The Seckford Foundation

Seckford AlmsHouses

Inspection report

Seckford Street
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Ratings

Overall rating for this service	Outstanding ☆

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?	**Outstanding** ☆

Summary of findings

Overall summary

This inspection took place on 30 March 2016, and was announced.

Seckford Almshouses is registered as a domiciliary care agency providing the regulated activity 'personal care' to the people who live in Seckford Almshouses in Woodbridge. The service provides very sheltered accommodation and support to people who live in their own flats within the building.
On the day of our inspection there were 27 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provided outstanding care and support to people which was very responsive their needs, wishes and preferences. People were enabled to lead meaningful and fulfilled lives with the confidence that any changing needs would be met. Our observations showed extremely compassionate carers who consistently demonstrated empathy, understanding and warmth in their interactions with people. Staff had an enhanced knowledge of the people they cared for. Feedback from people and their relatives was extremely positive and throughout the inspection we saw how the senior management encouraged and embedded best practice. This approach meant staff were highly motivated and committed to providing an exceptional standard of care.

Staff were driven to continue their learning, and were trained in areas relevant to the people they were caring for. As a result they were skilled and competent to meet people's diverse needs. Staff roles included 'champions' who had increased knowledge in areas such as dignity in care and dementia. Skills learnt were promptly cascaded to others in the team on a regular basis, sharing learning and understanding to ensure people received the best care possible.

The service actively promoted a positive, inclusive and open culture. Management were visible, led by example and embodied the highest standards of care and support for people and staff. There was a clear vision and set of values which they worked towards, and which was embedded throughout the staff team. Staff referred to the 'seckford standards' of involvement, compassion, dignity and respect, and were proud to work in the service. The management team had established links to community organisations, and used these networks to enhance people's experiences and quality of life.

People were protected from risk of abuse and staff were trained to identify potential signs. Staff and management were knowledgeable in safeguarding people at risk of harm, and were confident to speak up if they had concerns. Follow up contact was promptly made to other professionals to prevent delays, which demonstrated effective oversight of potential or actual risks.

Risk to people was identified promptly and effective plans were put in place to minimise these risks, involving relevant people, such as relatives and other professionals. Where risks were more complex, comprehensive guidance was in place to guide staff, including the most effective approaches to use, or particular communication methods suited to the individual.

Safe recruitment procedures were in place to ensure the suitability of new staff coming to work in the service. Interview methods were used which assessed candidate's own values in providing care which was dignified and respectful, and in line with the 'seckford standards'. Expectations of staff were clear and transparent from the outset.

People's achievements were recognised and celebrated. As a result staff understood more about people's past and the culture was one which placed importance on valuing people's life experience.

Staff understood the importance of gaining people's consent to the care they were providing to enable people to be cared for in the way they wished and adhered to the principles of the Mental Capacity Act and best practice guidance.

People received their medicines in a safe and timely manner by staff who were trained to do so. Effective auditing systems were in place to identify potential errors, and provide further training when necessary.

Robust quality assurance systems were used to drive continual improvement. This included researching and testing approaches which might benefit people's well-being. They placed high significance on people's experience by seeking feedback which was valued and acted on. Complaints received were responded to thoroughly, and solutions put in place when possible. The management team welcomed feedback, and people felt confident to speak up and that their concerns would be addressed and learnt from.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse because staff knew how to recognise abuse and how to report concerns.

Risks were identified and reviewed in a timely manner.

There were sufficient staff who had been recruited safely to meet people's needs.

People received their medicines in a safe and timely manner. Staff were trained in managing medicines, and regular audits were carried out.

Is the service effective?

Good

The service was effective.

People were supported by knowledgeable and skilled staff who received training relevant to the needs of the people who used the service.

People were asked for their consent before any care, treatment or support was provided. Staff were knowledgeable about their responsibilities in line with the principles of the MCA.

People's on-going healthcare needs were managed and monitored effectively, working with a range of healthcare professionals.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People received exceptional care by staff who understood how to meet their diverse needs and knew them well.

