

The ExtraCare Charitable Trust

ExtraCare Charitable Trust Lovat Fields Village

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

ExtraCare Charitable Trust Lovat Fields Village is an Extra Care housing service. The village has 259 apartments and bungalows, and more than 300 people live in the village. 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 our inspection there were 37 people receiving personal care.

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

There was a very comprehensive assessment of people's needs that looked at all areas of their life such as physical and medical health, people's mental health needs, social care needs, loneliness, social networks and their family history. As part of the assessment process, the service worked closely with other healthcare professionals such as occupational therapists and district nurses to make sure that care was always based on up to date legislation, and best practice.

Training was tailored to meet people's individual needs and the provider recognised that the on-going development of staff skills, competence and knowledge was central to ensuring high-quality care and support. Staff received regular, useful and engaging supervision from senior staff members. The staff appraisal system ensured that all staff were working to the same vision and values as the provider.

People experienced extremely positive outcomes regarding their health and wellbeing. A well-being advisor was available to support people with anything that could affect people's health and wellbeing and action was taken quickly to address this. People were empowered to make choices about their health and how it should be monitored and managed.

The provider and the management team were highly committed to ensuring people lived fulfilling lives and were protected from social isolation. People were supported to attend a range of support groups and there was an extensive range of activities on offer to ensure people led meaningful and satisfying lives. New initiatives to combat social isolation and loneliness had been introduced to ensure people's mental wellbeing was always maintained.

There was a positive commitment to ensuring innovative steps were taken to meet people's information and communication needs. We saw that people's communication needs were assessed and then information was provided to people in the way that suited them best.

The provider was very committed to sharing best practice and taking action on dementia. There was a 'Dementia and Mental Wellbeing Enabler' who supported people living with dementia and other related conditions. They supported people with individual strategies, self-help groups and advice, so they could remain independent in their own homes.

People received compassionate end of life care that was planned with them and their families, in advance and centred around their individual wishes, spiritual beliefs and cultural needs.

A culture of being open and transparent was embedded in the service. There was exceptional communication throughout the service and we saw that regular meetings and focus groups gave people a forum to share their views. Everyone we spoke with confirmed that they felt involved and part of village life. We found the service had a positive culture that was person centred, inclusive and empowering.

The leadership, management and governance of the organisation assured the delivery of high quality, person-centred care. The staff understood the vision and values of the provider and these made sure people were at the heart of the service.

Staff understood their responsibilities to report any unsafe care. New initiatives to recognise and raise awareness of domestic abuse had been introduced, to keep people safe. People had risk assessments in place to enable them to be as independent as they could be in a safe manner.

Robust and safe recruitment checks were carried out to ensure suitable staff were employed to work at the service. The staffing arrangements ensured people were provided with the support they needed.

Peoples medicines were safely managed, and systems were in place to control and prevent the spread of infection.

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

Staff provided care and support in a very caring and meaningful way. They knew the people who used the service very well and had built up kind and compassionate relationships with them. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

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

Rating at last inspection

The last rating for this service was Outstanding (published 16 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.
Details are in our Safe findings below.

Good 

Is the service effective?

The service was exceptionally effective
Details are in our Effective findings below.

Outstanding 

Is the service caring?

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

Good 

Is the service responsive?

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

Outstanding 

Is the service well-led?

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

Outstanding 

ExtraCare Charitable Trust Lovat Fields Village

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an assistant inspector, an inspection manager and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people who use regulated services.

Service and service type

ExtraCare Charitable Trust Lovat Fields Village is an Extra Care housing service. It provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support services.

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

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We looked at the provider's statement of purpose and any notifications that the provider is required to send us by law. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff that included the registered manager, the head of care, the well-being advisor and the dementia and mental wellbeing enabler. We also spoke with the activities coordinator and six care and support staff.

We reviewed a range of records. These included four people's care records, risk assessments, accidents and incident reports and medication records. We also examined two staff recruitment files, staff training and supervision records and a variety of other records in relation to the management of the service. These included management audits, satisfaction surveys and some of the providers policies and procedures.

