

Mears Care Limited

Fairview Court Extra Care Housing Scheme

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?

Outstanding ☆

Summary of findings

Overall summary

We carried out this announced inspection 3 and 7 August 2017. This was the first inspection since the service was registered in February 2016.

Fairview Court Extra Care Housing Scheme provides personal care to people who are tenants in Fairview Court, an extra care housing scheme. The personal care is provided by an on-site domiciliary care team managed by Mears Care Ltd (Mears) and is offered across the day and at night. At the time of the inspection 21 people were receiving care ranging from a few hours a week up to several hours per day.

A registered manager was in post at the time of our inspection. 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.

We found the service had established effective systems to protect people from abuse and respond to any safeguarding concerns. Risks to personal safety had been assessed and measures were in place to prevent people from being harmed.

The feedback we received from people using the service and their relatives was excellent. People told us they were very satisfied with the standards of care and support they received. They described how they enjoyed good working relationships with care staff and they were treated with dignity and respect. People received person centred care in line with their individual needs and preferences. There was a clear commitment to support people in a way that promoted their independence.

People were supported by well-trained staff that were able to meet people's needs safely. The service had robust systems to ensure that there were sufficient numbers of staff employed to meet people's assessed needs. A family member of a person in receipt of the service told us, "I have no concerns. It's been a relief to find them." Another relative told us, "I have complete faith that they are safe and well cared for. The model of care works brilliant, having on-site care is very reassuring."

Staff were appropriately and robustly recruited to check their suitability. There was sufficient staffing capacity to ensure people received safe, consistent care. The staff were well supported in their roles and provided with training that equipped them in meeting people's needs.

Good support was given to people to maintain their health and, where needed, to meet their dietary requirements. Suitable arrangements were made to safely assist people in taking their prescribed medicines.

People's rights were protected and staff obtained people's consent before providing care. The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005

(MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was clear complaints procedure that people were confident of using if they were ever unhappy with the service. People made decisions about their care and had access to a range of information about what they could expect from using the service.

People and their families told us the staff were very caring, compassionate and respectful of their privacy and dignity. They greatly appreciated the personalised care provided and the supportive relationships which had been formed.

Care planning was focused on the well-being of the individual, how they preferred to be supported and the outcomes they wished to achieve. Good links had been developed with the local community and activities were arranged to encourage people to socialise and help avoid isolation.

The registered manager and provider demonstrated a very good understanding of the importance of effective quality assurance systems in promoting a high quality of service. Innovative systems were used to monitor the service given and to offer support to staff, such as Iphone technology and the appropriate use of secure social networking sites for staff forums.

The registered manager promoted an open, inclusive culture and provided leadership to the staff team. The service had high expectations of staff and gave them as much support and training needed to provide a reliable, efficient and compassionate service to people. Staff were proud to work for the organisation.

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.

There were enough staff to provide the support people required. Robust systems were in place to check that new staff were suitable to work in people's homes.

The care staff and managers in the service took appropriate action to protect people from the risk of abuse and to keep people safe.

People received their medicines safely and as their doctors had prescribed because staff were trained and their competency checked frequently.

Is the service effective?

Good ●

The service was effective.

Good systems were in place to ensure that people received support from staff that had the right training and skills to provide the care they needed. People therefore received support that made a positive difference to their lives.

Support was provided with food and drink appropriate to people's needs and choices that in a way that promoted people's health and well-being.

Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and well-being.

Staff ensured they obtained people's consent to care.

Is the service caring?

Good ●

The service was caring.

The service has a strong person centred culture which enabled both people and staff to maintain high expectations of what could be achieved. People were very well supported to increase their independence and to regain daily living skills.

Staff had formed caring relationships with people who used the service. They took the time to listen to people and get to know them.

Staff knew people really well and gave them the time and information they needed to make choices about their daily lives.

Is the service responsive?

Good 

The service was responsive

Care plans were sufficiently detailed and person centred and people's abilities and preferences were clearly recorded.

