be assessed and plans were in place to guide staff as to how to support people safely. Staff were aware of people's risks and could tell us how they supported people in line with their assessed needs. This included risks to people from epilepsy, choking, behaviours that may challenge others, falls and communication.
- People were supported to explore behaviours which may put them at risk to help them make an informed decision. People were actively supported to have as much control and independence as possible and to receive the level of support they required from staff to stay safe.

Staffing levels:

- There were sufficient staff to meet people's needs, this included being able to support people individually with their interests and social needs.
- All staff and relatives spoken with said there were sufficient staff on duty. Our observations throughout the inspection were that staff were available to meet people's needs in a timely and patient manner.
- Additional staff had been recruited to ensure there were enough staff resources to meet people's changed needs which had increased over time.
- Familiar staff were used to cover vacancies and unplanned absence. This provided a continuity of care for people. Safe recruitment practice was followed to protect people from the employment of unsuitable staff.

Using medicines safely:

- Medicines continued to be safely managed. Systems were in place and followed by trained and competent staff to administer people's medicines safely.
- People's medicines records contained comprehensive information about each medicine they used. This included pictures to help people and staff identify each medicine, its use and any side effects.

Preventing and controlling infection:

- The staff employed were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control and the registered manager checked good infection control practices were followed through regular auditing.

Learning lessons when things go wrong:

- The registered manager was committed to learning from incidents, concerns and complaints. A system was in place to analyse incidents and identify and learning or improvements required. For example, following a complaint a new recording system was introduced to monitor people at night. The analysis of the complaint had enabled the registered manager to identify this need and they had used the more detailed information gathered to make improvements for people.
- Staff told us they were encouraged to discuss any concerns and were supported to do so by the registered manager.

Is the service effective?

Our findings

People continued to receive effective care, treatment and support that achieved good outcomes and promoted a good quality of life, based on best available evidence. People's outcomes were consistently good, and people's feedback confirmed this. A person's relative said, "Tilmore is by far the best they are a brilliant team, so supportive and we can't praise them enough they are so welcoming, we are really pleased."

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

- Assessments of people's needs were comprehensive and regularly reviewed and updated.
- Staff were trained to follow best practice and evidence based guidance and this promoted good outcomes for people.

Staff skills, knowledge and experience:

- Staff were knowledgeable about how to support people effectively and spoke highly of the training they received. Comments included, "Induction was the best I've had" and, "Induction was a faultless process." Staff could explain how training they completed had improved outcomes for people and this was confirmed by people's relatives. Staff compliance with required training was 97%.
- Staff training was developed around people's individual needs. For example, some people who had been living at the home for many years were now living with dementia. A specialist training programme was completed by staff to develop their skills in supporting older people with a learning disability and dementia. Staff told us the training had been "Really insightful" a staff member said, "It really helped me to understand and put me in the shoes of the person, it helped me know how to approach and support people".
- Another person was living with a visual impairment. Staff completed training to support them to understand this condition. A staff member said, "It helps us understand how (person) vision is. Let's you understand how (person) sees the world, I find myself so much more patient and understanding when I realised (person) could not make out certain things. You have to be mindful of this like the amount of coffee in a cup."
- People and their relatives were invited to attend training, and a relative told us how this supported their confidence in providing effective care for a person when they visited their home.
- People using the service took part in the recruitment of new staff and had an influence on the outcome, including offering the job to the successful candidate.
- Staff received regular monthly supervision with the registered manager. This was over and above the frequency stated in the provider's policy. Staff were appreciative of these sessions and said they were "Very helpful." Staff told us and records showed supervision supported staff in the continuing development of their skills, competence and knowledge.

Supporting people to eat and drink enough with choice in a balanced diet:

- People continued to receive appropriate support with their dietary needs. This included the assessment and management of risks from choking.
- People were encouraged and supported to participate in the choice and preparation of their meals as much as possible.

Staff providing consistent, effective, timely care:

- People continued to receive prompt and consistent support with their healthcare needs and were referred to the appropriate healthcare professionals as required.
- We received feedback from a health and social care professional about the effective work carried out by the service in communicating with health services and acting on risks and concerns about a person's health to improve their overall health and well-being.

