

# The ExtraCare Charitable Trust

# Stoke Gifford Village

## Inspection report

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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

Stoke Gifford Retirement Village has 261 apartments. There are apartments for outright purchase, shared-ownership and rent. The service's aim is to bring village living within reach of people across a range of circumstances, including those on low incomes or with limited savings.

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. Currently 66 people were being supported by the Extra Care Service at the Village.

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

People really benefitted from living in a service that had created a positive and supportive community. The service worked extremely hard to maintain a community feel with other services in the area. For example, with local schools and churches. People, family members and members of the local community were really encouraged to be involved in the daily running of the service. Working in partnership with community groups and other health professionals helped ensure people experienced very good outcomes and a high quality of daily life.

People were supported with their care by a team who used a person-centred, holistic approach. This was when assessing, planning and delivering people's care and support. Regular, skilled, in-depth assessments and reviews were completed. These were undertaken by the wellbeing advisor and the dementia and mental health specialist who both had unique roles at the village. This meant people received very skilled effective support that resulted in excellent highly positive outcomes.

The service was using technology to enhance people's support and increase their independence. The service had been innovative in its approach to supporting people in this area to improve wellbeing. They had worked very hard to understand how people's lifestyles and feelings had impacted on their health and wellbeing.

Wi fi was available throughout the whole Village and used to stay close to people by many of those we met.

Healthcare professionals spoke extremely positively about the service and the impact this had on people. The collaborative working adopted by the service had resulted in people being able to live more independent fulfilled lives since moving to the village.

Staff provided good care and support that was given in the ways people preferred. This meant people experienced very highly consistent and positive outcomes. Staff worked hard to provide a consistently better quality of life for people by supporting them to develop in areas such as social interaction and independence. People spoke highly of the support they received. People were proactively encouraged to live very fulfilled lives and do what they chose. Staff encouraged them to be as independent as possible

whilst ensuring they remained safe.

Risks that people faced were identified and assessed and measures were put in place to manage them and minimise the risk of harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely and people received medication at the right time. People told us they felt safe living in the village.

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. Policies and systems in the service supported this practice.

Staff were very motivated to support people with care in a person-centred way. This meant care was always based on people's preferences. The management team and staff had developed strong, familiar and positive relationships with people and family members. The management team and staff were observed to be warm and affectionate towards people.

The leadership of the service led by example and there was a positive culture that was person centred . Everyone we spoke to said the management team was supportive and approachable. The management team showed a continued desire to improve on the service and worked closely with other agencies and healthcare professionals to do this. Effective systems were in place to check on the quality and safety of the service and improvements were made when required.

Why we inspected

This service was registered with us on 14/11/2018 and this is the first inspection.

This was a planned inspection based on the date of registration.

For more details, please see the full report for Stoke Gifford Retirement Village which is on the CQC website at [www.cqc.org.uk](http://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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Stoke Gifford Village

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one Inspector

#### Service and service type

Extra Care Charitable Trust Stoke Gifford Village provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is a mix of rented, shared ownership and outright sale, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Notice of inspection

We gave the service 24 hours' notice of our visit. This was so we could make arrangement to meet with people.

#### What we did before the inspection

We reviewed information we had received about the service . 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 this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We also met five people who lived at the Village but did not receive the services offered by Extra Care.

We spoke with nine members of staff including the registered manager, the day to day manager, senior care workers and care workers.

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

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke to said they felt very safe at the village. No one had any concerns at all about safety.
- There were systems and processes to safeguard people from abuse. For example, staff and managers completed safeguarding training and had access to information and guidance about safeguarding people. They knew their responsibilities in relation to protecting people from abuse and how to report incidents and concerns.
- Allegations of abuse were properly reported to the local authority safeguarding team and the service worked with them to keep people safe.
- Risks to health and safety were assessed and actions put in place to reduce the risks identified. Risk assessments and management plans covered various aspects of a person's life, including those associated with mobility and medical conditions.
- Staff understood risks people faced and they supported people in ways that respected people's freedom.
- Staff had access to managers and senior staff through a 24 hour on-call system.
- Staff wore identification (ID) badges and followed safe procedures when entering and leaving people's homes.