People made choices about their lives and were included in decisions about their support and the running of the home.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and they expressed confidence in the process.

Is the service well-led?

Outstanding 

The service was very well-led.

The service had a registered manager in post. People using the service, their relatives and staff were very positive about the registered manager's running of the service.

There were clear values underpinning the service which were focussed on providing high quality person centred care. Staff were very well monitored supported and trained which led them to be highly motivated and proud of the service.

People were asked for their views about the service and knew how to contact a member of the management team if they needed.

Fairview Court Extra Care Housing Scheme

Detailed findings

Background to this 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 was planned to check 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.

The inspection took place on 3 and 7 August 2017 and was unannounced on the first day and then announced on the following visit. This inspection was carried out by one adult social care inspector.

Before our inspection a Provider Information Return (PIR) was requested from the provider. A PIR provides key information about the service, what it does well and improvements that are planned to be made. We reviewed all of the information that we held about the service internally, including statutory notifications that the provider had sent us. In addition, we obtained feedback from the local safeguarding adults team, the contracts and commissioning team and health care professionals about the service. We used all of the information we had gathered to inform the planning of our inspection.

A range of different methods were used to gather information and feedback about the service. We reviewed the provider's annual survey for people using the service and community professionals. During the inspection we talked with seven people, three relatives, the registered manager (manager), senior supervisor, and four care workers. We examined four people's care plans, staff recruitment, training and supervision records, and reviewed other records related to the management and quality of the service.

Is the service safe?

Our findings

People using the service told us they felt very safe and they had confidence in the staff provided. They told us that they never had any concerns about their safety. One person told us, "I feel much safer now since getting this agency and moving here." Another said, "Everything's geared up to your safety here. I cannot speak highly enough of Mears staff."

Relatives we spoke with were positive about the safety of their family members. They told us, "I have no worries about [relative] being here"; "My concern as a relative is [name] is safe, and I know if there's a problem they would ring me"; and, "[Relative] has got a great deal of trust in the staff." Another spoke of living a distance away and how reassured they were by the care and treatment their relative received from Mears staff. They told us, "It's been a huge relief having [relative] here. I have complete faith that they are safe and well cared for. The model of care works brilliantly, having on-site care is very reassuring."

We observed people had ready access to information about their rights to be protected from abuse and how to report any safeguarding concerns. Details were included within the guide to the service and safeguarding posters and leaflets were displayed to refer to. We saw any financial transactions undertaken by staff were recorded and backed by receipts to make sure the handling of people's money was properly accounted for. The manager had developed innovative ways of ensuring that staff embedded safeguarding and the protection of vulnerable adults into their roles. They had done this by mapping the CQC key questions into supervisions, team meetings and quiz's. They told us, "I want a knowledgeable, empowered workforce that can respond professionally especially when it comes to keeping people safe." This had led to staff who were confident and very clear about being vigilant to the various forms of abuse and their role in keeping people safe.

New staff were introduced to the provider's safeguarding and whistleblowing (exposing poor practice) procedures, and were trained in safeguarding, during their induction. All staff completed safeguarding training annually to refresh their awareness of how to recognise, prevent and report abuse. The manager and staff we talked with had good understanding of their safeguarding responsibilities.

A 'duty of candour' policy had been developed. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong. The manager told us it was standard practice to openly communicate with people and their families, citing an example of this when a medicines error had occurred. One staff member told us, "The manager makes it clear that there's a no blame culture, if you make a mistake to be honest about it and then work together to sort it out. We are all about supporting people to be independent while being safe."

We saw that safe systems were used when new staff were recruited. All new staff obtained a Disclosure and Barring Service disclosure to check they were not barred from working in a social care service. The provider had obtained evidence of their good character and conduct in previous employment in health or social care. The provider Human Resources (HR) electronic systems had a built in safety mechanism not allowing shifts to be allocated to a new starter until all the required checks had been completed.

