

Salutem LD BidCo IV Limited

First Key Hereford

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

First Key Hereford is a domiciliary care agency registered to provide personal care to younger and older adults living in their own homes, or shared housing. People had differing support needs including learning disabilities or autism, sensory and physical disabilities. Due to their needs, some of the people using the service received 24-hour care from the provider.

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. At the time of the inspection 14 people were receiving support with personal care.

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

Right Support

Staff supported people to have the maximum possible choice, control and independence over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. Staff enabled people to access specialist health and social care support in the community. Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, was focused on their

quality of life, and followed best practice. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

This service was registered with us on 04 May 2018 and this is the first inspection. The last rating for the service under the previous provider was outstanding, published on 07 November 2016.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was exceptionally safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

Details are in our well-led findings below.

First Key Hereford

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 07 June 2022 and ended on 20 June 2022. We visited the office location on 08 June 2022.

What we did before inspection

We reviewed information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We sought feedback from the local authority. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided.

We spoke with seven members of staff including the registered manager, administrator, the provider's quality lead, team leaders and support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures. We spoke with three professionals who regularly visit the service.

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 of the service. This key question has been rated outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

- People were active participants in managing their own safety and guiding staff on how they wanted their safety needs met. For example, people were key partners in training staff in areas such as hoisting. This individualised approach to training staff helped to ensure people's safety preferences and needs were exceeded and people retained autonomy.
- Staff gave us examples of the creative and innovative approaches they had taken to meet people's safety needs. This included specific support to ensure people's physical safety and long-term health outcomes were maintained. Staff used their extensive knowledge of people's preferred communication methods and safety needs and goals to tailor how they supported people. For example, one person wanted to go out and enjoy running independently. Staff worked alongside the person to support them to manage road safety and 'stranger danger' risks. This empowered the person to safely manage interactions with other people and further their independence and confidence. This equipped the person with skills they needed to control risks themselves and to achieve their goals in a safe way.
- People were involved in managing risks to themselves and were empowered to take decisions about how to keep safe. One person proudly told us how they were in charge of the fire drills in their home, and how they used the skills they had developed with support from staff to promote other people's safety further. Another person told us about the work they had done with staff and their bank to ensure their financial risks were mitigated.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Staff knew how to take into account people's individual needs, wishes and goals. Staff told us the training they received gave them the confidence to work with people and to improve people's safety and wellbeing outcomes. One person explained how they worked with staff to ensure their safety was maintained but they still had opportunities to do things they enjoyed, such as travelling independently and participating in wild swimming, safely.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. This included clear guidance for staff to follow, so people's physical safety risks and needs were fully addressed. For example, this included support people would need to maintain a safe sleeping system, to promote their breathing, posture and safety.
- Staff helped keep people safe through formal and informal sharing of information about risks. This gave people the best chance to make their own decision about their safety support needs.

Staffing and recruitment

- People were actively encouraged to be full participants in staff recruitment processes. This included

obtaining people's views when new staff were recruited. This helped to ensure there was continuous focus on people's primary wishes being met, by staff who were exceptionally well matched to the people they cared for. One person told us they were always keen to find out if staff would have the skills to prepare the meals they wished to eat, because this was very important to them.

- Staff recruitment and induction training processes promoted both people's and staff safety, including those for agency staff. Pre employment checks had been carried out to ensure staff were suitable to work with vulnerable people. This included references, obtaining proof of staff identity, right to work in the UK and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives emphasised how skilled staff were at anticipating their family members safety needs and promoting their family members choices and safety. This helped to ensure people retained control of their own lives.
- Health professionals who regularly jointly worked with staff told us the quality of care provided to people was exceptional, because of the way staff used their skills and knowledge of individual people when caring for them.
- Every person's record contained a clear one-page profile with essential information and do's and don'ts to ensure people's safety needs would be consistently and promptly understood by staff.
- The provider had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted to.

Using medicines safely

- The provider ensured people's distress was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received support from staff to make their own decisions about medicines wherever possible. Staff were focused on working closely with people and other health professionals so they could successfully tailor their medicines management approach. This enabled them to fulfil people's aspirations and desire for independence, whilst balancing these wishes and ensuring people had the medicines they need to remain well. For example, staff had devised a package of support during the pandemic with a person and other health professionals to ensure they had access to the most advanced equipment, which they needed to monitor their medicinal needs. This had worked very effectively for them and gave the person the confidence and tools to make key decisions about their day to day life. This had led to increased independence and well-being for the person.
- In addition, one person explained they currently only have 'as and when' paracetamol medicines. The person was confident to let staff know when they needed this. They also said, "If I was to need any medicines such as antibiotics, staff would support me with these." Another person described how staff helped them with their medicines and told us, "I have my tablets with a drink and they [staff] make sure I swallow them."
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. The senior management team carried out regular competency checks on staff to ensure they continued to administer people's medicines safely.