Staffing and recruitment

- People were protected from the risks of unsafe staff because the provider had robust recruitment practices in place. All staff had been newly appointed following the service registering in November 2018.
- Recruitment files showed all necessary documentation was in place. These included; application forms, interview notes, references and disclosure and barring service (DBS) checks. A DBS lets an employer know if a person had any cautions or convictions which might prevent them from working with vulnerable adults. Checks had been completed prior to staff starting employment.

Using medicines safely

- People received their prescribed medication at the right times and stocks of medication were correct.
- Medicines records were accurately completed, and staff had easy access to information and guidance about safe management of medicines.
- Guidance was also in place to support staff on the use of medication prescribed to people to be given 'when required' (PRN). There was further guidance on how to assist people with the application of topical creams.
- Regular checks were carried out on medication records and any areas identified as requiring improvement

were swiftly addressed.

- Medicines were safely stored and administered by trained and competent staff.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and we saw how each event had been investigated to establish the cause and avoid reoccurrence. For example, when people had regular falls this was reviewed with them to find a positive solution to assist them to be safe.
- A wellbeing group had been set up. This was attended by key staff who worked at the village. Accidents and incidents were discussed and reviewed in a very positive way. This was done in ways that looked for positive solutions for people. For example, if people experienced falls.

# Is the service effective?

## Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law and Supporting people to live healthier lives, access healthcare services and support

- Everyone without exception praised the skills and knowledge of the team who supported them. One person told us, "They have been amazing they have discussed my plan with them and what I want." Another comment was "It was the best thing I ever did to come here," Further feedback included "They give me emotional support and prop up my memory. I've been encouraged a lot and I've started joining in the other things I like" and "I have regular have contact with the wellbeing nurse and she found my heart had missed a beat and I'm going to see the Cardiologist, she's easy to talk to and every nice".
- To assist and carry out in depth and highly person-centred assessments, there was a well-being advisor on site who was a registered general nurse. The purpose of their role was to promote the health and well-being of people by carrying out annual assessments, health promotion sessions and drop-in sessions.
- People could make an appointment to see the well-being advisor to have blood pressure taken, blood sugars tested and have their temperature taken. For many people this reduced anxiety.
- The wellbeing nurse completed a full and very in-depth assessment of each person's physical health needs on admission to the Village.
- People were also fully involved in this initial assessment of their needs and preferences prior to moving in to the service. This meant people were at the centre of their care plans and were central to their care. This process had led to exceptional outcomes for people in many areas. For example, one person recently had their annual assessment with the wellbeing nurse. A heart abnormality had been detected. The nurse had referred the person to cardiology as a priority. The person told us they were going to have an appointment in the very near future.
- Relatives were involved where the person receiving care wanted this. Another example of this in-depth assessment process involved a married couple and their family. To support one person and her husband a comprehensive care package was put in place. The staff worked closely with the person's family to plan care at times that gave them a break as well. When the person's mobility started to decline an occupational therapy assessment was completed. This led to suitable equipment being provided to swiftly assist the person with mobility. The mental health and dementia specialist were also identified as being able to support the person. They put in place a range of activities suitable to the person's ability and reflective of their past interests. These included listening to music and attending the villages 'Pop up play group. This was because the person had always been very maternal.
- People told us and we read about a number of examples of highly effective care. One person told us how much they gained from going to the fully staffed gym in the village. This benefited the person as they had gained increased strength and balance as well as significant improvement on the side where they had had a

stroke. They said they had also gained in confidence and social interaction. They told us they now went to the gym for an exercise session every day.