After the Inspection

We continued to seek clarification from the provider to validate evidence we found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe when staff provided them with care and support. One person said, "This is a very safe environment and there is always someone around if you need help. That makes me feel safe"
- Discussions with staff demonstrated they had completed training in safeguarding and were skilled at recognising when people were at risk of harm or felt unsafe, and they felt comfortable to report unsafe practice. Training in relation to domestic abuse was planned to be incorporated into the mandatory safeguarding training.
- The provider had taken a proactive stance in relation to domestic abuse. Many couples used the service and the provider had implemented a domestic abuse policy and guidance for staff to recognise domestic abuse.
- The registered manager told us there were plans to have domestic abuse champions in place. This meant that those staff would have excellent knowledge and skills in how to recognise domestic abuse and would be a source of information and support for their colleagues.
- All staff we spoke with understood the service's whistleblowing and safeguarding policies and procedures. Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management

- Staff continued to provide safe care and support to people using the service. A relative told us, "My [family member] isn't very strong now. They are finding it hard to get about. The staff have spoken to us about making sure [family member] doesn't fall so we are getting something by the bed that will alert us if they do fall or move about."
- People had very detailed risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls, a detailed risk management plan was put in place to reduce the likelihood of any falls.
- Risk assessments were reviewed and updated quickly if there had been any changes or incidents. For example, where people had a fall their risk assessment and care plans were updated swiftly, and referrals made in a very timely manner to either the well-being adviser or a relevant healthcare professional for further support in relation to their mobility.
- The provider has signed up to the 'Herbert Protocol' which is a national scheme by the police where carers, family or friends of a vulnerable person can compile useful information that could be used to help locate the vulnerable person if they went missing

Staffing and recruitment

- We received positive views about the staffing levels at the service. One person told us, "There is always

someone around. It's [staffing numbers] not been something that's worried me." A relative informed us, "[Family member] is very immobile, but the carers have a high visibility, so there is always someone around to support [family member]."

- We found there were enough skilled and competent staff to ensure they could safely support people who used the service. One staff member told us, "The teamwork is fantastic. I'm happy with my rota."
- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- People using the service were encouraged to be involved in the staff recruitment process. One person who was part of this process told us, "I've been doing it for about eight years. We always felt it was good to involve people and it works well. I look at myself as a representative. It's good to be involved." This inclusive approach played an important part in ensuring excellent relationships between staff and people using the service.

Using medicines safely

- People continued to receive their medicines safely. One person told us, "I haven't got any worries at all. They are like clockwork with my tablets." Another person informed us, "I like them doing it [administering medicines] because I forget sometimes."
- Staff received medicines training and records showed that competency assessments were completed to ensure staff followed the medicines policy and procedures.
- Regular audits took place on the medicines systems to check that staff consistently followed the providers administration and storage procedures. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

Preventing and controlling infection

- People continued to be protected from the spread of infection. Staff wore disposable gloves and aprons when necessary and used correct hand-washing techniques. Anti-bacterial hand gel was available for staff, people and visitors to use.
- Staff were trained in infection control and understood the importance of a high standard of cleanliness to protect people from infection.