Adapting service, design, decoration to meet people's needs:

- People continued to benefit from a well-maintained and homely environment. Adaptations had been made to the environment to promote independence such as; contrasting colours on door frames and floors to assist people living with dementia with depth and perception. Adaptive equipment was available as required.
- The garden had been adapted to provide space to grow vegetables, a herb patch, and hanging baskets at the correct height to enable people to participate in gardening.
- Internal walls were decorated with collages that depicted each person by objects related to them and with photos of people. People were involved in the decoration and furnishing of the premises including their bedroom.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS applications were awaiting authorisation by the local authority.
- Staff continued to have a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible including considering the best time for them to do so.
- Care plans were developed with people or in their best interests following an assessment of their mental capacity for specific decisions, such as managing finances or managing their own medicines. People's consent to their care was reviewed monthly, or when people's needs changed to check the arrangements in place were appropriate.

Is the service caring?

Our findings

The service involved people and treated them with compassion, kindness, dignity and respect. People received an outstanding level of care, were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service. A relative wrote to the service and stated, "Every time I have visited Tilmore I am greeted with warmth, love, joy, fun and happiness." Another relative wrote, "Tilmore Gardens was the most awesome place on earth and over time I have been proved right. It really is the best place, we as a family have ever experienced, and that is a reflection on you, your team, and all the residents who I love dearly. In a cynical world where so many people don't really care, we know that you really do care. And that what makes you and Tilmore so special.

Ensuring people are well treated and supported:

- Staff were highly motivated and offered exceptionally kind and compassionate care and support. Throughout our inspection we observed people were engaged with staff who demonstrated a consistently positive attitude. We observed real, genuine affection between people and staff. People's relatives consistently referred to staff being exceptional describing them as "Amazing" and going "Over and above" to provide exceptional care which resulted in positive outcomes for people. A person's relative told us about the "Amazing progress" a person had made following a change and deterioration in their health. They went on to say, "This is the best (person) has ever done, mostly because of the staff, they have gone over and above to support (person) and us as a family." We saw evidence to support the progress this person had made.
- Another relative said "When (person) was in hospital, (person) can't communicate verbally so we would not feel happy to leave (person) alone so we stayed 24 hours after two weeks that was exhausting, staff came every day to give us a break and they didn't have to, (person) loves the registered manager to bits and there are quite a few staff who think (person) is special, we were over the moon, we all fought for (person) not to go into an older person home (from hospital) because it would not be a good move for (person)." They went on to tell us how improved the person was since being cared for back in the service.
- People's relatives told us they also felt cared for. A relative told us how training was being provided for family members which enabled them to care effectively for people during visits home. The relative said "That is just so great." A relative said "Everyday (person) was in hospital they (staff) would call me to check how she was, the number of hours the registered manager spent in hospital with us! They (registered manager) has done amazing for us as a family she knows it all, staff were all briefed when they came down. It can be horrendous for people with a learning disability in hospital. They have gone over and above."
- Staff spoke about people with real empathy. A staff member said "People have different needs, sometimes I just sit and hold (person's) hand to let (person) know I am there. I like to think it's how a relative of mine would be cared for." Staff knew what was important to people and acted to meet people's preferences and wishes. This ranged from ensuring people had quiet and private time as needed to arranging experiences which made people's 'wishes coming true'. For some people, these experiences were particularly significant because their changing needs meant they may not be able to achieve these in the future. Photograph displays reminded people of the happy occasions and prompted memories to discuss and enjoy.
- The staff acted thoughtfully to enable people to have things special to them, such as a parking place on the forecourt for a person bicycle, a garden shed with a person's name on it, and a life story book designed as a

bible for a person in line with their beliefs. Staff visited people in hospital in their own time and a staff member said, "We do loads of things in our own time we just do it, if they want something you just go home and find out about it."

