

## Care of Excellence Limited

# Care of Excellence Limited

### Inspection report

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Date of inspection visit:  
12 August 2019

Date of publication:  
16 September 2019

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Care of Excellence Limited is a domiciliary care service providing care and support to people in their own homes. They were providing a service to 55 people at the time of the inspection. 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 inspection, 30 people were receiving a regulated service.

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

People received care and support by a staff team that were dedicated, enthusiastic and experienced. Staff provided people's care in a personal way. Staff helped people to express their views and people were consulted about all aspects of their care and support. The provider took account of current best practice models. This helped the service to deliver consistently good care.

People received care from a personal team of staff who were well trained and supported. Staff worked together and with other agencies to ensure people received the care and support they needed.

Staff were genuinely interested in and knew people very well. People's care plans were detailed and provided staff with comprehensive guidance on how to meet people's needs. Staff were skilled at supporting people while reducing causes that may affect people's anxiety. Where it was part of the planned care, staff supported people to access the community, such as the shops, a stroll to the local village and cafes.

Staff were caring and considerate, which reflected the provider's values of person-centred care. Staff treated people with the greatest respect and had embedded privacy and dignity into their working practice. There was a strong recognition that people were individuals. Staff spoke passionately about providing people with person-centred care and showed real compassion for people.

The registered manager was committed to involving people, relatives, staff and other stakeholders in the development of the service. Audits and quality monitoring checks helped drive improvements in the service. We received positive feedback about the way the service was managed. Everyone said the registered manager and staff were amenable and easily reached.

The registered manager looked for ways to improve and develop the service. Staff were proud to work for the service and worked in full collaboration with external professionals.

People were supported to have 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 30 July 2016).

The service remains rated as good .

#### Why we inspected

This was a planned inspection based on the previous rating.

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 caring findings below.

Good ●

### Is the service effective?

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

Good ●

### Is the service caring?

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

Outstanding ☆

### Is the service responsive?

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

Good ●

### Is the service well-led?

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

Good ●

# Care of Excellence Limited

## 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

Our inspection was completed by one inspector 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

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.

Inspection activity started with a visit to the office location on 12 August 2019 and the expert by experience made telephone calls to people who used the service on the 14 August 2019.

#### Before the inspection

We reviewed information we had received about the service since the last inspection. We assessed the information we require providers to send us at least once annually (the Provider Information Return PIR) to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. We checked for feedback from local authorities and commissioning bodies.

#### During the inspection

We spoke with five people who used the service and six relatives. We spoke with three members of staff, the registered manager and two care managers. We reviewed three people's care records, audits, comments made to the service by professionals and other records about the management of the service.

#### After the inspection

Following our visit, the registered manager sent us further information about the service provided, and feedback they had received.

# 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's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe when receiving their care. One relative said, "From the very first contact I and (person) had with them they have proved in all aspects to have their service users' safety, wellbeing, dignity and wishes at the centre of what they do." A person said, "They make sure they are walking alongside me and check there are no hazards. I feel very safe with them and so I have no worries."
- Staff had received training in keeping people safe. They understood how to safeguard people from harm or poor care. Staff told us they knew how to recognise, report and escalate any concerns to protect people from harm. The provider participated in a national scheme, also adopted by the police called 'The Herbert Protocol'. The basis of the scheme is for vital information about a person such as medicines, description, photograph and significant places in the person's life or daily routine to be recorded on a form. Staff judged, through their professional opinion and knowledge of the person when to use the form for people. We saw this form was stored in two individuals' care files. We were told and staff confirmed a copy was kept in the person's home. This meant that the police and other agencies could locate a missing person as quickly as possible and return them to safety.
- People had comprehensive risk assessments and guidance in place to reduce the risk of harm occurring. Staff told us they used the information from risk assessments to help keep people safe. For example, to help people to move safely, including assessing a person's capabilities each day.
- Staff carried out checks on equipment to ensure it was safe to use and well maintained. Emergency plans were in place, in liaison with the fire authority, to ensure people were appropriately supported in the event of a fire in their home.