Preventing and controlling infection

- The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. This included being creative and innovative in explaining best practice, so risks to people were reduced. For example, staff supported people to understand what two metre space was by purchasing a mat that was two metres long to demonstrate safe distances. This helped to meet people's sensory needs.

- Staff were proactive in treating people as equal partners in preventing infectious outbreaks. For example, staff had worked with people and identified key areas of potential outbreaks within their homes and agreed specific areas of responsibility for managing these. This ensured people developed a good approach to infection control, with support from staff.
- The provider prevented visitors from catching and spreading infections and staff used personal protective equipment (PPE) effectively and safely.
- The provider's infection prevention and control policy was up to date and the service had plans to alert other agencies to any concerns affecting people's health and wellbeing.
- Staff supported visits for people in line with current guidance and their own policies. People and relatives confirmed visiting was enabled.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff had an exceptional understanding of their safety needs and involved them in ways they wished to be protected from abuse. One staff member said, "All team leaders are safeguarding advisors. If I couldn't talk to [registered manager's name] or the provider's safeguarding team, we could contact the local council safeguarding team. However, any concerns are always listened to and dealt with appropriately."
- Staff had training on how to recognise and report abuse and were confident in applying it. The service worked well with other agencies to do this. There was a culture of staff going the extra mile to explore any potential safeguarding concerns and investing the time to address these. This helped to ensure people's safeguarding needs were fully promoted.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. People told us they liked staff, they could talk to them about anything and they listened.

Learning lessons when things go wrong

- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. The provider, registered manager and senior staff investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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 of the service. This key question has been rated 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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff worked with people, relatives and other health and social care professionals to ensure people's assessments fully reflected both their historical and current needs, including their medical, social and learning disability needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training regarding the wide range of strengths and impairments people with a learning disability and/or autistic people may have, mental health needs, communication tools and positive behaviour support.
- Updated training and refresher courses helped staff continuously apply best practice. Staff knew how to take into account people's individual needs, wishes and goals. Staff told us the training they received gave them the confidence to work with people and to improve people's outcomes.
- The management team checked staff's competency to ensure they understood and applied training and best practice.

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

- People received support to eat and drink enough to maintain a balanced diet which took into account any specialist dietary needs they had.
- People were involved in shopping, choosing and planning their meals. Staff had supported people to use information technology platforms to do this.
- Staff recognised some people enjoyed being involved in preparing and cooking their own meals in their preferred way, and supported people to do this.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

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

- People had health actions plans and health passports which were used by health and social care

professionals to support them in the way they needed.

- People played an active role in maintaining their own health and wellbeing.
- The provider ensured that people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Other health professionals told us staff worked well with them to prevent people being admitted or readmitted to hospitals. This increased people's wellbeing and maintained good health outcomes.
- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. Staff gave us an example showing how they had worked with a person and other health professionals to reduce the person's fear of medical appointments. Through effective joint working, the person now had better access to health services and improved confidence when using them.
- A health professional told us, "Staff call when they have any concerns and I'll arrange a visit. They always follow any advice and recommendations given."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were empowered to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Mental capacity assessments and best interest meetings had been held where necessary. Records reflected this. Where the person lacked capacity, staff supported them in the least restrictive way.

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 of the 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 by staff that were motivated and provided good quality care and support. Staff were matched to their individual needs. For example, similar interests, likes and dislikes and as a result, people were at ease, happy, engaged and stimulated.
- People received kind and compassionate care from staff who used positive, respectful language, which people understood and responded well to. One staff member described how all staff speak with people, using people's preferred names, tailor how they ask people's opinions and listen to their choices. Another member told us, "I love it [the job]. It's nice to go home hopefully having made a difference to someone's life for the best. We [First Key Hereford staff] support people the way we would like our self or our family to be supported."
- A health professional who regularly visited several people who received care from First Key Hereford told us they knew people were treated well and respected, as they visited, "Happy homes with happy people."
- People were valued by staff who showed genuine interest in their well-being and quality of life.
- Staff members showed warmth and respect when interacting with people. One relative explained how attentive staff were to their family member's needs and always provided help when needed. For example, when the relatives visited to take their family member out for a meal, with support from staff.