People felt listened to and their views were taken into account and helped to shape the service.

People were observed to be treated with kindness, dignity and respect.

The service provided outstanding end of life care. People experienced a comfortable, dignified death in line with their wishes.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was regularly reviewed and amended to meet changing needs.

The service considered and met people's physical, social, mental and emotional needs.

People and relatives felt confident to raise concerns or complaints. Their feedback was valued and used to make improvements to the service.

Is the service well-led?

Outstanding

The service was extremely well led.

The service had a positive, person-centred and open culture. Management were dynamic and led by example, continually seeking to improve what the service offered to people.

Staff, people and relatives spoke highly of the management, and were confident in their ability.

Robust quality assurance processes ensured the safety, high quality and effectiveness of the service.

Seckford AlmsHouses

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 30 March 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that a senior member of staff would be available on our arrival. The inspection team consisted of one inspector.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent out questionnaires to people to gain their views about the service provided. We received questionnaires from five people who used the service, and one training professional.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

During the inspection we spoke with five people living at the service, and two relatives.
We spoke with the deputy head of care and five members of care staff. We also observed the interactions between staff and people. After the inspection we made contact with the registered manager and one health professional.

To help us assess how people's care needs were being met we reviewed six people's care records and other information, for example their risk assessments and medicines records. We reviewed four staff recruitment files, maintenance files and a selection of records which monitored the safety and quality of the service.

Good

Is the service safe?

Our findings

Without exception people told us that they felt safe. One person said, "I feel very safe, good security here, and lots of people on duty", another told us, "I feel perfectly safe here, no worries".

Staff had received safeguarding training and were able to tell us who they would contact if they had concerns that a person was being abused. Two of the staff we spoke to had themselves made referrals to the appropriate professional body in the past. Staff were able to describe the different types of abuse they may come across in their work, and changes they may notice in a person's appearance or demeanour. We saw that safeguarding referrals had been made appropriately, and the deputy head of care had made follow up checks on two recent occasions to ensure a timely response. They had also put effective strategies in place to manage the situation whilst waiting for professional involvement. This meant that the service was ensuring the safety of people at risk of harm.

There was a risk assessment in place on each of the care records we reviewed. These outlined the support a person may need to manage risks which affect their daily lives, such as mobility, communication, skin integrity, nutrition and continence. We saw that where people's health had deteriorated, risks had been reviewed and amended to meet the person's increased level of need. People with more complex needs had very detailed risk assessments for staff to follow, which had been reviewed regularly, and outlined particular approaches and communication methods to use to achieve the best outcome. This demonstrated that staff knew people well, and were able to think more creatively in how they could minimise risk. A health professional told us, "The staff always call us if they are concerned, and they use their initiative to manage situations if there is a delay in us coming out". Where risks to people were high, such as risk of fire, we saw that strategies had been put in place to reduce those risks, which included consultation with family members. One relative told us, "They always include us in any planning, or if they are worried about [name of person]".

We noted that on each care record there was an environmental risk assessment relating to potential hazards in people's individual flats. We saw that accidents and incidents were logged, and actions taken were documented within these to ensure risks were minimised where possible. Risk assessments were reviewed and amended to reflect changes.

We saw that there were sufficient numbers of staff on duty. The deputy head of care explained that there had been some issues with staffing in the past few months due to sickness, however, this had improved. The deputy head of care explained that the staffing levels were calculated according to the size of the care packages provided, for example, if a person's care package needed to be increased, they would amend staffing levels to meet that need. We saw an example of this where the service had contacted a funding authority to increase a package of care, but whilst waiting for a response had already increased staffing. A care worker told us "Staffing levels are good, I can always find another member of staff if needed". During the weekend period there was always a supernumerary person on shift who could offer support where needed, and the service intended to extend this to include seven day cover. The service is linked closely with Jubilee House Residential home, which is also part of the Seckford Foundation and is next door to the

building. Staff could contact them for support, for example, in an emergency situation.