Learning lessons when things go wrong

- Staff reported accidents and incidents and the management team reviewed and collated information from these. This enabled themes to be identified and ensure that any actions required to reduce the risk of recurrence were implemented.
- Staff said they received feedback about changes to practice at the shift handover meetings and at staff meetings. They said they had the opportunity to contribute their views and that communication was good.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People received the care and support they required because there was an integrated and inclusive approach to assessing, planning and delivering care and support. The assessment process included a very detailed ability profile that looked at people's medical and health needs, mobility and sensory needs, communication and functions of daily living. It covered the support people needed to take their medicines and what support they might need during the night.
- In addition to the ability profile people received an in-depth well-being assessment that was completed by a well-being advisor, who was a registered nurse. This assessment tool looked comprehensively at people's health and medical conditions, but also considered their social care needs, loneliness, social networks, cultural and religious needs and their family history.
- In conjunction with the well-being assessment, the well-being advisor completed an anxiety and depression assessment and undertook a memory check. They worked collaboratively with other healthcare professionals such as occupational therapists, district nurses, GP's, speech and language therapist and hearing services. This meant that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, and best practice.
- The provider completed a financial assessment to determine if people needed extra support to access additional benefits or advice that could be available to them. A relative told us, "They have given [family member] financial advice which has provided a safety net. I can't say how important this has been for their well-being."
- Housing related support workers were involved in the assessment process to identify where there could be a need for assistance with housing benefit/mobility scooters or other housing related queries that they may have. Altogether, this demonstrated a robust and very comprehensive assessment process to ensure people's physical, mental health, social and financial needs were holistically assessed.

Staff support: induction, training, skills and experience

- People felt staff were very knowledgeable and very well trained. One person told us, "The staff I've got are brilliant. They know what they are doing." Another person said, "I echo that. The staff are extremely good. There's not a bad one among them. Their training is very good."
- Staff felt valued and told us they were supported to achieve their full potential. One member of staff told us, "I'm doing level two in health and social care. I'm really enjoying that course. If you want to do different training, for example, diabetes, you can choose which ones you want to do."
- The provider had invested in specialist equipment to support people up from the floor when they had fallen, which meant people did not have to wait for long periods before a paramedic arrived to assess the

situation. All staff were trained to check for injuries and in the use of the lifting aid which meant they could assist in the event of a fall, to support the care team more effectively. Staff provided us with a demonstration of the aid during our visit which was completed confidently by staff.

- New staff were required to complete a comprehensive induction and were not allowed to work alone until assessed as competent in practice. All new staff were shadowed for their first three weeks in post and a senior staff member was allocated to new staff as a 'buddy' to ensure they had the support and guidance they needed.
- Specialist training available to staff included training around end of life and palliative care, and dementia training. The well-being advisor had also been involved in training regarding joint pain and COPD (Chronic obstructive pulmonary disease). There was also an 'Extracare University' where staff could request any additional courses that might benefit them.
- Staff received regular, useful and engaging supervision from senior staff members. Supervision included discussion around training and development opportunities and a review of practice. One staff member told us, "We have one to one meetings every three months, I'm happy with that. If I need any more support I can go to my mentor and that helps a lot."
- The four core values of the charity; empowering, compassionate, collaborative and transparency were instilled during the induction process and included and reminded in all corporate training. The staff appraisal system was based around the core values and objectives set that ensured all staff were working within these values.

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

- We received very positive feedback about the food and the support people needed to cook their own meals. There was a restaurant and a Bistro in the complex that served a variety of meals and people told us they often chose to have their meals there. One person told us, "We eat in the restaurant sometimes, it's lovely and the food tastes so fresh."
- Other people told us they preferred to cook their meals in their apartments. Some people required support from staff to do this. One person informed us, "If I need a helping hand I only have to ask. When I wasn't well a while back, they asked if I needed a bit of help. It was lovely, they came in every day and helped me cook."
- People told us there was a 'Food Interest Group' where they could give their opinions about the food served in the village, and also share ideas. One person told us, "We can be involved in the menu if we want and you can give your views about the food and the menus."
- If people were at risk of weight loss or dehydration or had conditions that may cause them to lose weight, there was very detailed information in their care plans to guide staff about the best way to support them.
- The well-being advisor ensured regular nutritional screening took place and if there were concerns they would refer them to the relevant healthcare professional. We saw this on the day of our inspection where one person had lost weight and was referred to the visiting GP. The GP told us, "We are able to identify any problems early because of the vigilant checks and information the well-being advisor provides."