- Our observations showed people were happy, confident and comfortable in the home. Staff understood the sense of value and achievement people experienced when they were encouraged to do things for themselves and we saw people answered the front door and the office phone with confidence, made appointments and prepared food. People were encouraged to maintain their independence and there was a great rapport between people and staff. The atmosphere was joyful and people were engaged in meaningful activity. It was apparent people truly valued their relationships with staff, and a person said about the registered manager, "She is the nicest person I ever met".

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

- People were consistently, meaningfully and continuously involved in decisions about their care in line with 'Registering the Right Support' guidance and principles. The service was exceptional at helping people to express their views to make sure people received the support they needed and wanted. People's relatives told us how they valued the commitment shown by staff and the registered manager at the service to achieve the right care and treatment for people. Examples included staff and the registered manager working with people and their families to achieve; improved care for people in hospital, move on to another service to better meet a person's needs which they had requested, advocating with healthcare professionals to achieve improvements in medication and treatment for people and enabling people to stay in the service when this was important to them and their family. An advocacy service was used to support a person to express their views about how their healthcare treatment was managed. The person did not agree to the treatment decisions and was supported to express her views through advocacy at meetings. The person received the 'right' support in line with their decisions as a result.

- Staff used a variety of creative tools to communicate with people and support their communication needs which enabled people to participate fully in decisions about their care. For example, a staff member had produced specific photos to expand the images available to a person to make choices. Information was produced in suitable formats to enable people to understand decisions. Such as; when the call system failed, a risks assessment was produced in easy read and pictures to explain the risks to people and what they could do if they needed help. Residents minutes were produced in pictures, there was accessible information on healthcare treatments and the 'easy news' explained current news in easy read and pictures. Staff were skilled at understanding people's needs when expressed non-verbally.

- People were involved in regular reviews of their needs to ensure the support and care they received was meeting their preferences and decisions. People's representatives and relatives were also involved as appropriate in line with information sharing and consent arrangements.

- Some people living at the home, including those who had lived there for many years were experiencing changes in their health and care needs. The registered manager said "I don't want people moving on from the home unless they want to, people are happy living here. That's important to people." The service evidenced a robust and person-centred approach to meeting people's changed needs. This enabled people to receive a continuity of care, in the environment of their choice from familiar staff which was highly valued by people and their families.

Respecting and promoting people's privacy, dignity and independence:

- Respect for people's privacy and dignity was at the heart of the service culture and values and people who used the service, their families and care staff told us they felt respected, listened to and valued.

- The registered manager was passionate about tackling discrimination and promoting equality for people living with a learning disability. This included challenging decisions made by others which may not be in the best interests of the person and did not consider their rights, needs and choices. We were aware of incidents, notified to us by the registered manager, when they had acted to

challenge and advocate on behalf of people experiencing discrimination on the grounds of their disability in health services. This resulted in improved treatment and outcomes for people.

- Staff shared this commitment and demonstrated a good awareness of people's diverse needs and how these were met and care plans included people's needs related to their protected equality characteristics. People were supported to meet their spiritual and religious needs and staff showed a good understanding of how supporting people's life style choices, values and beliefs contributed to their improved wellbeing and quality of life.

- A meeting had been held with people to explain the General Data Protection Regulation (GDPR) and consent to share information. This enabled people to understand how the service collected information and used it safely to respect their confidentiality

- The service promoted what was important to people in terms of treating each other respectfully and this was displayed. This included being respectful and listening if someone is talking, not to play music too loud and not to touch other people's stuff without permission.

- Staff demonstrated a sensitive and respectful attitude to people's needs, there was a good understanding of what situations caused distress to people and how to plan proactively to minimise these experiences for people. For example; understanding how noise levels impacted on a person and planning activities in quieter place. Contracting with people who could display behaviours that challenged others to support them to manage these more effectively and safely.

- Staff told us how they supported people to maintain their dignity, this included knowing when a person required support with their personal care and responding to this discreetly.

Is the service responsive?

Our findings

People received an outstanding service that was tailored to meet their individual needs and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was overwhelming evidence that the core values of choice, promotion of independence and community inclusion; were at the centre of people's day to day support.