All staff carry handsets with them so they can contact each other quickly if help is needed. The building is large, and therefore this method ensures effective communication and faster allocation of resources when needed. The deputy head of care told us that the service prides itself on keeping to set visit times for people. In the event of an emergency people's visits could be delayed, but staff always informed people if this was the case. One person told us, "They [staff] always come on time, I also have a pendant alarm I press between visits if I need help and they come". Another said, "If someone is unwell the carers can be delayed, but they [staff] always tell us, and that might be me one day so it's ok".

The service operated safe recruitment practices to ensure the suitability of new staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Barring Service [which provides information about people's criminal records] had been undertaken before they started work. Staff files we reviewed confirmed this. We also noted that the recruitment process included value based questions around choice, dignity and respect. The questions were selected to ensure they recruited staff who would promote these values.

We saw that people had Personal Emergency Evacuation Plans (PEEP) recorded within their care records. These showed the support people required to evacuate the building in an emergency situation. There was a weekly fire drill, and people living in the service knew what the procedure was in the event that the alarm was sounded. One person said, "Yes, we all know what to do, it's usually someone burning toast, but the alarms are very sensitive they go off regularly". We saw fire exits were clearly marked and in each flat there was a sign on the door reminding people what action to take in the event that the alarm was sounded.

The service had a full time maintenance person on site who kept records relating to the servicing of equipment such as lifts, bathing equipment, water temperatures and emergency lighting. This meant that risks to people coming to harm had been reduced as effective systems were in place to ensure equipment was well maintained and safe.

We looked at the systems in place for managing medicines and found there were appropriate arrangements for the safe handling of medicines. People told us they were happy with how staff supported them to manage their medicines, one person said, "They come regularly and give me my medication", another said, "They are all locked in that cabinet, and the staff come in and help me as I can't do them, I'd get muddled". People's care records listed medicines they were prescribed, and also detailed what the purpose of the medication was, for example, specific medical conditions, such as high blood pressure or angina. This ensured that the person knew what medicines they were taking and what it was for.
In each flat there was a locked cupboard where medicines were stored. Some people were able to independently manage these, but where people required help staff supported them. All staff who administered medications were trained to do so.

We checked the storage of controlled drugs and found that these were kept securely, and stock checks were correct.

We noted that the service had reported several medication errors in the past 12 months. The service had a matrix system in place to identify themes, and also provide guidance as to any additional steps that may be required, such as assessing the competency of staff, future training, or in some cases disciplinary action. This ensured that medication errors were minimised by supporting staff to be confident when handling medication. The management team also carried out spot checks on medication administration charts and monthly stock checks.

The service had annual reviews of their medicines procedures carried out by a local pharmacist. This ensured the service was aware of best practice in relation to managing medicines.

Good

Is the service effective?

Our findings

People told us they felt well cared for by staff who were trained to do their job. One person told us "The carers here are very good, they know what they are doing", a relative said, "No faults whatsoever, they are all wonderful, I only have positive things to say".

People told us they had confidence in the staff who cared for them. We saw that staff had completed mandatory training, and training in nationally recognised qualifications. One care worker told us, "I have been very lucky here, I've been encouraged to complete my vocational qualifications and other training I've had an interest in has been arranged". Staff attended training which reflected the needs of the people they cared for, such as diabetes and nutrition. We also noted that two staff were currently undertaking dementia care coaching training, which once completed will enable the care workers to become dementia coaches. This training provided staff with an increased knowledge of how best to care for people living with dementia, and would enable them to share this learning across the team. One of the care workers who undertook the training was awarded a prize for the second highest number of coaching sessions logged across the whole of the Norfolk and Suffolk region for their group, demonstrating a highly motivated approach to their learning. Both care workers spoke of how they would use this to improve care for people in the future, for example, monthly training sessions for the team.