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

- People were exceptionally well supported to live healthy lives and have access to healthcare Services. One person said, "If I need a doctor's appointment I only have to ask. Sometimes the carers can see I'm a bit under the weather, so they ask if I'd like to see the doctor.' A relative commented, "The carers are our 'front radar' because they are consistent and have got to know [family member]. They know when [family member] is not well and then they call me straight away. We then make a decision about what to do, such as call out a doctor."
- The organisation employed a well-being advisor who acted as the link between people using the service,

care staff and healthcare professionals. Their key role was to offer numerous screening and health promotion sessions, to develop self-help groups and access both traditional and complimentary therapies. In addition, they were able to link into fitness/exercise programmes provided at the gym on site and the restaurant to promote informed choices about exercise and diet.

- The well-being advisor told us it was their role to promote the health and well-being of people that lived in the village. We saw they offered everyone an annual health check and provided a drop-in centre if people had any concerns about their health. The well-being advisor said they were able to undertake numerous health-screening tests and offer health advice. For many people this had reduced their anxiety levels and provided them with reassurance about their health and well-being.
- A visiting health professional commented, "We are able to identify illness early and reduce unplanned hospital admissions because of how closely we work together."
- The provider had been working in collaboration, over a three-year period, with the Aston Research Centre for Healthy Ageing, to look at how the well-being service benefited people. They found that unplanned hospital stays had reduced significantly and there was a reduction in routine and regular GP visits, whilst 'drop-ins' to the well-being service had increased.
- People could receive an annual well-being assessment if they wished. This looked at people's lifestyles, medication, any changes to their health, falls and mobility, and an osteoporosis and diabetes assessment.
- Every three months the well-being advisor attended clinical meetings with other well-being advisors and health professionals to look at best practice, any changes in legislation and new practices. We saw health promotion leaflets around the village about various subjects such as falls, diet, hearing and vision. The well-being advisor told us they organised a health event of the month that people were encouraged to attend. These had recently included a talk about hearing dogs, foot care and continence services.

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 and found they were.

- At the time of our inspection no one was being deprived of their liberty.
- Staff were trained in the MCA and DoLS. They understood the importance of gaining people's consent before providing them with care and support, in order to comply with the MCA.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us the staff were very kind and caring. One person commented, "All of them are lovely, no matter what their job here. They do care." Another told us, "I don't think people outside here realise how valuable they [meaning staff] are. They are very caring and do so much for us."
- Relatives informed us that that staff were always patient, kind and considerate. One said, "Everything they [meaning staff] do is with love. They have made an emotional commitment to [family member]." Another told us, "We see [staff member] most days. They are very friendly and like family to us."
- One person we spoke with pointed out several staff members who were passing by or in the Bistro. We saw they stopped to talk with people and had developed good relationships with them. We also saw this was extended to people's relatives and friends; making them feel welcome.
- Staff spoke about the people they cared for in a kind and sensitive manner. One member of staff described how vulnerable and anxious many people felt when they first received support from the service and how they worked with people to build up their confidence and trust in them, so they could fully engage in their care and support.
- The service had adopted the 'VERA' framework. This was based on four key concepts: validation, emotion, reassurance and activity (VERA). It describes a stage-by-stage process of communication for people living with dementia, that guides staff towards providing compassionate and caring responses. Staff were trained to support people using this concept.
- There were plans in place to introduce a 'buddy' to people when they first went to live at the village if they wanted it. This would be someone who was already living there and could show the person around the service, the local area and talk with them about the activities, the staff and introduce them to the other people living at the service. This was aimed to reduce social isolation and loneliness.

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

- People and relatives were involved when care plans were written and reviewed and felt totally involved in their care. One person said, "I told them what I thought I needed when I first came here, of course things have changed. I've got older and it's more difficult now for me. They are always on the ball and we make a plan together." A relative told us, "We came here because we knew it would get more difficult at home. We aren't getting younger, so we wanted the extra support. I've never felt they have taken over, it's always felt like a negotiation, a discussion."
- People were fully involved in making decisions about their care and support and staff had been able to meet people's specific communication needs by using visual aids and technology if appropriate. A staff member said, "We try hard to make sure people can express their views. We always listen because we want

to help people get the most out of life and achieve their goals."