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

- People felt listened to and valued by staff.
- Staff supported people to express their views using their preferred method of communication. Staff gave us examples showing how they listened to people's choices. This included ensuring people with limited verbal communication were fully supported to make their own decisions, by showing people objects to choose from and checking people's reactions, so staff would be assured people had made their own choices.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff also supported people by advocating for them, so their choices were fulfilled. For example, staff advocated for one person in relation to refurbishment of their home, and the timing of this, so the person's wishes would be fully recognised and acted on.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- Staff supported people to maintain links with those that are important to them. For example, the registered

manager had ensured appropriate information technology devices had been made available to facilitate this. Staff ensured people were supported where appropriate to use these devices. This had enabled people to keep in touch with significant others and improved people's wellbeing.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff routinely sought paid or voluntary work, leisure activities and widening of social circles for people they supported. People spoke passionately about the support they had to do things they enjoyed. This included dancing, music, cooking and fundraising.
- Staff knew when people needed their space and privacy and respected this. One relative told us, "Staff treat [person's name] well, with respect and take really good care of them."

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 of the service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were met in an exceptionally personalised way. Staff and the registered manager knew all the people who used the service extremely well. This was demonstrated during the inspection as well as feedback from people and relatives. Staff put their comprehensive knowledge of people's needs and wishes at the forefront of care planning decisions. This meant people consistently were the focus of care planning arrangements and this helped to ensure their aspirations were met. One relative said because of staff's approach, "[Person's name] couldn't get better care."
- Staff were committed to ensuring they used innovative and individual ways of involving people, their relatives, and other professionals in care planning arrangements, including where people wanted to radically change the care they received. For example, during the pandemic, staff had worked with housing providers, health and social care providers and other care organisations to ensure one person was fully supported to change their plans, reduce their sense of isolation and experience an enhanced sense of well-being. Person-centred planning tools and approaches were used to discuss and plan this, to promote the person's wishes. This approach meant the person had the best opportunity to live their life as they wished and enjoy enhanced wellbeing.
- People felt consulted, empowered, listened to and valued as staff invested time discussing accessible ways for them to achieve their goals. For example, social interaction was very important to one person, who had spent time gaining confidence when dealing with others. Owing to the pandemic, staff were not able to support the person as they usually did. Staff supported the person in alternative ways, such as the person and the other people being empowered to take the lead in devising social activities, to be undertaken safely in their homes. This included enjoyable zoom events and gave people the opportunity to consolidate their skills and confidence and to continue to engage and interact with each other and feel a sense of contribution to the service, self-worth and value.
- A health professional explained staff were exceptional and proactive in caring for people and told us how carefully and well the registered manager planned the support people required, when they wanted to receive care from health services. This helped people to achieve the best health and well-being outcomes possible. For example, because of the plans put in place people's anxiety was managed well when they were admitted to hospital or attended routine appointments. This included staff tailoring how they communicated with people, so people fully understood each stage of the appointment and treatment processes. Staff provided assurance and support during people's consultations with health professionals, to ease their anxiety. This had made a measurable difference to people's quality of life, such as one person who with support from staff had overcome their high levels of anxiety and was empowered to have the surgery they needed to meet their sensory needs.

- People and relatives told us staff were highly knowledgeable about people's individual needs and said staff were flexible in their approach. This included staff carefully adapting how they cared for people, to reflect the most effective times and ways to work with them, so people's varying wishes and needs were truly promoted. By doing this, staff ensured people's opportunities for independence and control were maximised and they continued to receive the right level of support.
- Staff used their in-depth knowledge of people's aspirations and needs when proactively reviewing the care they offered to people. This was underpinned by consistently robust ways of working with people to identify any changes in their needs and seeking other health and social care professionals' views, as people's needs changed. This helped to inform people's reviews and ensure they continued to experience the best care possible. Staff gave us examples showing how this approach had led to improved health, nutrition and well-being outcomes for people with complex care needs.
- Staff worked exceptionally sensitively with people to ensure their protected characteristics were met and did this by focusing on people's strengths as well as their needs. This included staff working in positive ways to ensure people had the best opportunity to make their own decisions; we observed staff knew when people needed additional time to process information. Staff consistently ensured people's opportunities for making their own decisions, and actively listening, to these was maximised. Staff did this sensitively demonstrating patience and empathy. This empowered people to take the time they need to ask for what they wanted. The provider's definition of support needs encompassed people's physical care, social inclusion and leisure aspirations. Staff consistently put these values into practice. This ensured people's outcomes were exceptional and they were living the lives they wished.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had taken innovative steps to meet people's information and communication needs. For example, staff had supported some people to obtain and use virtual assistant technology to support them with reminders, such as for taking their medicines or attending appointments and to empower people to monitor their own health.
- Examples were given showing how the service ensured health professionals understood people's individual communication and significant sensory needs, and the best ways to support people to attend appointments. For example, all parties were given the information needed to respond to these. This made a material difference to people's confidence when attending appointments and reduced their anxiety.
- People had access to information in formats they could understand. For example, policies, procedures and guidelines were provided in an easy read format with pictures and symbols.
- Staff had developed a clear understanding of people's individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. People had individual communication plans which detailed effective and preferred methods of communication.