We spoke to a care worker who told us that they were the "dignity champion" in the service. [A champion is a person with increased knowledge in a specific area]. The care worker was passionate about providing dignified care, and told us that at the end of the daily staff handover, they would spend time 'brainstorming' and discussing elements of dignity in care. This ensured that the principles of dignity were discussed regularly with all levels of staff.

There was an induction plan for new members of staff coming to work in the service. A new member of staff told us, "I've had a good induction where I shadowed experienced staff then they shadowed me to make sure I was ready". Another told us, "I was shadowed a lot before I was signed off as competent". This demonstrated that the service ensured staff were appropriately trained and competent in their role prior to caring for people in the service.

The registered manager informed us that formal supervision sessions and appraisals had not been carried out as regularly as they would like, due to staff sickness. We spoke with staff who told us they had received supervision on a regular basis, and others told us that even though their supervision sessions had been delayed, they felt supported and valued by the management team, who regularly spoke with them on an informal basis. One care worker told us, "I love my job it's fantastic, I feel very valued". We saw that on several staff files, the registered manager and deputy head of care had written letters to individual members of staff to praise them for their work. If a staff member had gone 'above or beyond' in their role, this was also acknowledged. This approach ensured that staff felt valued for their contribution.

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. 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 were being met.

We spoke with staff who had received MCA training, and who were able to demonstrate that they understood the principles of the MCA. Staff were able to tell us what depriving people of their liberty meant in practice, and how they gain consent and permission from people before providing their care; we observed this during the inspection, for example, when assisting people to mobilise, or when a choice had to be made. One person told us, "When I moved in I was told that this is my home and that they [staff] wouldn't interfere unless I wanted them too". Another said, "They ask me if I need help, they don't just do it".

We saw that two mental capacity assessments had been completed for people who could potentially come to harm if they left the building unaccompanied. Appropriate discussion had taken place around the least restrictive options available to that person, and included contributions from relevant people, such as family members and professional staff. We saw that the options considered had restricted the person's freedom as little as possible, but was provided in a way which ensured their safety and wellbeing. This demonstrated that the service understood the principles of the MCA. We saw that during a recent team meeting MCA was discussed which demonstrated that the topic was current and staff had the opportunity to ask questions. The deputy head of care told us that they refer to current best practice guidelines for MCA, and regularly discussed these with staff to ensure understanding of what people's level of capacity meant in practice. The deputy head of care told us that they had delivered MCA training and information sessions and printed off pocket guides which were distributed to staff to enhance their knowledge. Policy guidance on MCA and Deprivation of Liberty Safeguards were also available to staff in the office.

The support people needed with their meals varied. Where people required support, the service ensured that people received a healthy and balanced diet. Some people using the service were able to cook meals independently; others required a meal delivery service. People told us that they enjoyed the meals that were provided by the local 'meals on wheels' service. One person said, "Lovely meals, enough food for me". We saw that where people were nutritionally compromised this was recorded on their care records, and associated risk assessments. Staff provided food supplements to people, and we saw that people were referred to the dietician when necessary and in a timely manner.

People were supported to maintain good health and were referred to appropriate health professionals as required. A health professional told us, "The service calls us if they need us to see someone, they always follow our instruction, and the staff there are really 'on the ball'. We have developed a good working relationship". We saw that there were bi-monthly meetings with the district nursing team, which provided an opportunity to discuss any concerns, and respond promptly to treatment when people's health needs changed.

Outstanding ☆

Is the service caring?

Our findings

People and relatives were extremely complimentary about the care they received. One person told us, "I think the carers here are genuine, they never gossip about other people, they really care". A relative said, "The carers are phenomenal, I can leave [names of relatives] and not have any worries, it's like leaving them with family".