The service had a full staff team that had sufficient capacity to deliver people's care. Rosters were well organised, with staff allocated to each visit, including where two care workers were required to safely provide a person's care. The introduction of an electronic system and work mobile phones for support worker ensured that there were missed calls. This was also used to send important messages and updates on key policies. Any cover for absence was met by the existing staff which ensured people had continuity of support. The manager was contactable out of hours if staff needed advice or support. People and their relatives told us there were regular care workers who provided a consistent service.

Risks to people's safety and welfare had been assessed and measures were in place to guide staff on providing safe care. We saw that people's care records held important information for care staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. We saw a good risk assessment to improve fire safety in one person's home and another about supporting a person to safely go out into the local community. Each person had a fire risk assessment in place that was detailed to individual needs and support in order to respond effectively in the event of a fire. Everyone was assessed for entry to their home by care staff with assistance given to people having key safes installed. People told us they were also reassured by the use of ID badges and a company uniform for security reasons. People and their relatives confirmed they felt care and support was provided safely and described good security measures within the scheme. They told us, "They just don't let anyone in; they would ask who they wanted to see"; "I feel safe because I know that staff will come when they have agreed to, you can set your clock by them."

People using the service were assisted in taking their prescribed medicines by staff who were suitably trained and had checks of their competency. Relatives told us they appreciated this support and people confirmed they received their medicines at the times they needed them. One person told us, "My carers give me my tablets four or five times a day. They're good with the timings." We saw how staff were vigilant about checking medicines and how they regularly liaised with the GP practice; one support worker went into the practice to check one person's course of antibiotics. The manager had set up robust systems for checking staff competency when managing people's medicines and this had led to a reduction in errors. There were posters in the office about medicines safety titled "Medicine errors can kill!" One support worker told us, "The manager is really clear and strict about this, if we are not sure we stop, think, double check, and then go and ask for advice if we're still not sure."

People's medicines regimes and the levels of support they required were specified in care plans for staff to follow. Separate records with body maps were also maintained for topical medicines which were applied to the skin. The administration records we sampled were accurately completed and audited weekly to check that medicines were being safely managed.

Is the service effective?

Our findings

People and their relatives felt the staff had the right skills and training to provide their care and support. One person told us, "The staff are very good and know me well now. They know what they are doing". Another person said, "The carers have lots of training and any new girls come with a more experienced member of staff while they get to know me."

Relatives we spoke with told us the staff were competent and provided the support their family member needed. One told us, "[name of relative] was unwell last week and immediately the Mears staff arranged a doctor's appointment and the collection and administering of a prescription. In addition, the day and night staff popped in to check on [name] at regular intervals. In other words [name] was well looked after and, equally importantly, we, the family, were kept informed on a daily basis how they were progressing. There is now a regular Mears team at Fairview Court and every evidence of a good team spirit."

A community professional told us, "The manager dealt very appropriately with a situation that could have become safeguarding and for that I am pleased with their common sense in this particular matter."

All of the staff we spoke with told us that they had received training before working in people's homes. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. One staff member told us, "The training is very in depth. I did a full week in the classroom. I worked shadowing experienced staff before working on my own. I felt really prepared well before I started working on my own. I had training on all the areas of care and since then had a lot more on the more complex needs of some people, like Parkinson's disease and swallowing difficulties."

All of the care staff we spoke with told us they had completed training to give them the skills and knowledge to provide people's care. They said they were given opportunities to gain qualifications relevant to their roles. Where care staff worked with people who had complex needs they had received additional training to support the individual. We checked the training records for staff and found that staff were supported to gain national qualifications in care and for professional development.

All of the staff we spoke with told us they felt well supported by the provider, manager and senior support worker at the scheme. Their comments included, and, "We get lots of support, training and there's scope for developing if you want to." And "I feel supported to be the best I can be and to give the best care I can. I'm proud of that. It gives me loads of job satisfaction." And another said, "The manager is brilliant at explaining the importance of things, like paperwork, he's even shown us CQC notifications so we know how the care we give fits into the bigger picture."