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

- Staff had gone the extra mile to ensure people continued to do the things they enjoyed.
- During the COVID-19 pandemic people were unable to continue to do their hobbies and social activities as they normally would. Staff understood how this would impact people, particularly those who took comfort from a regular routine and opportunities to do things they enjoyed. Staff worked in innovative ways with people to minimise any disruption. For example, people had previously enjoyed taking part in an annual triathlon. This had not been possible because of the pandemic, however, staff had worked with people to find an alternative to meet their needs and organised a safe, stay at home sports event. People told us they

were thrilled with this solution.

- Another person told us how passionate they were about the support they received to continue to undertake charity work and fundraise each year. A further person told us how much they valued opportunities and assistance given by staff to participate in wheelchair dancing, and how much joy this brought into their lives.
- Relatives told us staff went the extra mile to ensure their family members were able to keep in touch with them. For example, one relative explained how staff took into account both their family member's and their preferred methods of contact, so they were able to continue meaningful relationships. This promoted people's wellbeing.
- The service played a key role in the local community. Contact with other community resources and networks was encouraged and sustained. This helped to ensure people were in active presence in their local communities. For example, people had opportunities to link in with local charities at social events and to develop friendships with other marginalised people and people from different age groups. This increased people's social circles and enjoyment of life.

Improving care quality in response to complaints or concerns

- People, and those important to them, were encouraged to raise concerns and complaints. Systems were in place to ensure this could be done easily. If people needed support from staff to make a complaint or raise concerns, this was available.
- Relatives told us because the care was exceptional, and any suggestions they made were listened to, they had not needed to raise any concerns. One relative said, "We have no complaints whatsoever. [Person's name] is so happy and has a lovely life." Another relative told us, "No problems, never had in all years [person's name] been supported by First Key Hereford."
- The provider and registered manager had systems in place to ensure any concerns and complaints were treated seriously and investigated. The provider's systems also included processes for ensuring any lessons would be learnt and shared with the whole team and the provider's wider services.

End of life care and support

- People's needs and wishes at the end of their lives were carefully considered by staff. Staff provided examples showing how they had previously supported people. Staff had created 'wish lists' with people. For example, one person wanted a visit from the local biker's club and to hire an old camper van for a day trip Barry Island. This had enabled the person to fulfil long standing wishes, and to achieve things they wanted before they become too ill to enjoy them.
- The provider had used pictorial end of life information to promote people's understanding of their end of life choices and recorded initial conversations with people and their representatives about their end of life wishes and preferences, where people had chosen to do this.
- Staff told us they were provided with palliative care training and how the registered manager had created links with the local hospice, to ensure people had excellent, fully tailored support at the end of their lives.

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 of the service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager worked with people, relatives, staff and other professionals to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Without exception, people we spoke with told us the care they received was consistently well-led and they were extremely happy with the quality of care and the approach of staff, which placed them at the heart of the service. Relatives also echoed these views. One relative said, "[Registered manager name] is fantastic for all the people. I know they go the extra mile to make sure people are supported how they choose and need to be supported." Another relative told us because of the culture in the service, "[Person's name] is very happy there, they have really come on since [receiving care from First Key]. They are very well looked after, they couldn't get better care."
- The registered manager encouraged people to take as full a part in the running of the service as they wished. For example, people were involved in recruitment of new staff, monitoring of their own and other's health and safety and co-delivery of staff training, to meet individual people's needs. This approach focused on people's wishes and aspirations.
- Management were visible in the service, approachable and took a genuine interest in what people, relatives, staff and other professionals had to say, so people could live the lives they wished. Staff gave us examples of how this approach had led to very effective work which had benefitted people including in relation to improved health and wellbeing outcomes.
- Staff felt respected, supported and valued by senior staff and were proud to work for First Key Hereford, because of the focus on people and improving their outcomes. One staff member told us, "[Registered manager's name] is most definitely supportive." The staff member explained the registered manager had also provided care to people, and this gave the registered manager a clear insight into the support required to provide outstanding care. The staff member said, "It helps knowing [registered manager's name] has done the job themselves." Another staff member told us about the culture of the service and said there was a focus on listening to people, to drive through improvements in the service.
- The registered manager maximised opportunities to check on the culture and quality of the service provided to people. This included working alongside staff covering calls and shifts over evenings and weekends. This enabled the registered manager to directly obtain people's input on the care and support they received, to ensure people's preferences were fully met and their expectations exceeded, and to support staff by leading by example.