Staffing and recruitment

- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. Staff and the PIR confirmed the registered manager followed these processes and carried out checks before staff worked with people.
- There were enough staff to meet people's needs. Staff rosters were planned to ensure they had enough time to travel between calls and provide the care the person required. One person said, "I get the same group of staff but there are couple who come more regularly and one in particular who I have really got to know." A staff member told us, "The timings are good. We certainly have time to do what people need."

Using medicines safely

- The provider had systems in place to enable staff to safely manage people's medicines. People told us they received their medicines as prescribed. One relative said, "They help with (person's) medication which means I have peace of mind each day".
- Staff were trained and their competency to administer medicines was regularly assessed.

- Staff quickly identified and informed the registered manager of any changes in people's medicines and ensured information was communicated to other people quickly and appropriately. This included other care workers, relatives, and health care professionals.

#### Preventing and controlling infection

- Staff completed training in infection control.
- There were effective processes in place to reduce the spread of infection.
- Staff said they had access to, and used, disposable protective equipment such as gloves.

#### Learning lessons when things go wrong

- Staff were aware that they had to report all accidents and incidents. The registered manager reviewed these, and monitored them, for any themes or trends.
- Any learning from incidents and accidents was shared with the staff team. This included as appropriate, retraining staff.



# 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 remained the same: 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

- Senior staff assessed each person to ensure that they understood, and could meet, their needs. One person told us, "The company performed a home assessment before any support started."
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.

Staff induction, training, skills and experience

- Staff were competent and enthusiastic about working at the service. They felt very well supported because of good team working, regular supervision, training and management support. One person told us, "They have obviously been very well trained, you can tell in the way they approach us. Sometimes the carers talk about their training and how good it is. They will tell me how they are supported by the manager who would never ask them to do anything they are not willing to do themselves. I think the staff feel really respected by the manager. I cannot tell you how brilliant they are altogether."
- The registered manager understood the importance of continuously developing staff members' skills and sharing best practice. One person said, "They are definitely well-trained staff. They are fully conversant with (person's) condition. They have been instrumental in helping them gain confidence in managing (person's) health need).
- New staff received comprehensive training and induction into their roles. One staff member described the training from the provider as, "Really good." They said, "I was really impressed with their training and what they go through." They are very thorough." They said their induction consisted of shadowing experienced members of staff, receiving training in a wide range of topics, and having regular supervision.
- As well as delivering training in a variety of subjects the provider deemed mandatory, staff also received training to help them meet people's specific needs. For example, dementia care and end of life care.
- Staff felt very well supported, both formally through supervision sessions, and more informally. One staff member told us, "They are so supportive, not just through work, but also outside of work. If you've got a problem, you can go to them. They have been brilliant."

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

- People were supported to have enough to eat and drink. The level of support people needed was clearly documented in their support plans and met people's needs. Care plans had pictorial sheets giving examples of fruit and vegetables that were considered helpful with hydration.
- Staff knew people's dietary needs and preferences. One relative said, "They have supported person to eat healthily. They have given them the confidence to cook under supervision and they have never been able to do this before."

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

- People and relatives were confident staff shared information with each other and external professionals, such as GPs and community nurses confidentially. One relative told us they were given choices and that staff were observant and would tell them of any changes to their relative's condition and take the appropriate action.
- Staff followed external care professional's advice. This helped to ensure that people received effective care that maintained their health and wellbeing. For example, following the advice from district nurses to monitor a person's pressure areas.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff we spoke with knew how the MCA and DoLS applied to their work.
- Where people lacked the mental capacity to make certain decisions, the registered manager sought the appropriate legal authorisations before allowing others to make decisions on behalf of the person.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests. One relative said, "They are very good about choices and self-advocacy. They are excellent with (person) who can be difficult at times. They really understand their condition. In fact (person) reacts so well with them they have never refused to do anything like get out of bed. They really know how to approach (person)."