Individual supervision was provided to all support staff six times a year, along with an annual appraisal to review their performance. Supervisions were sometimes themed to care-related topics such as safeguarding and medicines administration. Spot checks were also carried out to ensure staff adhered to good standards of care practice.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People who have capacity can set up a lasting power of attorney, which is registered with the Office of the Public Guardian. A lasting power of attorney gives legal authority to an identified individual to make decisions on a person's behalf. They can be used to authorise another person to make decisions about finance or about health and welfare. The registered provider had good systems to check if people who used the service had a valid power of attorney in place. They identified what sort of power of attorney had been registered and if a person had legal authority to make decisions on an individual's behalf.

The MCA sets out how decisions can be made in the best interests of a person who does not have capacity to make or express their own choices. The manager of the service understood the principles of the MCA and was very knowledgeable about how these were applied to ensure people's rights were protected.

Consent to care and treatment had been considered and there was evidence in people's care files that consent had been obtained, for example, for the administration of medicines by staff where this was an agreed task and also consent to share personal information with relevant healthcare professionals and other important persons. We saw that wherever possible people had signed in their care plans. Some people who used the service were not able to make important decisions about their lives. The manager of the service was very knowledgeable about how to respect the rights of people who did not have capacity to make important choices about their care.

The manager worked in conjunction with other professionals when mental capacity assessments needed to be carried out. Some people using the service had a 'best interest' decision in place which had been drawn up with input from their social worker, a community nurse and family members. The care staff we spoke with also understood how to respect people's rights. The care staff told us, "We have to respect people's decisions, it's their choice, you can't make people have care".

Staff received training in nutrition and food hygiene and assisted people with their dietary requirements, where needed. People's nutritional needs and risks had been assessed, were addressed in care plans and, if necessary, food and fluid intake was monitored. Staff also followed specialist advice, for example, given by a speech and language therapist where a person needed soft textured food and thickened drinks due to having swallowing difficulties. Staff knew the support people needed with meals and how they liked their meals and drinks to be prepared. For example, staff knew if people required small items of equipment to help them to eat or drink and ensured these were provided.

People were well supported to maintain good health. People and their relatives spoke highly of the vigilance of staff and their support in contacting health care services. They told us, "Yes I just need to ask for my GP and they make an appointment, it's very good" and another person said, "The staff can tell when I'm off colour, they will come with me to see the doctor or sometimes they have sorted out a home visit." The provider had introduced a new tool for staff called Mears Prevention System which aimed to recognise changes in seven key areas of a person's health and well-being.

Care records contained information gathered from people about any medical conditions they had and how these impacted on their lives and the care they needed. We observed the service undertook thorough reassessments when people were being discharged following hospital stays, to ensure their needs could continue to be met.

Is the service caring?

Our findings

People and their relatives gave us consistently positive feedback about their relationships with the staff and management and highly praised their caring nature. People valued their relationships with the staff team and there was a nurturing relationship between people and staff. People told us staff were very friendly and always respectful. Their comments included, "I have a good relationship with my care worker" and another told us that, "The staff are very good".

A relative told us, "I've found all the carers extremely friendly and chatty while also being very professional." Another relative told us, "They have been great at keeping [relative name] independent and feeling good about themselves." Staff told us that it was important to them that they also offer support to people's relatives. One staff member told us, "If needed we step in and take the load off for families."

The manager and staff demonstrated strong caring values, a very good understanding of people's diverse needs and gave clear accounts of the care given to individuals. Staff showed genuine interest and concern in people's lives and their health and wellbeing. One staff member told us, "I love this job, it's the best thing I've ever done. I love that I can make a difference to people's lives. Just by showing kindness and being interested in them as a person. The relationships we have are very special." Another staff member told us, "I wouldn't leave now, not even for double the money. I'm so fond of the people here. "When talking about people who had become physically or mentally frailer, staff were very sensitive and placed an emphasis on giving both emotional and practical support, including to families. This approach was confirmed by relatives who felt that they and their family members were very well supported. They told us, "For me, it's that personal care, that human touch, they know people very well. They're very supportive and understanding and it's not just with [relative] but with all of us."