- Staff had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them. They were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and who support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative said, "They [meaning staff] always cover [family member] with a towel on the way between bedroom and bathroom. It's all very private." Another commented, "They are very mindful of my privacy and dignity. They always knock on the doors and are very respectful when they move me in the hoist."
- There was an attitude of respect and inclusion within the culture of the service. For example, when new people moved to the service they were encouraged to feel welcomed and were greeted by staff on their arrival.
- People were encouraged to be independent and do tasks for themselves which made them feel valued and useful. One person told us, "Being able to do things is very important to me. I like being independent and since I've been here I've enjoyed doing things I couldn't before."
- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. 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 told us that staff had exceptional skills, and an excellent understanding of their social and cultural diversity which they used to ensure people received the care they needed. One person told us, "I came here with my [spouse] and we've never looked back. It's given us a new lease of life. We are able to do things we couldn't before."
- Staff knew how to meet people's preferences; their likes and dislikes and were exceptional at making suggestions to enhance people's experience of living at the service. For example, we attended a staff meeting on the day of our visit and staff talked about ways to combat social isolation. They were planning to implement a 'walking train'. This was to provide people who may not feel confident to attend activities on their own with a companion, so staff or another person living at the service would call on them and attend the activity with them.
- A health professional told us the service was focused on providing person-centred care and support for people. They commented, "People here are at the centre of their care and outcomes for people are extremely good."
- We found that the provider made reasonable adjustments in innovative ways to encourage people's independence. For example, one person was having difficulties with opening the front door to their apartment due to reduced mobility and physical strength. This was leading to isolation within their apartment. Working with the maintenance team, family and care staff it was arranged for a door release system to be installed so that the person could gain access to their apartment independently. This resulted in increased independence for the person and reduced isolation.
- The provider took into account the need for a 'balanced community' to make sure there was a diverse range of people with different care and support needs using the service. This meant that people had a sense of belonging and community. One person told us, "It's like living in an ordinary street with people from all walks of life, so there is a proper mixed community."
- There was a strong emphasis on ensuring people's mental well-being was maintained and the provider was very responsive to the needs of people living with dementia. There was a Dementia and Mental Well-being service that supported people living with dementia-related conditions. This was managed by a specially trained staff member known as a 'Dementia and Mental Wellbeing Enabler'. The programme offered tailored activities for people living with dementia-related issues.
- The Dementia and Mental Wellbeing Enabler attended people's reviews, formulated care plans and provided advice and supervision for staff members. They also ran a memory café and cognitive stimulation groups that people were supported to attend to improve their mental well-being. Some of the actions developed from this initiative had provided one person with the support they needed to continue living

independently and manage their day to day routines using strategies implemented by the Dementia and Mental Wellbeing Enabler.

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 service had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. There were various information technology devices around the village, so people could find out current information about events taking place and how to make a complaint.
- There were volunteers who could assist people with written documentation by reading it out loud to them. For example, one person had been identified as experiencing a reduction in visual ability. The staff team worked with the person and produced their care folder in an A3 format. This had allowed the person to read and sign their own care plan. All information required was then always printed in large font for this person.
- People told us that information was always available to them in various different formats. One commented, "Now that we're getting older I've asked for bigger print. It was no problem at all."
- There were listening tapes and newspapers available for people living at the village. One person told us, "I've been an avid reader all my life. They have shown me books in the library and they have audio books as well." One person who was registered blind was supported with talking newspapers.
- We observed throughout the village information available to people in different formats and there was also information about people's rights under the Accessible Information Standard.

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.