## 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 now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people particularly well and displayed genuine affection and compassion towards them. People and their relatives gave us several examples of where staff went 'the extra mile' for their family members. A relative told us, "(Staff member) has become like one of the family. They are really wonderful and will even pick my medication up for me from the chemist, they are so obliging. All extra to what they should be doing." One person said, "One of the staff heard that I had been let down over Christmas lunch and so went out and bought me one. They did this in their own time and paid for it. It was such a lovely gesture and it made me feel much better. They never talk down to me or use the 3rd person they speak to me as I am, and I feel it is all about me. I do so enjoy it when they come."
- The service was very caring and staff promoted a strong person-centred culture. The registered manager and staff introduced new staff to people before they provided care, to help build trust. They also let people know who would be providing their care.
- Staff were very skilled at identifying what was important to each person and matching staff best suited to provide their care. As part of the assessment process, staff found out about people's personal histories and interests as well as their care needs. For example, A relative told us of the manager's decision to introduce, first themselves, then a principle care worker who got to know their family member's needs very well, and then slowly introduce a very select team of care workers to eventually provide twenty-four-hour care. They said this had worked exceptionally well. They had been given 'peace of mind' because of their family member's positive response to, and acceptance of care from, Care of Excellence staff, and this showed their family member was "very comfortable" with them.
- Staff were centred on improving people's well-being. External care professionals told us how well the registered manager and staff worked with a person whose choice it was to return home from hospital against some resistance from others for them to do so. We saw a comment that read, "I wish to formally thank you and your team for going the extra mile and assisting (person) to allow them to be discharged to their own home which was their wish. You have demonstrated that you go above and beyond to ensure that (person's) wishes were adhered to."
- External care professionals also praised the staff's extremely caring approach and said staff were very aware of, and respected, people's equality and diversity. One external professional told us, "They don't take things at face value, they go out and meet the person. They are very understanding of people's difficulties and look for positive risk taking."
- Staff worked consistently to improve the quality of people's lives and helped people live in their own homes for as long as possible. They worked with people, and got really good results, even when other agencies had not been able to. One professional said the staff had "Given people a chance when other care

agencies haven't." They explained how staff were very understanding when people's behaviour challenged them. They said staff worked hard to build good, honest relationships with people and gain people's confidence.

- People and their relatives made very positive comments about the overall service provided and the impact this had on them and their family members. One relative told us that, "A lot of thought had gone in to providing the right staff for (person). Staff brought a variety of styles and energy to (person's) care and all of them had a common objective and clear focus on what needed to be achieved." They put this down to the provider's good staff selection methods.
- Staff were extremely attentive and acted to support people's physical and psychological comfort. For example, staff identified tactful ways to support a person with protected characteristics to deliver intimate personal care. The registered manager told us, "There are members of staff with the personal specific skills to understand and meet the needs of this person and their family in relation to emotional support and the practical assistance they need at this stage of their life."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- There was a strong emphasis on, and people were fully involved in, decisions about their care, from the first contact with the service. One relative said, "The registered manager had identified issues with (person) that we weren't aware of. This enabled them to blossom with confidence and transformed the quality of their life" Staff supported people to understand issues and gave information that enabled them to make fully informed choices about the best care for them.
- People were fully involved in making decisions about their daily lives, which staff respected. People told us that staff really listened to them. One person said, "They support my independence and understand my condition. They will take me further afield if I want a particular shop they are very flexible."
- Respect and dignity were at the heart of this service. People and staff were treated with the utmost respect and staff had fully embedded privacy and dignity into their working practice. A relative said, "The staff always treated (person) with dignity and respect. The staff fulfilled their wish to remain at home and promoted their independence to the point where they felt confident to go outside again." Another relative said, "(Person) was a proud and determined individual who very reluctantly accepted that they needed some help at home. It is a testament to the carers who worked with (person) that they rapidly came to enjoy, appreciate and rely on the service they provided to (person). Their privacy and dignity were always respected." A third said, "They have helped (person) so much with their independence. They do everything in such a dignified way, things like using towels to protect (person's) modesty."
- Staff were exceptional at supporting each person to express their preferences and the ways in which they wanted staff to deliver their care. They explained they had the time to support people to make informed decisions about their day to day lives and their care. A staff member told us, "We worked with a person who suffers from extreme anxiety who had a poorly organised discharge from hospital. We found lots of medicines they had been sent home with that the person had no idea what to take and when. We slowly and patiently sorted this out with them so as not to over worry them and now we get the medicines delivered to the office and deliver them to the person by their choice. We helped them to make the decision about their medicines and so still take ownership of their care by managing their anxiety."
- Staff recognised that people needed to feel in control of their lives and told us how they involved people with their record keeping. One staff member told us, "I do the notes in front of the client and talk to them about it." People, and where appropriate their relatives, were involved in care plans and reviews.
- Advocacy services were available for people who were unable to make decisions about their care and support. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.
- People's care plans contained information about people's diverse needs and included their preferences in

relation to culture, religion and diet, and their preference for the gender of the care workers that supported them. Relatives told us staff followed this information when providing care.