The people we spoke with felt they really mattered to the staff caring for them. When we spoke to staff we found they were highly committed and motivated to improve care for people using the service. One care worker told us, "I put myself in their shoes, and imagine how I would feel in their situation". We saw that people were relaxed in the presence of staff, and warm interactions were observed, such as appropriate use of touch and reassurance. We saw that people weren't hurried, and staff took time to explore how people were feeling when speaking with them. Positive and trusting relationships had been built up between staff and people living in the service. Some staff had worked there for many years, and knew people well. One person said, "They know my likes and dislikes, I think it's amazing how they [staff] are all so nice". We observed staff handing over information to their colleagues about people using the service, and we noted that the language they used was always dignified, respectful and caring. The deputy head of care told us that the management team continually strives to develop the approach of their staff team, for example, staff are encouraged to be attentive to the language they use both in written reports and verbally to ensure a compassionate and respectful approach is maintained.

The Suffolk Adult Safeguarding Board 'Going the Extra Mile' (GEM) awards aim to provide opportunity for providers committed to improving the dignity and experience of those receiving care, to have their work recognised, celebrated and rewarded. The GEM scheme showcases the creativity, innovation and dedication that make a real difference to the daily lives of people receiving care and support when providers are going the extra mile.

This year the service's approach and focus was shortlisted for awards in two categories; "My Life, My independence", "My Life, My home" and won the award for "My Life, My Communication, which acknowledged the service's commitment to supporting people to express their needs meaningfully. The registered manager said, "We believe that good communication is the key to ensuring the welfare of all tenants, which is at the heart of all we do". The service ensured that people had tailored and inclusive methods of communication. For example, they introduced and people attended lip reading sessions and hearing aid clinics. These aimed to enhance people's ability to communicate more effectively. The service had also sourced equipment such as visual door bells, large digit telephones, audio books and audio newspapers for people. We saw this gave people opportunities to remain independent and protect their privacy in leading their lives.

Other examples included art and photography clubs set up as means of expression as well as providing opportunities for people to interact and communicate with each other. Internet support sessions were provided for those who were learning how to use IPads, and other computerised means of communication. Some people were supported to skype family members who lived further away.

People told us they felt able to express their views. One person told us, "I always attend the tenant's meetings, I certainly feel listened to", another person said, "I'm in bed most of the time, but the staff help me get into my wheelchair so I can attend the tenant's meetings regularly". Tenant's meetings were bi-monthly and provided a forum for people to comment on all aspects of their care, and in addition to this, contribute to what is provided in terms of the activity schedule on site.

A high standard of end of life care was provided in the service. The registered manager and the deputy head of care had completed the Gold Standards Framework (GSF) training for end of life care. The GSF aims to reduce crises and hospitalisation, enabling people to die well in the place and manner of their choosing. Several staff members had also undertaken the training, and two others had recently completed end of life training from a hospice.

The registered manager told us they had close links with the district nursing team and had also worked with the Macmillan team for some people using the service. They told us how they have conversations with people about their choices and wishes before they are near to the end of life, and work closely with the individual and their family. Staff made themselves available to support the family too, amending visits times to accommodate this. One relative told us, "The care for [name of person] was wonderful. The carers were fantastic and got [name of person] talking. [Person] wasn't really one to talk much, but I could hear them all chatting away, it was lovely". We also saw a thank you card from a relative, acknowledging the excellent care and attention the team provided to their relative during their final days.

The service reviewed each situation with the team regularly and created palliative care plans, welcoming and encouraging family involvement and working closely with the multi-disciplinary team to ensure symptoms were well managed. We saw this included spiritual wellbeing, with visits from religious representatives if requested.

Staff volunteered to carry out personal care after someone had passed away, and they took pride in setting up the person's favourite music, flowers, adjusting the lighting and individual touches that could be comforting to the family. There was also the option for the family to hold the funeral in the on-site chapel which provided an intimate and relaxed setting.

Information about advocacy was available in the service to enable people to have a stronger voice and support them to have as much control as possible over their lives. This was also reflected in care plans, detailing preferences such as what to wear, what time to get up, and when to eat. One person said, "I choose what to wear, this is a very important thing for a woman".