- Another person told us, how they and other people benefited from a number of therapeutic classes run in the village. This person attended seated exercise classes. This has been a class identified as being highly therapeutic and beneficial for their physical health condition. Their physical health has improved since they began going to these classes regularly.
- Another person we were told about experienced high anxiety particularly before going out or staying away from the village. The person worked with extra care staff to support them around their anxiety on a recent trip to a Donkey Sanctuary. This person reported they now felt more confident because the staff support had reduced their fears. They said they were looking forward to the next trip out.

- The staff team saw supporting people emotionally as an essential part of improving their wellbeing. People told us numerous examples of how the team supported people with their emotions' person said "I don't know what I'd do with the support of dementia and wellbeing lead these last couple of weeks ". They had been supported through a very stressful and difficult time in their life. They were also being shown a range of wellbeing techniques to assist them with their mood.

- By supporting people effectively we saw how people became more independent, confident and experienced a higher quality of life. For example, we read about and met one person who had a shoulder injury, they expressed a wish to use the gym as they had worked in one. A clear and very detailed assessment was completed and this person now works out regularly at the gym. They have experienced increased mobility strength and balance from this.

- Another person had been supported to by the well-being lead after it was reported they were unwell. This had been achieved by building rapport with the person and understanding what was important to them and how they might express themselves in less harmful ways.

Another person we met and read about, had been assisted with technology to improve significantly their overall quality of life. Their electronic tablet has been adapted in a number of ways. They can now let people in their home, they can find out what activities are going on in the village and they can start a voice conversation with people via their tablet. These are clear examples of how an in-depth assessments process has then been fully acted on. This in turn has led to excellent outcomes for each person when delivering their care.

- The team were working effectively with mental health professionals. They reported there had been a significant improvement in people's ability to engage with them and communicate their feelings more accurately. This had increased the effectiveness of their treatment and support and contributed to improved mental health.

- People were provided technology which had been used to increase independence and control. Some people independently used tablets to maintain contact with others.

- The on-site gym with fully trained staff was very well used. Many people chose to go there and were well supported to engage in exercise and physical activities.

Staff support: induction, training, skills and experience

- People told us they felt all the staff were well trained and good at their job.

- People received care and support from staff with very suitable skills and knowledge.

- Newly recruited staff did not work alone unsupervised until they and the registered manager were confident they could do so. The service made sure that people were introduced to staff who were going to provide their care. They allocated staff effectively looking at their skills, personality and compatibility with the person they were to support.

- Staff shadowed experienced staff until they were competent in their role. Regular reviews of new staff took place to ensure the staff were competent and felt supported.

- Staff completed most training on line. There was also live training for subjects such as moving and handling.
- Staff's knowledge and competence was assessed through the completion of knowledge checks and regular observations of their practise.
- Staff told us they received the right level of support for their job role. Staff told us they felt well supported.

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

- Feedback about the meal options at the village café was varied. Some people told us they did not think the food options were very well cooked. Some people said they were costly. Some people said the food was "good". The service was working directly with the company who run the café to improve the quality and cost of meals served.
- Some people cooked meals in their homes, and other people told us staff helped them do this.
- Care records showed when people required support with preparing food and drink.
- Detailed risk assessments were in place, these showed how people were protected from risks associated with poor nutrition . They set out how to help people safely maintain a balanced diet.

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 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.

- At the time of the inspection no person using the service had any restrictions placed on their liberty.
- Staff had completed MCA training and understood the principles of the Act and when they should be applied. Staff knew not to deprive a person of their liberty unless it was legally authorised and to seek advice if they had any concerns about a person's ability to understand decisions.
- People told us staff always gained their consent before providing them with any care and support. One person told us, "They always ask me what I want them to do."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 were supported with kindness, warmth and compassion. One person said, the staff are excellent it's a real scene and that's what they are like all of the time." Another person told us "The staff are all very nice and all very kind." A relative said, "They are absolutely fine."
- Everyone we spoke to said the staff team were "very kind". People all said staff treated them with a great deal of respect and kindness.
- Staff were able to tell us about each person they supported in depth. For example, staff had a full awareness of each person's likes and dislikes, background and family.
- There was a warm atmosphere around the village and everyone we met was warm and friendly. People looked happy and very comfortable. People spoke with staff as well as to each other and this helped create a real sense of community.