- The arrangements for social activities continued to be inventive and innovative and met people's individual needs. Above everything else people said it was the activities, the company of others and the entertainment that was vital for their mental well-being. One told us, "There is lots to do all the time. I'd never been to a gym until I came here, now I use all sorts of machines to keep fit." Another said, "They have quite well-known singers in sometimes. I like to come down here and join in. You can't be lonely here."
- We received an overwhelming amount of positive comments about the activities available at the village. These included, "It's the thing I like about being here the most. I feel independent and wanted. I set up a crib group and I still run it, in fact, if you want to set up a group yourself, you can." "My [spouse] works in the bar. It makes us feel part of a community." "It rocks here. There is always some entertainment." "You get so much to do and companionship with it. I can do art or make wood items. There's the gym or music or I can volunteer and feel like I'm working. I like being able to give back to the community."
- There continued to be strong links to the local community. We saw volunteers from the local community at the service to support people with activities. There were links with the local churches and people accessed the local shopping areas. The registered manager told us that people from the local community were able to use the facilities at the service such as the gym and there was also a guest room where families could stay overnight when visiting their family members.
- The provider had developed a number of intergenerational plans where younger people from local nurseries, schools, colleges, universities and the National Citizen's Service were introduced to people living in the village. This had led to regular visits and interaction with young people as well as work experience placements at the village. This was another scheme to provide more social interaction for people living at the village and reduce depression and isolation.

Improving care quality in response to complaints or concerns

- We found that complaints received by the service continued to be managed efficiently and swiftly and people were aware of the formal complaint's procedure. One person said, "I haven't needed to say anything. I've no complaints at all, but I know how to make a complaint if I need to. There are also regular management meetings and the resident's association is involved in that, various issues are dealt with in the interest groups as well, like the food group. We are listened to."
- There were various ways people could make a complaint or raise a concern. There were comment boxes around the village. We saw a 'feedback ferret' (an IT tablet) which people could use to make a complaint and there was a complaints procedure in the 'welcome pack' that people received when they began using the service. In addition, there was a compliments and complaints page for people to complete on the provider's web site if they were not satisfied with the service.
- Records showed that if a person made a complaint they were listened to and their concerns taken seriously. The managers carried out a thorough investigation, involving the complainant, and shared the resolution with them. This meant that a person making the complaint could be confident that the managers would take action to resolve it and make improvements to the service where necessary.

End of life care and support

- Staff could support people who were at the end of their lives, so they remained comfortable, dignified and able to stay in their own home. People told us they had been able to discuss their wishes for end of life care and one person said, "We have had conversations with staff at various times regarding end of life care. Both myself and [spouse] spent time going over it with them. We saw the GP too and discussed what was best. Everything is now on record."
- The provider was introducing the Gold Standards Framework (GSF) in all their villages. The GSF addresses the needs of people at the end of their life and provides staff with the necessary training they need to deliver personalised care. This was in progress at the village.
- The well-being advisor worked with Cruise (a bereavement service) and some staff and people using the service had been trained to support others who had suffered a bereavement.
- A health professional told us, "They manage people's end of life care very well. We are frequently involved and can only speak highly of the care people receive."

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. 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 service was led by an exceptionally motivated management and staff team. Their commitment to providing a service that passionately promoted person-centred values and a strong commitment to promoting independence and social inclusion was exceptional.
- The feedback we received about the service was extremely positive and we were told how valuable the service was to people. One person told us, "I don't know where I would be if it wasn't for Lovat Fields and the wonderful staff here. I like living in a friendly atmosphere with people who are very supportive. It's like a little neighbourhood community. You can have your say about anything and the staff will listen to you."
- People experienced very positive outcomes because staff completely understood their needs and preferences. One person told us, "My life has improved since I came to live here. I cannot think of anything I'd like different. I'm very happy here and would recommend it to anyone."
- People and their wishes were at the heart of the service. For example, the provider had introduced new initiatives to combat social isolation and raising awareness of domestic abuse.
- Daily 'heads of department' meetings took place each morning to catch up on events over the last 24 hours. We observed all heads of departments participate in problem solving and decision making during the meeting. New initiatives were discussed, and actions taken by the relevant heads of departments.
- The service was proactive and responded well to people's individual needs. For example, there was a Dementia and Mental Wellbeing Enabler who supported people living with dementia-related conditions. Its aim was to reduce the disabling effects of the condition and demonstrated that the provider was committed to sharing best practice and taking action on dementia.
- The service empowered people to make choices about their health and how it should be monitored and managed. Where people had complex health needs, staff always found ways to improve their care and treatment by identifying best practice.