## 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 Good. At this inspection this key question has remained the same: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff invested time getting to know people really well and how best to meet their diverse needs. Relatives spoke of the positive effect the service had on their family members and on them. One relative said, "The manager is wonderful, for example (person) had an (intimate personal problem) and I was at a loss what to do. So, I rang the office and the manager was amazing and came themselves with another carer to sort everything out. They did it in a non-judgemental way with total dignity. I cannot praise the company enough. It was just amazing the way they just knew exactly what to do and it took such a weight off my shoulders. The manager even dropped by the next morning to check I was alright." A professional commented, "Care of Excellence deliver a very good and flexible service with trained carers who care for the person who uses the service and will go the extra mile."
- People received personalised care that was responsive to their needs and preferences. For example, a person who used the service had wanted to take full control over their moving and handling care. The registered manager responded by organising a visit with the occupational therapist where photographs were taken with consent of the procedure that needed to be taken. A detailed plan of care was put in place for all staff to follow. The person was fully engaged in the process to ensure the support met their needs and safe working practice for the staff. Training plans were put in place with the person and staff who would be involved in the future visits.
- Teams of consistent staff worked with people that meant they recognised people's changing needs very quickly and sought professional help and advice where necessary.
- Staff were very conscious of how they communicated with people, varying their approach depending on the person's needs and preferences. A staff member told us, "If there is any problem or concern, I try to talk it over and if necessary change the way I am with that client. It depends what they prefer, and I respond to that." The staff's personable approach with people had successfully enabled a person with extreme anxiety to successfully integrate themselves back into the community from hospital.
- Assessment and care planning records showed that staff considered all aspects of a person's needs. Staff drew up detailed care plans, fully involving the person being supported and their relative, or those who held the legal powers to make decisions on the person's behalf. This meant the care plans that staff followed, accurately reflected the person's wishes and needs. One relative said, "The care plan we have for (person) is very much about them and their needs. They have really helped me cope with getting to grips with (person's) condition which to be honest I struggled with at first. They have been so supportive to me. (Person) was involved in developing the plan which has changed a bit over the time we have had it. The staff write in the notes every day and will tell me if there are any problems like red areas, so I can contact the GP."
- The registered manager took time to get to know people during the assessment process and considered people's personalities, interests and needs in order to 'match' staff with people. A staff member told us, "The manager looks at our experience and knowledge, they don't just send you anywhere. I am trained in how to

respond to people's diverse needs and preferences."

### 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.

- People could have access to information in easy-read and large-type formats to help them understand the information if required. This included care plans and the complaints procedure. No one needed these formats at this inspection. The registered manager stated they intend to train staff to use Makaton. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate effectively by speaking.
- Where it was part of people's agreed care, people gained a sense of well-being from staff supporting them to be a part of the local community. For example, staff were included on a person's insurance so that they could take them out for drives and explore outside again. accessing local shops, church services, and eating out.

### Improving care quality in response to complaints or concerns

- Staff actively encouraged people to talk and share their feelings. A relative said the very positive relationships staff had developed with them and their family member meant that any problems could be dealt with early with complete confidence that they were listened to and would be responded to.
- The provider had a complaints procedure in place, to deal with any concerns or complaints. People and their relatives had access to information on how to make a complaint. A relative told us, "I have been provided with information on how to make a complaint or suggestion but, so far, have not needed to do either." A professional commented, "Any concerns are always dealt with efficiently and effectively."