Personalised care:

- We received consistent feedback from people's relatives that the staff provided person-centred care that went "Over and above" to meet people's needs. People told us they were 'Happy' with their care and "Loved" living in the home. People's relatives described the service as "Awesome" and "Outstanding" and told us how the registered manager and staff had an excellent understanding of people's needs, preferences and wishes. We were given examples of how people had achieved exceptional outcomes.
- A person's relative told us about a person's changed needs and said, "They (staff) went above and beyond what most people would do" This resulted in the person regaining a level of independence and improved health through a robust person-centred approach to meeting the person's changed needs. Another person's relative told us about the "Amazing progress" a person had made following a change and deterioration in their health resulting in a hospital admission. They went on to say, "This is the best (person) has ever done, mostly because of the staff, they have gone over and above to support (person) and us as a family." We saw evidence to support the progress this person had made.
- People, staff and their relatives told us that the level of responsive person-centred care had resulted in exceptional outcomes because people had achieved what had not been thought possible. For one person this had meant a recovery from palliative care. A staff member said "I think the thing that's really impressed me is the way we worked as a team to get (person) back. They were talking palliative care the doctor said she may not pull through we have managed to get (person) back up sitting in their chair and they came down yesterday and they are eating and drinking. We did not give up when everyone else had (person) is stubborn and with our help and support (person) came back." A relative commenting about a person's progress said, "I genuinely believe that is down to the time and effort staff here have put in". A person said "I'm not in my bed anymore I am in my chair. I feel a lot better."
- People's care plans included their identified strengths, needs and opportunities, how planned care and risk management takes place and person-centred planning how the person would like their support to take place. This included an assessment of the person's ability to input into care plans and using alternative formats to enable the person to understand and contribute. The Outcomes Star was being used to enable people and staff to assess needs and aspirations, identify desired outcomes and monitor progress towards goals. The Outcomes Star is an evidenced-based tool for both supporting and measuring change.
- People and their relatives attended training sessions such as; diabetic awareness, food safety and medication training. This enabled people to contribute to the development of their care such as identifying how they could have more independence with managing their medication, and the development of an easy read diabetic awareness booklet for a person.
- In line with the principles of Registering the Right Support, there was a strong focus on building and maintaining people's independence in the care home and for people supported in the community. People in both services told us about how they were supported with their independence and how they valued this.

People in both services were supported to move on to more independent living arrangements to meet their needs and choices. This included advocating on behalf of people with other professionals to achieve, as a person's relative said "The right result."

- Social activities were given a high priority, there was an ethos of providing a stimulating and fun environment for people, as well as opportunities to engage in the community and follow personal interests. We saw many examples of how people spent their time and a person's relative said "There is not much time when (person) is not doing something."

- The service focused on the wishes of the people supported and how to 'make people's dreams come true'. This had included taking a person to see their football team play which the person told us all about including the photos and the T-shirt. Fundraising to buy a 'batman' car, and creating a pub, the 'Tilmore Arms' in the garden of the care home with a bar, pool table and TV and so that people could still enjoy the atmosphere of a pub when they chose not to go out. A person's relative said "The pub is going to be amazing, we used to play pool at my grandads and now we will be able to go in there and play, it will stimulate those memories". We have all been involved people and relatives), it's a community place of their own." People were excited about the opening event and a person said, "Hopefully I will play my records there." This was important to the person who had an extensive collection of records and had been supported to buy a record player which they very proudly showed us.

Improving care quality in response to complaints or concerns:

- The registered manager carried out comprehensive investigations into complaints. We saw evidence they had taken an innovative, open and transparent approach to a complaint received. This had included involving other professionals to ensure to ensure an objective approach. Learning from this process had been used to improve practice in the home.

- People were supported to complain and raise their concerns through meetings and accessible information about the complaints process. We saw complaints raised by people had been investigated, addressed and resolved. Analysis of complaints was used to identify learning and improvements. For example, a person was making repeated complaints, an analysis of this was used to identify improvements in communication methods with person and the need to maintain communication with others involved in care.