Respecting and promoting people's privacy, dignity and independence

- Staff told us, and we saw first-hand how promoting privacy, dignity and independence was central to the way the staff team supported people.
- People's privacy and dignity was always maintained. People told us staff spoke very kindly and politely when being assisted with personal care. One person told us, "They are all so kind and polite.". These comments showed how well staff understood privacy and dignity. Staff ensured they delivered personal care to people in private. They also knocked on doors and waited for an answer before trying to enter people's homes.
- Confidential records were kept securely. Staff we spoke with understood confidentiality. We saw how staff did not discuss anything about a person with others. They only spoke about confidential matters in a private area.
- Family members and friends were made to feel very welcome and were encouraged to be involved in events within the village. This showed how the service recognised the importance of people maintaining relationships with those who mattered to them.

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

- There was an advocacy service available for anyone who needed it.
- People and family members told us they were encouraged to make their views known about the care and support staff they received. People said, if they wanted to be, they were always included in discussions about their care.

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and their relatives told us, and we saw they received personalised care based on a person-centred care plan. This meant care outcomes for people were positive and often exceeded expectations. This also meant people had choice and control to meet their needs and preferences in the ways they preferred. Examples of comments made included "It's very nice here and there is nothing they could do better I'm happy here" "They have discussed my plan with them and what I want."
- Further comments and feedback included, "It was the best thing I ever did to come here" and "There is a hub a, friendly place where people can huddle. It's a social type club ", "We have a little magazine and they are very good for getting people talking."
- The service had implemented the roles of 'well-being advisor' and a dementia specialist who worked closely together to ensure extremely personalised care was planned for each person.
- The wellbeing advisor and dementia and mental health specialist worked together with people to ensure care was uniquely individualised based on people's wishes and aspirations. For example, they held a regularly wellbeing focus group meeting. The aim of the meeting was to review certain people's care needs and to come up with highly positive outcomes for them. For example, after one meeting. There were numerous examples of highly responsive approaches. One person had found they could not work the oven in their home due to memory problems. The dementia and mental health specialist had worked with the person on a one to one basis. Together they created a sticker system to match the dots on the oven. This has been a success and the person can use their own oven unsupported.
- Another example of personalised care to ensure people have choice and control related to a person who needed extra psychological support due to their illness. The dementia and wellbeing specialist had worked closely with their person to help them understand their mental health needs. This had led to the person looking for more positive ways to live their life. They had joined the gym and worked their voluntarily and gave other people support. This had led to an increase in self-esteem, health and wellbeing for the person.
- A further responsive approach had been to introduce a class for people with breathing problems. This had been identified with as a key unmet need for a number of people. The weekly class was to assist people to learn healthy ways to improve their mobility and to feel a lot better.
- Care plans were detailed and person centred. Everyone we spoke to said they had been fully involved in writing them. They said they were often visited by staff who asked them if they were happy with their care plan. They were regularly asked if they wanted anything changed or improved on. They addressed people's physical needs and physical health as well as mental well-being. They also included people's lifestyle choices and preferences. Staff said care plans contained enough information. This meant they could understand people's care needs and help them develop in a highly personalised way. Care plans also included detailed information that provided a clear picture of the person's diversity. For example, their

religious backgrounds, and sexuality.

- Staff told us and we saw, how a clear value for the service was providing person-centred care. People had been involved in assessing and planning for their individual care needs. Pre-admission assessments had been completed and where possible, people or their relatives had been invited to visit the service and have a look at the facilities on offer and to meet the staff team.
- The mental health and dementia specialist supported people with mental health issues. They also worked and liaised with the community mental health team. This showed that the service worked to ensure people living with dementia or other mental health conditions maintained their independence and good mental health. They also worked to promote awareness about dementia and mental health issues at the service. For example, a person had recently been supported around an addiction problem. Guidance, support and outside help had all been provided for this person. They were now reported as experiencing better mental health and wellbeing.
- There were clear sections in care plans on people's health needs, preferences, communication needs, mobility and personal care needs.