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

- The registered manager was supported by a village manager and a head of care. They demonstrated a high level of experience and delivered care which was compassionate and inclusive. Staff were committed to this and told us how they learned together and reflected on any concerns or incidents to improve the quality of care for people.
- The provider had a robust internal quality assurance system in place which focused on positive outcomes for people. Any identified improvements were actioned in a timely way to improve people's quality of life

and this was always shared with people using the service and staff. For example, we saw a 'You said, we did' poster that showed what people wanted to see change and what actions the service had taken. This showed that the service was committed to creating a culture of trust while driving home the message that everyone was invited to identify opportunities for improvement.

- A healthcare professional was very positive about the management of the service. They told us, "The management are very experienced. I trust their opinion and will often be guided by that."
- The provider had embedded four main core values in all roles within the charity and all staff were expected to work with these values at the core of everything they did; irrespective of what role that may be. We found these values had been embedded into staff practice and demonstrated the provider's commitment to ensuring a focus on good practice.

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

- The registered manager ensured there were robust systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon.
- The management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- The registered manager told us that she was aware of her responsibility to submit notifications to the CQC and we saw evidence of this. . A notification is information about important events which the service is required to send us by law in a timely way.

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

- The provider actively sought the views of others to drive continuous improvement at the service. Staff told us they felt valued and listened to by the management and their ideas were always considered.
- People using the service were fully involved in the staff interview process. One person told us how they had been involved in the interview process and said they were a representative for others living at the service.
- People felt fully involved in their care and the running of the service. One person told us, "We are very well informed and there are various forums for us to have our say." Another commented, "It's how staff and residents work together that makes the difference. There is the resident's association as well as the various interest groups. We are very much involved here."
- There was exceptional communication throughout the service and we saw that regular street meetings, an active resident's association and a care focus group also met regularly. There were other various focus groups on different subjects that people could join if they had a particular interest, for example gardening. People told us these meetings gave them a voice and was a way to raise areas of common concern and to aid communication. The head of the care focus group told us, "The original brief was to monitor areas of concern. It's an outlet for people to bring concerns and for the head of care to take concerns away and deal with them. It works very well."
- Feedback forms were sent out annually to enable people to have a say about the care and support they received. This demonstrated that communication was used to ensure a transparent and open culture at the service.
- The provider produced a quarterly report for their in-house magazine about the activities of the resident's forum. There were other interest groups, such as a food focus group and care focus group. This

demonstrated that communication was used to ensure a transparent and open culture at the service.

- The provider strived to find innovative and creative ways to enable people to be empowered and voice their opinions. For example, their commitment to ensuring innovative steps were taken to meet people's information and communication needs.

Continuous learning and improving care

- The provider and management team were very committed to continually improving the service. For example, the management team were continually introducing new initiatives to improve the service such as investing in new equipment and the training of staff. There were also new initiatives to combat social isolation, loneliness and support people living with dementia.
- The provider had achieved Investors in People (IiP) Gold status which is recognition of good practice in how an organisation engages with, enables, develops and supports people (staff and volunteers) to drive performance forward.
- The provider promoted continuous learning and development through regular staff meetings and supervision sessions. These were used as an opportunity to reflect on incidents and update staff with organisational change.

Working in partnership with others

- There were strong links with the local community and the service worked in partnership with key organisations and agencies to support people's care provision and transform service development. For example, organisations with interests in improving dementia care, and local facilities, including volunteer agencies, local churches and schools.
- The provider had introduced a new intergenerational scheme that involved local nurseries, schools, colleges and churches which played an important part in people's life.
- Staff worked closely with local health and social care professionals, including GPs, social workers, and district nurses, to ensure people had the care and support they needed and were entitled to.