Working in partnership with others

- People and relatives were very complimentary about staff's commitment to working collaboratively with external organisations. This ensured people's needs were fully met, and their expectation exceeded. People gave us examples showing how robustly this approach was embedded into staff practice. This way of working across organisations had made a measurable difference to people's quality of life, as they were consistently supported to have improved access to effective external support. Relatives told us staff always went the extra mile to provide practical support, so people were encouraged and empowered to take up opportunities to meet their needs. This had led to people experiencing improved sensory, physical and emotional outcomes.
- External health professionals said all staff were committed to working with them to ensure people received the best outcomes possible and said the registered manager's focus was on the needs of the people they cared for. One health professional said, "They [staff] are brilliant, so person centred, so committed and go over and above. I think they are fantastic. I would not hesitate to recommend them." Another health professional told us, "I think they provide outstanding care. [Registered manager's name] knows their clients and their needs very well and is very insightful to their needs."
- Managers' ethos was to value reflection, learning and improvement, to be receptive to challenge and to welcome fresh perspectives, when working jointly with external organisations. For example, there was effective partnership working with other health and social care professionals, such as advocates and day services, so people received seamless care across organisations, and when moving between services. This was as a result of the proactive work staff undertook with other agencies, coupled with their in-depth knowledge of people's aspirations.

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

- People were empowered to voice their opinions and get their voices heard. For example, people managed and facilitated their own meetings. This enabled people to control key decisions about what care they wanted, and how this was going to be delivered.
- The provider was committed to obtaining feedback from people and those important to them, so they could be assured people received excellent care, and to check if any further development of the service was required. The service was particularly strong in checking people's choice and control over their lives was fully embedded and that people received support which worked for them. The provider also sought feedback from people so they could be sure they were fully supported with health needs and doing things they enjoyed. In addition, the provider asked for people's experience of how they were supported to see other people they choose, and if they felt safe and happy. We saw the service had achieved a consistently high level of satisfaction across all areas over a number of years. No additional developments or actions had been identified through the surveys, because people's experience of the care received was so positive.
- Staff told us their views were actively sought and listened to. Staff said this approach helped to make them feel valued and empowered to provide exceptional care. One staff told us, "We can make suggestions and our opinions are listened to and taken on board it's a great place to work."
- Where staff had gone the extra mile, this was recognised and rewarded through the provider's internal award ceremony, for demonstrating care and support delivered and commitment to the provider's values. This helped to ensure staff providing care were fully and consistently motivated.
- Staff had continued to build on their existing strong community links during the pandemic, by working flexibly and innovatively to ensure people received the support they wanted to do things they enjoyed. This included very effective partnership working with community day services. By proactively working with other organisations, alternative ways were secured to ensure people continued to be able to do things they enjoyed. For example, through strong coordination, activity packs, home crafts and bird feeder projects were made available for people to enjoy using. This led to demonstrable improvements in people's well-being.

Continuous learning and improving care

- There was a strong emphasis on continuous improvement. For example, the registered manager regularly liaised with specialist colleagues, such as clinicians, to ensure best practice was followed. The provider and registered manager were also committed to ensuring staff were fully supported to provide outstanding care through training, personalised staff support and external quality assurance accreditation. This included continuous accreditation for Investors in People. This approach of fully supporting staff contributed to people enjoying the most positive outcomes possible.
- The provider was fully committed to investing in the service, embracing change and delivering improvements. For example, the provider had further strengthened their governance checks by implementing a robust electronic auditing process, which promoted better governance. In addition, the provider had an internal quality assurance lead. This quality manager undertook additional checks with people on their experience of care, to identify and celebrate successes and to plan for any areas for further improvement, to ensure people continued to achieve the best outcomes possible.
- Lessons learnt were shared across the provider's other organisations in a systematic way, to ensure learning and best practice was consistently embedded.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- A relative described the registered manager as "Brilliant." Another relative described them as, "Marvellous."
- Staff knew and understood the provider's vision and values and how to apply them. Relatives were highly complementary about the whole staff team with one saying, "I can't speak highly enough of them [staff team] they are fantastic."
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide exceptional quality care and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Senior staff understood compliance with regulatory and legislative requirements. Systems were in place to ensure senior staff responded to any untoward incidents in an open way.