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.

- Staff used dynamic and imaginative ways to ensure people received the care they needed. This was evidenced in many examples.
- The service was working with Bristol University Robotics Department. Staff from the University were working at the village. This was to enhance the wellbeing and quality of life of people who used the services. Robotics is a branch of engineering and science that includes mechanical engineering, electronic engineering, information engineering, computer science, and others. Robotics deals with the use of robots, as well as computer systems .
- One person had been supported to have a digital, voice recognition virtual assistant adapted. The adaption had meant that key day to day information about the village, for example what activities were taking place in the village that day was instantly available. This in turn meant the person still had access to useful information to enhance their day to day quality of life. Another example, that was used with full informed consent involved the use of digital technology for the person and their family member to be able to see when they were in their home and had used their kettle. This gave the family member reassurance if the person had not been in touch for a while.
- The staff from Bristol University had designed an innovation room. People could go and see a range of innovative technology to support them with their daily life.
- Information people needed was available to them in a variety of formats. This was to help ensure they could meet people's communication needs.

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 all told us they were well supported to avoid social isolation and to follow interests and to take part in activities that were socially and culturally relevant.
- One person told us "I do exercise with music with a ball, indoor bowls, curling, Tai Chi, often we go for, coffee before Tai Chi. Another comment was "I go to reminiscence, there is also a group with coffee tea and cakes, there's quizzes" Another person said "we also have films in the Village Hall, we have speakers, and bingo. I do arts and Crafts and we made Angels and lanterns,". A further comment was "I join in the quiz and

leg exercise and watercolour classes, like to paint landscapes "

- The service was proactive in intergenerational work. This work aims to develop and build maintain relationships to avoid social isolation. Intergenerational work also provides opportunities for different generations to come together to share experiences, knowledge, and skills. and foster positive long-term relationships.
- There were a number of examples of this work taking place on the days of our visit. For example, one person who said they had been very socially isolated at home now regularly joined the mothers and toddlers' group. We saw people interacting very warmly and positively with their group when we visited. We also saw a number of photos of people engaging with the mothers and toddlers. This was an excellent example of supporting people to keep relationships, avoid social isolation and to follow interests and to take part in activities that are socially enjoyable for them.
- The provider found inventive ways to support people living with dementia and other mental health issues. There was a very person-centred opportunity programme. This supported people with dementia related conditions. The programme offered tailored activities for people living with dementia related issues. The dementia and mental health specialist attended reviews, formulated care plans and provided advice and supervision for staff members.
- They also ran a drop-in café and cognitive stimulation groups that people were supported to attend to improve their mental well-being.
- The dementia mental health specialist supported people with other mental health issues, including awareness raising and working with the community mental health team which we saw taking place on the day of our inspection. As part of this initiative they had implemented specific programmes to engage people in activities and distraction. This showed the service worked to ensure people living with dementia or other mental health conditions maintained their independence and good mental health.

Improving care quality in response to complaints or concerns

- Complaints received by the service were managed effectively and swiftly.
- People and their relatives told us they were aware of the formal complaint's procedure. One person said, "They gave me a file with all the details in."
- People also told us they had the registered managers direct number. One person said, "I can call him anytime if I need to."
- The service's complaints process was included in information given to people when they started receiving care.
- Complaints received by the service were responded to in a timely manner. Action plans had been put in place following the complaints to minimise the risk of the same occurrence happening again.
- On the provider's web site there was a compliments and complaints page for people to complete if not satisfied with the service.