People's independence and privacy was promoted and respected. People told us that they felt that staff respected their choices about their care. One person told us, "I'm encouraged to do my own thing, they only help me if I ask, I like to stay independent as long as I can". Another said, "I can stay in my flat and be alone when I want, but I know there's help out there if I need it". Staff were mindful that they worked in people's own homes and although there was a busy community spirit, people's private space was respected and sometimes protected by staff. For example on gaining entry staff held back and called out to the person before walking into their flat. This ensured that people's privacy was respected. On another occasion we saw a staff member enter a flat and wait by the door as personal care was being carried out and they wanted to ensure the inspection team didn't walk in unaware. This demonstrated that staff protected people from having their privacy intruded upon.

The dignity champion [a designated member of staff who promoted and advocated dignity best practice amongst the staff team] told us how important it was that people's dignity was respected, and how they

aimed to keep improving how they care for people in a dignified manner. They explained how they had given each person using the service a 'leaf' to write on with what they thought dignity meant. Staff planned to create a tree from the leaves, to be displayed at the entrance of the building. This again demonstrated the importance the service places on providing and promoting dignified care to people.

Friends and relatives told us they could visit at any time and there were no restrictions. People have a buzzer entry system within their flats to release the main doors. One relative said, "I'm very comfortable with the care [name of person] gets here, I can visit when I please, we were here for 12 hours the other day, but that's our choice".

People's spiritual needs were also considered and accommodated. There was a chapel located on site which people could use at any time. The local church visited people weekly. Morning prayer and Holy Communion was held for those wishing to attend. People's different faiths were acknowledged and the service made provision for these. An example of this was a tenant who had their Sunday care visits amended at their request so they could attend the service of their particular faith.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People told us they were involved in their care planning and relatives also contributed. One person told us, "I'm delighted to be here, it's a five star service all the way". A relative said, "[Name of relative] needs have changed, and they just adjusted the visits, no problem. I just email the manager with my two penn'orth, and I always get a prompt response".

We saw that care plans were current, personalised and contained details of people's physical, social, mental and emotional needs. Personal preferences were well reflected, such as what paper they liked to read, how they liked their personal care carried out, whether they preferred a male or female carer, and particular approaches to use to communicate effectively. These details demonstrated that the staff knew people well and had taken time to develop care plans which were centred around the individual.

The service provides personal care to people and visits schedules were visible in each person's care record we reviewed. This showed times that the care workers would visit and for what purpose. In addition to the visits, some people using the service wore pendant alarms so they could call for help between visits if needed. One person said, "They come to see me at set times, but often I have to press my alarm and they come immediately". The deputy head of care also explained that if a person has an appointment then visit times are changed to accommodate this. One person said, "They adjust my care visits if I need them to, I don't always stick to the allocated times". This demonstrated that the service was responsive to people's needs outside of their scheduled visit times.

We observed a staff handover meeting which included staff coming on duty. These meetings take place three times a day, to ensure staff were aware of any new or relevant information. We saw staff speaking in a caring and respectful manner about people and how they had been that day. All aspects of a person's care were discussed, for example, professional visits, pain levels, medication reviews, monitoring of diets, and reviews of current risk assessments concerned with weight and skin integrity. One person told us, "I mentioned to the carers one day that I had [name of condition] and they quickly got in touch with the doctors and on the same day I had anti-biotics brought to me, I still don't know how they did it". We also noted that times of visits were discussed, for example, one person had been up in the night and not slept well, and staff discussed if it would be better to provide the morning visit a little later, allowing the person to lie in. This demonstrated a caring and responsive approach to people's needs.

The service protected people from the risks of social isolation and recognised the importance of social contact and companionship. We saw that people were supported to follow their interests and maintain links within their community. This included accessing facilities and local amenities. For example, there is a 'shopping morning' where staff will take people into town using the services transport.

We spoke to the activity co-ordinator who worked in the service and they told us that all activities were arranged after feedback from people. There were regular events taking place within the service, such as art classes, chair based exercises, film afternoons, coffee mornings, knitting groups and church services, details of which were displayed on various noticeboards. We saw that people were involved in activities during the

day and were seen to be praised for their achievements. The deputy head of care told us that activity was very important to people's mental well-being, and that they are always looking to improve what was offered to people.