### End of life care and support

- Staff encouraged people to discuss and review their end of life wishes during the initial assessment, and at review meetings. They then recorded these wishes in people's care plans.
- A relative told us, "It was (person's) wish that they spent their last days at home in the place they had shared with their spouse. Without the willingness of (registered manager) and their team to go the extra mile and their ability to respond sensitively and flexibly to a dynamic situation that would not have been possible. My family and I are immensely grateful for their support and kindness during a very difficult time and for the fact that (person) could die with dignity in their own home."
- Staff received training to enable them to meet people's end of life care needs with the support of external healthcare professionals, for example, community or specialist nurses.

# 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 Good. At this inspection this key question has remained the same: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives, without exception, made very positive comments about the service. A relative said, "The quality of care provided is, in my opinion, a consequence of strong leadership and management with a true focus on the service user, their family, and friends. Senior management are sympathetic, empathetic and genuinely care. This filters down." A professional stated, "The manager is always polite and courteous often going out of their way to offer support to people."

- Staff consistently put people at the centre of the service and reflected the provider's values. Staff knew people well and their commitment and enthusiasm for providing a high-quality service was evident throughout our inspection and by the positive feedback we received from them and people and relatives. One staff member said, "It's a case of being there and being with the client and making sure everything's done, and if there's any additional tasks we can do like helping them shop online, we'll do it and free of charge." Another staff said, "Excellence is ingrained in the company, it's routine for us. Staff and managers often donate bedding, towels, soap and tooth paste for people who do not have much, and we will also provide a welcome pack of produce. We have a small library of books that are used for our service users to read that staff also donate to."

- Communication with people, their relatives, and professionals was open and transparent. A relative said, "In all my dealings with anyone at Care of Excellence I found their communication to be exemplary. From difficult end of life discussions to the day-to-day arrangements for care they were clear, open and honest."

- People's records were well organised, and the senior team regularly checked to ensure that information was up to date and accurate. This ensured people received appropriate care that met their needs. A relative said, "Written record keeping was also of a high standard."

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

- People's views influenced how the service was provided. The registered manager told us, "We have such good contact with service users, carers, family members and we seek formal feedback too. People and professionals received formal surveys. People were also visited by the registered manager in person to ask for their feedback to check their understanding of the questions asked."

- Staff were proud to work for the service and told us the registered manager asked for their views both informally and more formally through supervision, spot checks, meetings and audits. The registered manager told us in the PIR, that they had restructured the staffing structure. This showed that staff were supported to develop their leadership skills and those of others.

- Staff were very well supported by, and praised, the registered manager and each other. The support the



registered manager provided clearly had a positive effect on staff and motivated them to be as flexible as possible, ensuring all care calls were covered in the way people wanted. One staff member told us, "As a carer if you get that support you are more willing to help out. I will always try to help them because they are good at helping me." Staff described the support they received as being "like a family" and said they felt "loyal" to the service and shared its values.

#### Continuous learning and improving care

- The registered manager recognised and celebrated success in the organisation and had been runners up in a care industry award.
- The provider was part of a local authority forum and was a member of various professional organisations including Skills for Care. They told us they also accessed information from the National Institute for Clinical Excellence and followed their domiciliary care guidelines.

#### Working in partnership with others

- The service worked in partnership with a range of external professionals to provide care that met people's needs. A social care professional told us they had found the registered manager and staff to be "Extremely professional, highly sympathetic to individuals' needs, and happy to support me with any queries I may have." They said their colleagues spoke "very highly" of the service and that staff communicated well with them. Another professional told us, "The registered manager is really approachable with communication. She is very helpful and reflective." This meant external care professionals received up to date and accurate information about people's progress.
- The service played an active role in the community and had links with a variety of resources. For example, The provider had sponsored a local initiative supporting young adults to progress in sport within their local community.

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

- The registered manager was an experienced, skilled leader who was committed to involving people, relatives, staff and other stakeholders in achieving a high-quality service. The registered manager had completed management qualifications in Health and Social Care. They were also passionate in providing staff with good training to equip them to effectively meet people's needs. They told us, "E-learning isn't for everyone. We are flexible to people's learning styles. It's about adjusting your style to their needs." This meant people received care from a well-trained and knowledgeable staff team.
- The registered manager had embedded governance systems into the running of the service. There was a strong framework of accountability to monitor performance and risk, which led to continuous improvement in the service.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.