End of life care and support

- The service was able to care for people if they needed palliative or end of life care. The registered manager was able to tell us how they had supported a person with end of life care. The person had expressed their wish to be cared for at their home with the staff providing their care. A professionals meeting was held to discuss this and a package of care was put into place which included increased visits to support the person. Health professionals supported the person and the service.
- There were a number of examples seen of very sensitive End of life care. The service worked closely with family members and had tailored support to the person receiving end of life care and to their family.
- The service and staff were in the process of completing a nationally recognised model of good practice of care for people who were reaching the end of their lives.
  - The mental health and dementia specialist had set up a support group for people who had been bereaved

who lived at the service. This was a very sensitive and thoughtful initiative supporting people to cope with their losses.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and family members spoke highly of the management team and described how the support they had received had made a difference to their lives.
- The registered manager and provider planned and promoted person-centred, high-quality care and good outcomes for people. This took into account people's physical, spiritual and social needs. This was achieved by consistently providing opportunities for people to be empowered. For example, through exercise and addressing people's health needs promptly and maintaining links with their local community. These outcomes were being consistently met. This was seen through feedback received and records examined.
- The management team had a shared vision to motivate staff and promote a high level of satisfaction.
- Staff told us and we read how they were proud to work for the service and spoke highly of the culture and positive management. They told us managers were all open and supportive and available to them when needed.
- The management team recognised the importance of supporting family members just as much as people receiving support. For example, where changes in people's behaviours had affected relationships with their spouse, support was offered to help manage this and maintain positive relationships.

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

- Staff consistently spoke highly of the registered manager, who they found approachable, committed to providing high quality care and supported staff to achieve this. The open culture was supportive of staff being able to voice their opinions and raise concerns.
- The registered manager was supported by an area manager who was on hand to provide guidance and support. The area manager was a regular visitor to the village and attended monitoring visits and other meetings with the local authority.

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

- The registered manager told us how they believed that maintaining a community feel was vital to the effective running of the village and helped promote a good quality of life for people.

- People told us they loved the village feel as it made them feel safe and gave them a sense of purpose. Comments included "The manager is very nice here" "I see the manager around the village and he's very friendly". Further feedback included "The staff do come in and ask how I am " and "We see the registered manager every day, and he's very approachable."
- The service had creative ways to enable people to be empowered and voice their opinions. Each staff member carried around notes to ensure that they helped capture people's feedback and compliments when they were given.
- People were well involved in their care and the running of the service. They had been empowered to engage with the service in any way they chose. This promoted inclusion and showed the village valued involvement. There were a range of regular meetings where people could raise any concerns.
- Positive relationships had been built with members of the public visiting the village and staff. Members of the local community could attend and use their facilities, such as the library This helped to improve socialisation for both people living in the village and those in the community.
- The management team and staff worked closely with other partner agencies and community groups to achieve excellent outcomes for people.

#### Continuous learning and improving care

- There was a strong emphasis to improve and put in place new and dynamic ways to provide a high-quality service.
- There were systems in place to monitor and review the service. The service had in depth quality assurance and quality monitoring systems in place, using outcome-based audits and welcoming feedback from everybody involved with the service. For example, we saw a 'You said, we did' poster and this showed what people wanted to see change and what actions the service had taken. This showed that the service was committed to creating an open culture where everyone was encouraged to give feedback for improvement.
- Quality systems were in place to measure the success in meeting the aims and objectives of the organisation. There was a system for self-monitoring and this included regular internal audits around care and support, managing risk, staff skills and supervision and recruitment.
- A team from the head office also completed unannounced inspections in line with the areas looked at during CQC inspections. Actions were given for the registered manager to complete.
- People and visitors had access to a computerised 'Rate Our Service' satisfaction survey. Information gathered would be used to improve on the service provided.

#### Working in partnership with others

- The service worked in partnership with other organisations to ensure they followed current practice and provided a high-quality service. They strived for excellence and reflective practice. The registered manager worked closely with the local authority and other providers to share good practice.