The management team used innovative and personalised methods to support people to socialise, for example, a person using the service had been given a responsible role which has provided them with purpose and meaning. There is also a shop on site which makes for a social meeting place and the registered manager explained how many people will stop by for a chat. This demonstrated that the management took a holistic approach to meeting all aspects of a person's needs.

People told us that they knew how to complain and would feel confident to do so. One person told us, "I know how to complain if I needed to, but I don't need to", another said, "Oh yes, id speak to [name of manager] and they would help me out". We saw that the service had a complaints log, and that letters had been sent out to people acknowledging receipt of their complaint, and detailing how they would respond. We saw that where people had commented on how certain things could be improved, management had responded with a solution, for example, there was an issue around the inconsistent standard of ironing by staff, which as a result is now done by the housekeeping team. The registered manager increased the staffing allocation of housekeepers so they are now able to carry out these additional tasks. There were also three complaints this year relating to car parking. The service resolved this issue by introducing cones so that people could use these to reserve their place as some people were concerned about going out and not having a place on their return. This demonstrated that the service acted on people's feedback and concerns.

The deputy head of care told us how they audited complaints, and that they always aimed to respond to any complaints within two working days. People received a handbook when they came into the service, and we saw that this contained information on how to complain, along with a complaints form. The complaints policy was also made available to all people using the service.

An annual survey was sent out to tenants and their relatives asking a range of questions relating to the care they received. We saw that feedback on surveys that were sent out to people last year had been returned, showing positive responses in how they felt care was delivered.

The 'Seckford Bulletin' is circulated four times a year to people using the service. This provided information to people about upcoming events, staff news and a section on 'your views'. This section reports on people's views of the service and what changes may be ahead in light of comments received. This ensured that people were kept up to date with any new initiatives and feedback from comments submitted.

Outstanding ☆

Is the service well-led?

Our findings

People's feedback about how the service was managed was extremely complimentary. One person said, "We have a very approachable manager, I can always speak to them". A relative told us, "The manager always responds quickly if I have a question, very good indeed".

There was a positive, inclusive and open culture, which centred on improving the service it provided for people. The management team had developed and embedded a positive culture and had a clear vision and set of values which ensured that people were at the heart of the service. Staff were valued by the management team, who told us how they only employ staff whose own values match that of the 'seckford standards', these being involvement, compassion, dignity and respect. Staff we spoke to reflected these values in their practice, and were committed to providing high quality care. The registered manager told us that they inform candidates at interview that they 'set the bar high', and expect staff to reach this standard. This approach ensured that prospective staff knew what was expected and matched the values and culture of the service.

In addition to providing personal care, the management team took a holistic approach towards people's diverse needs. They took into account the physical, spiritual and social aspects of a person's life, by providing opportunities for people to enhance their physical ability through exercise and addressing people's health needs promptly. They facilitated opportunities for people to engage in activities and events associated with their chosen faiths, and supported people to maintain links with the local community. They worked in partnership with people to facilitate activities and events which enhanced people's quality of life and gave them purpose. For example, we were told how the management team had facilitated an event for a person to receive recognition for the part they had played in an event of great significance. Dignitaries attended the event, bringing further status to the proceedings.

The management team consulted with people about their care and about the service. People and staff were empowered to voice their opinions, and the management team always responded to comments put forward. The registered manager told us they have an open door policy and people came with their individual matters directly as well informal conversations that took place ad hoc.
In addition to the surveys, reviews, meetings and formal ways of gathering feedback, the service was attentive to involving people in giving feedback, for example, when the service was shortlisted for the GEM awards they invited people to write comments to support the judging process, circulating information via notes, letters, and emails, including families where appropriate. The registered manager told us that all staff were attentive to listening, but also sensitive to ensuring they were grasping the true sense of what the person was expressing, exploring deeper if they felt that the verbal and non-verbal communication conflicted. Where people were not able to verbally communicate as well as others, voting papers had been used, in addition to a 'show of hands' during meetings, to ensure all people's views were taken into account. Observation methods were also used to judge people's reactions at events and activities, and always followed up on comments made by staff or people.