People's preferences were well recorded in their care plans. Staff had discussed people's likes and dislikes in detail with relatives, health and social care professionals so they could make sure they provided care which met individual needs. Staff told us birthdays were always celebrated and people "were made a fuss of". We saw how staff had arranged for one person to share a birthday cake with other tenants in the communal lounge when we visited. People told us that staff went the extra mile and we saw how staff offered to take people out in their own time for trips or to the hairdressers.

A contract management officer from the local authority had recently completed an annual review of the service. They told us, "There were no issues found, in fact the provision of care appears to be of a high standard." And a member of the housing scheme stated in the provider annual questionnaire that a care worker went above and beyond her duties for one person and the care workers were doing a good job.

People felt the staff were mindful of their privacy and dignity. Those people who completed the providers annual survey all stated they were treated with respect and dignity. The staff were good at striking a balance between helping people to stay independent and supporting their needs. Staff told us that people were learning to regain or maintain skills for independence. They told us of how pleased they had been that one person, after needing lots of support previously, was now making their own breakfast. This had been a big

achievement and the person was delighted. Staff said that this had helped this person feel good about them self and built their confidence.

People were given the time and information they needed to make choices about their daily lives. We saw that care plans were written in a person centred way, outlining for the staff teams how to provide individually tailored care and support. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. The manager told us that new staff were always introduced to the person prior to the visit when they would receive personal care. The provider information return (PIR) stated the importance of recruiting the "right staff with caring attributes." The provider's annual survey returned a result of 100% positive for the question "How would you rate the quality of care and support that you receive from Mears?"

On observations to check staff competency's the person receiving care was always asked to comment on how they 'rated' the care given. We saw these records and all responses were extremely positive and complementary of the care and support given. We observed people were consulted about their care service and, where necessary, their views were represented by their families. The manager told us, if needed, people could be signposted to independent advocacy services. People and their relatives confirmed they felt listened to and made choices and decisions about the care provided.

Is the service responsive?

Our findings

People who used the service told us that it was responsive to their needs and wishes. They said their support was planned to meet their preferences and that if they requested changes these were agreed wherever possible. Their comments included, "All our needs are different in here and they do their best."

Relatives told us, "If we've had a concern we can ring up and they will tell us what's going on and if [relative name] is okay"; "They've adapted to help my [relative] and had things changed to make things better. For instance, new equipment, they sorted this, not me"; and "I have never had any reason to complain and would certainly recommend them. They do listen and try to sort things out."

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out thorough assessments to establish people's needs. Based on these assessed needs the agency then formulated clear and concise care plans that were easy to understand. Copies of people's support plans were kept in people's homes. In addition the service had set up a new electronic system which meant that records could easily be accessed by staff.

Reviews of care plans were carried out regularly and involved the person receiving support, their relatives and health and social care professionals. We saw that the service was very keen to promote independence and to ensure that people were supported in their lifestyle choices. Each person's ongoing care was recorded by staff who accounted for the support they had given at each visit. Handovers also took place between shifts to make sure important information about people's well-being was relayed.

Staff reported that they had been trained and directed to notice and report any changes to people's needs so that support could be arranged as soon as possible. We saw an example in one of these reviews where a person had been described as getting unsteady on their feet and this had resulted in an occupational therapist assessing the person and aids put in the house to promote this person's safe mobility.

Records showed that thorough assessments were completed to identify people's needs and any risks associated with their care. This information had been used to develop care plans which clearly described the extent of support that staff would provide at each visit to the person. The care plans were personalised, stating the ways the person preferred to be supported and their independent abilities. Where a person's level of dependency had recently changed, their relative and staff explained to us how their care had been adjusted and increased. The person's care records were also updated during the inspection to reflect their fluctuating needs.