- The service also supported people to make complaints, or advocated on their behalf when people were dissatisfied with the care or treatment they received from other services.

End of life care and support:

- No one using the service was receiving end of life care at the time of our inspection. A person with a deteriorating health condition had a 'When I die plan' in place which described what was important for the person, such as the comfort of soft toys and music. There was a record of their wishes, made in their best interests of treatment decisions and a tool to monitor any pain experienced.

Is the service well-led?

Our findings

The service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. People's relatives consistently told us that people were at the heart of the service. For example, a person's relative said "They have taken their time and do what's best for (person) and not what's easier for the carer. "A person said "Tilmore is great, we live here and we go out when we want, staff are nice." Another person told us about all the things they were doing for themselves and said, "They (staff) support me to live independently." People's relatives and staff spoke about the leadership and management of the service as 'outstanding and exceptional.'

- The provider and registered manager understood and implemented Registering the Right Support guidance. Whilst the service at Tilmore Gardens was registered to support up to ten people living with a learning disability, which is not in line with the principles of Registering the Right Support. The principles of Registering the Right Support recommend small services (usually supporting six people or less). The service model and ethos of Tilmore Gardens reflected the underpinning principles of Registering the right support. This was evidenced by; the design of the building at Tilmore Gardens was such that it fit into the environment as a large residential home in line with the other domestic homes in the area. The provider's ethos and strategy was about promoting independence and the provider had taken steps to align the service model to increase and maximise independence. For example, the supported living household had been de-registered to provide a living environment which promoted and increased people's autonomy and independence. The service was very much part of the local community and people were encouraged to take part in community events and use community resources. The provider promoted the principles of independence and choice and enabled people to achieve their aspirations. There was a proactive approach to supporting the rights of people with a learning disability to break down barriers and preconceived ideas.

Leadership and management:

- Service leadership was exceptional and distinctive. We consistently received excellent feedback about the leadership of the service and the registered manager who led on creating a culture aimed at delivering outstanding person-centred care. Relatives comments included "(registered manager) is lovely and a good leader she gives 120% she cares about everybody and that comes out." And "She (registered manager) works so hard I don't know how she thinks of all the things she does, it's really positive stuff, she always manages to turn it into a positive." A staff member said, "If we need her about anything we can get her on the phone she is always available she is brilliant actually I've never had such a good manager she is genuinely interested in residents and staff all the time." Another staff member said "Staff and people are so welcoming and so pleased to see you it's the best place I ever worked, I've grown to love this place. A lot of it is to do with the registered manager and her approach I really love working here."

Planning and promoting person-centred, high-quality care and support. Understanding and acting on duty of candour responsibility when things go wrong:

- People received a service that was exceptionally well-led. People's relatives described the service as "Brilliant, amazing and excellent." We received feedback form relatives and saw in the records we examined that people were achieving positive outcomes in their physical, emotional and social lives as a result of

receiving person centred care that met their aspirations, needs and preferences.

We observed the registered manager and staff to be positive, kind, approachable and patient in their interactions with others.

- A set of vision statements had been developed with people living in the service. These described the most important elements of the service for people and included; 'Do the things I want to do, not to be lonely again, be active, have lots of fun, try new things and live here as long as I can it's my home.' These were displayed in the home in an accessible format and were used to develop the culture and ethos of the service. We could see that people were experiencing care in line with these vision statements and staff demonstrated a strong commitment to deliver care that met people's hopes and expectations.
- The registered manager understood and had acted on the duty of candour and we saw evidence of this in practice following an incident. They promoted an open and transparent culture and said their attitude was "If you make a mistake be honest and learn from it." Staff told us they were confident to raise issues with the registered manager and were "100% confident any issues raised would be addressed."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care:

- Systems were in place to ensure there was clear and effective management oversight of what was happening in both services. It was evident the registered manager knew people, their relatives and staff well and could respond immediately to questions showing an in-depth knowledge of operations and regulatory requirements.
- Governance was well embedded into the running of the service. The system in place to monitor the quality and safety of the service continued to be effective. The provider had designed their quality and risk monitoring system to reflect the key lines of enquiry we use to inspect and rate services. The service showed consistently high scores at the level of 'outstanding'. We saw actions for improvements were identified, completed and monitored. This ensured any risks to the quality of the service were promptly managed and continuous learning applied to make improvements to people's care. Incidents were used to identify learning and reinforce practice for example, understanding the value of hospital passports for people with a learning disability and maintaining good professional boundaries.
- There was a strong and effective framework of accountability to monitor performance. Staff supervision was value based and the frequency exceeded the organisational requirement which staff told us was beneficial. Staff consistently spoke very highly of the support they received and told us they were cared for, motivated and inspired to deliver high quality care for people. Staff told us they were listened to and were supported to develop in their roles. This included being given the opportunity to take on additional tasks to achieve professional development and career progression. We saw effective action had been taken when staff performance had required improvement.
- At the last CQC Inspection the service was rated good in each domain and overall. We spoke to a relative we had also spoken with at the last inspection and they said, "I remember (the inspection) 3 years ago and when I look at it (the service) now it's getting better and better for the guys, there is no complacency." An action plan was in place generated from staff ideas which identified improvements to enhance people's quality of life, over and above the provider's quality audits. This included opportunities for people to become more involved with the community, employment and to improve people's experience such as night staff wearing pyjamas to assist people living with dementia to better understand day and night.
- The provider's compliance audit showed that under the leadership of the registered manager the personal care service provided to people living in the supported living household had improved. The rating had increased from an assessment of 'inadequate' to 'good' over a period of seven months. A programme of planned initiatives had been implemented by staff aimed at improving people's quality of life and independence. We received feedback from people and staff at the service confirming the positive impact of this work.
- The provider had an equality and diversity action plan in place. This identified actions for improvements

under three key objectives and was due for review in March 2019. Staff told us they felt supported by the organisation in relation to their protected characteristics and diversity needs. A staff member told us they felt the organisation was inclusive of staff diversity and would have no hesitation in bringing forward any concerns or experiences of discriminatory behaviour.

Engaging and involving people using the service, the public and staff:

- The service used creative and innovative ways to enable and empower people to voice their opinions. Such as seeking and displaying people's ideas and values on what was important to them to shape and create an environment and culture they wanted to experience in the service. Feedback from people, their relatives, staff and other professionals had been sought using the five key questions in this report to frame their responses. This approach was being adopted across the organisation stemming from an initiative at this service. This aligned feedback with the provider's quality assurance framework. We saw the comments received described the service as "Exceptional and this included responding to any issues raised "Promptly, effectively and professionally." People had commented they were "listened to" and "This is the best place in the whole world and I love living here." People were also asked for their feedback at resident's meetings.
- Staff feedback also described the service as a "Happy" and enabling people to live an "Exciting, enriching and empowering life" Other health and social care professional described the service as "Outstanding" and "Exemplary" and "They (staff at Tilmore) go above and beyond what is necessary to ensure residents are happy and well-cared for" Actions identified for improvements were acted on such as a recommendation for dementia training which has been completed.
- The service had a "You say we do" feedback system, where suggestions from people were acted on and reported back. For example; people said they wanted less meat on the menu and following consultation with people Quorn was now used. This meant people could see results from feedback given.

Working in partnership with others:

- The service was an important part of its community and had developed links with within the community to reflect the changing needs and preferences of people. For example, a person who had experienced a stroke was encouraged to participate in the local stroke support group. Other people used local day centres, activities and groups at the local church and the Salvation army.
- We saw how involving people in their community had contributed to positive outcomes for people. For example, the progress a person had made from being socially isolated on admission to the home to now enjoying community activities such as; day centres, theatre, the Salvation Army and regular trips into town. This had increased their confidence to the point they were appearing in a play to be performed at the local festival hall.
- The service was working with a local college and had recruited a person with a learning disability as a volunteer. This provided an opportunity for the person develop skills into employment and a positive role model for people living in the service.
- The service had established good working relationships with healthcare providers and the learning disability team to support people to achieve positive outcomes.