People and their relatives confirmed they were involved in care planning and reviews of care. They told us, "We're involved in everything like that." We observed the service was currently transferring people's personal information into new care documentation. During this process the manager and staff were ensuring assessments and care plans were reviewed in line with people's current needs. The manager told us six monthly reviews were in place giving further opportunities for people and their families to be consulted about their care service.

We saw details of people's backgrounds and interests had been gathered, ensuring staff had information about the individual's lifestyle and preferences. We saw how staff had gone to great lengths to ensure that plans met people's social and leisure needs. One staff member told us, "We developed one person social history with a relative, we must have exchanged 20 emails backwards and forwards. We ended up with a plan that was really detailed based on [name] needs. We even now their friends' phone numbers so we can ring ahead and tell them to expect [name] to arrive and they can ring us if they don't turn up. It's a very detailed plan to keep them out and about in the community but safe as well." We saw staff organised a programme of activities and entertainment that included arts and crafts, coffee mornings, quizzes, 'pamper' sessions, bingo and fish and chips suppers.

Everyone we spoke with told us they knew how they could raise a concern about the service they received. The people we spoke with said that they had never needed to make a formal complaint, as they were very happy with the service they received. At the time of our inspection the service had no outstanding formal complaints. People who completed the provider's annual survey all felt any concerns they raised would be responded to appropriately.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome.

We saw that the manager had a robust system for auditing any complaints to ensure that deadlines were adhered to, and people received responses in a timely way. The provider had also recently introduced an electronic system called "One Touch" which was used to monitor complaints, alerts and compliments alongside. The One Touch system allows the scheme to actively monitor any issues, concerns, compliments raised by either a person in receipt of care, their family/ advocate or a staff member. The system monitors the length of time a complaint or alert is open and this can also be monitored by the deputy manager and the branch manager. This ensures that the service actively deals with any issues or concerns in a timely manner and ensure that any issues or concerns are effectively addressed in an appropriate time scale. The system also auto escalated any entries to the branch manager or senior should these not have been addressed in the required time frames ensuring that all issues / concerns / alerts were addressed.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager (manager) is a person who has registered with the Care Quality Commission (CQC) 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.

The manager understood their regulatory responsibilities, including notifying us of events and incidents that affected the service. The provider had displayed the CQC's rating of the service, and was redesigning their national website so that these could also be displayed prominently, as required.

People and their relatives described the service as well-managed. They told us, "You get the chance to have your say. I've been in two or three places and this one is the best" and "They do everything well here."

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were highly motivated and proud of the care and support they provided. Care staff we spoke with told us that the management team in the service set high standards. Staff spoke of a very open culture. One staff member told us, "We are allowed to make mistakes and learn from them. The manager tells us that we will get 210% backing if we are honest and own up to mistakes." Another said, "I did make a mistake with medication but it was handled so well. I was disciplined but got really good support, retraining and only did medicines again when I had been monitored over a few weeks. I feel more confident about it now."

There were clear lines of accountability and good resources for managing and co-ordinating the service. The manager and senior supervisor worked supernumerary to the rota and had an office based in Fairview Court Housing scheme. The manager ran two other schemes and agencies in north and west Cumbria. Staff told us the manager was always available, supportive, and approachable and they felt they worked well together as a team.

The provider recognised the value of retaining good staff and had numerous initiatives and policies to promote staff well-being and development. A recent recruitment initiative had been for staff to "refer a friend" and after the new starter had been successfully employed for a year the referee could be rewarded by up to £1,000. Employees could also be nominated for a SMILE award which is the provider's national recognition scheme for staff who go above and beyond for which they receive a £30 bonus and a SMILE Certificate.

The service worked inclusively with people and their families. People told us they were kept well informed, could attend tenants meetings and were asked about the quality of the service in surveys. Those people who completed the provider's surveys confirmed they had been asked for their feedback and felt comfortable to speak up. In the latest survey by the provider, all respondents had stated they were satisfied and Mears care, rating communication and flexibility at 100%.

A range of methods were used to engage with and support staff, including staff meetings and employee satisfaction surveys. The manager told us they kept staff updated with any changes in the provider's policies and procedures. The service had developed innovative ways of communicating with staff to make sure they were informed of changes, know about best practice and could share views and information. All staff had access to an online 'portal' with learning, development and good practice guidance. This was called Mears Connections and could be accessed by staff online or through mobiles phones supplied by the company. Each branch was given a web page with links to training, national good practice, support groups and a chat forum whereby they could comment on training and share ideas with other staff. This on-line system also had an phone App that allowed the managers to see which staff had opened and read important updates and changes to new policies or procedures. This had been used with both safeguarding and a new medicines policy recently. One staff member told us, "It's great having everything on a work phone, it also holds timesheets and shifts so you can see at a glance who you have been allocated to. A late call is flagged up straight away so other staff can respond."

There was a strong emphasis on continually striving to improve and the service was committed to continuous learning for all staff. The manager had ensured that their own knowledge was kept up to date and that good practice was embedded into the service. For example, the manager had been part of a number of national pilots to improve the quality of care. They told us of one of these, "I have enrolled us on a pilot scheme to ensure that we are at the forefront of innovation in regards to Care Planning and Risk Assessing. The pilot due to go live in September will take our Individual Care Plans and Risk Assessments Digital, which would greatly benefit the service users, reducing the need for lengthy paper base assessments but also enable my team to update Care Plans instantly, track changes like mobility, general health and allow us to truly tailor these to the individual needs at a touch of a button. Digital care planning and risk assessing will also enable care staff to have the most recent and up to date information at their fingertips prior to delivering a service."

We also saw how one initiative developed by the manager had been rolled out by the provider nationally. The manager explained, "I have introduced a "Screw Wall" (Safe, Caring, Responsive, Effective, Well Led) for all three locations in Cumbria, including at Fairview Court. This works alongside a workbook for all care and office staff to complete, asking them to record at least five things on each of the CQC key questions. There is also a "post it" note wall up in each office for staff to add with actions that they have taken to better the service under the relevant heading. This has now been rolled out nationally and has really engaged staff to think about the service we deliver, how we get inspected and what impact their actions have on those who use our service." This had led to staff who were knowledgeable about the Care Quality Commission's role and the areas that we inspect. We saw that staff supervisions and training had been mapped to the key lines of enquiry (KLOE's). These are characteristics of good practice set out under each of the five key questions we assess: is the service safe, effective, caring, responsive and well-led?

Staff reported being very well supported in all aspects of their work. The manager told us of a recent staff development project they had introduced to support staff professional development. The manager said, "The previous staff engagement program has been replaced with a revised 12 week program that runs alongside the requirements of the new care certificate. All mentors are now required to undertake and pass mentor and medication assessors training that is designed to ensure that they have the skills and abilities to continually assess new staff against the care certificate standards set to support carers in their new role. This new mentor assessor's award has also supported the branch in identifying existing staff who work to high standards and additional payments are made to qualified assessors in recognition of this. This program is also designed to support internal progression of staff." One staff member reported, "I'm supported to give the best care I can."

The management carried out internal safety checks, observed staff performance and audited records to validate the standards of care that people received. The manager told us their line manager visited regularly and assessed the on-going quality of the service. Lessons learned from serious incidents were debated and we saw an example of this had been addressed in a staff meeting. Issues could be raised through a local staff forum and an employee assistance programme was offered. Mears had taken part and achieved a CSE (Customer Service Excellence Award) in March 2017 which focused on customer service and the effectiveness of the customer service processes, complaints response times and communication. This is a national award and Fairview Court achieved this award.

The manager had succeeded in improving the return rate for the annual providers questionnaire that gave people the opportunity to have a say and rate the service they received. They told us, "I wrote to each person saying how valuable their contribution was and how I would be brutally honest about criticism and take action with any improvements suggested. Responses had been very low but last time we had 60%. And as promised I gave individual feedback and produced a report that was sent out to each person.