The management team had highly effective oversight of what was happening in the service, and when asked

questions were able to respond immediately, demonstrating an in-depth knowledge in all areas. The service was held in high regard by people in the local area, and professionals we spoke with talked about its professionalism and caring approach.

The deputy head of care told us that they continually reviewed their processes in order to improve what they provide for people, for example, the service had worked to gain several volunteers leading art and photography groups, a series of drama-therapy sessions, performers and musicians, and exercise classes, including those led by a physiotherapist. The registered manager told us how important it had been to the staff team and people using the service to have had their work recognised and celebrated through winning awards and sharing how their approach was working and developing. They discussed their plans to do this more to support ongoing learning through sharing and developing best practice and initiatives.

The management team worked closely with staff to enhance learning and drive continual improvement within the team. Staff were given opportunities to undertake training they had a specific interest in, and take lead roles in areas such as dementia and dignity in care. This resulted in improvements in the way people were cared for because staff were equipped with the necessary skills to do so. Both the staff and management team were committed to providing care which exceeded people's needs. Staff told us they were happy in their work, and felt involved and committed to their roles. One care worker told us, "The managers are the most approachable people I have ever worked with", another said, "I feel totally valued by the management team, I'm very lucky". The service operated a 'no blame' reporting system, where incidents and near misses were investigated, and learning opportunities identified in order to implement corrective action. We saw staff self-reported, demonstrating a confidence and understanding of the importance of this process. Staff told us they were confident to question their colleagues practice if this fell below standard. One care worker told us, "I would not hesitate in raising an issue about a colleague; I know I'd be supported with the process".

The service has long established links with three local schools (primary and secondary) with students attending events and invitations such as harvest, remembrance, music concerts, and activity projects. The deputy head of care told us how they visited a school to speak to students about careers in the caring field. When a primary school was studying World War Two, they agreed for students to visit the service and ask the tenants questions about this. The management placed importance on people's experiences, views and opinions. They were positive in promoting communication between different generations and that this also gave people more opportunities to be socially stimulated and engaged with the world around them.
The service also worked with other organisations to support people they cared for. For example afternoon teas were also arranged with the Royal British Legion, who advised about the ways they can support former service personnel. They also attended the remembrance service and were available to visit individual people when requested.

The deputy head of care spoke positively of how they were fully supported by the governors of the foundation. The governors were kept informed of all developments and the running of the service through the planned meetings of the care committee. They also received updates on any complaints as well as the annual survey results. This ensured that the governors had effective oversight of what was happening in the service and ensured accessibility and transparency. The management team told us that in order to sustain a supportive and positive culture there had been changes in the way the governor's fulfil their roles. For example, they are now more thorough in what they require from the management team, requesting operational reports, updates on health and safety, and annual risk register updates. The governors encouraged comprehensive reporting and a high level of communication, demonstrating that they are a positive role model. 'Care committee' meetings were also held, which discussed reports submitted by the management team, which were then debated at the meetings, showing governor level interest and a 'critical

friend' approach to the management of the Almshouses. There was a compliance and audit committee specifically created to ensure that attention was paid with regard to compliance. The registered manager told us that governor visits to the service provided an opportunity for people to meet and discuss matters with them and also focused on specific areas of service delivery. The governors sent positive messages to the team when appropriate, and the management team told us that they had received letters of thanks which re-enforced positive messages. The governors also hosted a long service awards reception for staff who had been employed for ten years. This demonstrated that the governors had developed and sustained a positive culture within the service.

The managerial team knew about, referred to and used best practice to ensure that care was being delivered to reflect the most effective and up to date guidance. For example, training in topics such as the Mental Capacity Act 2005 had been developed to reinforce the use of best practice guidelines, which had resulted in staff having the knowledge to provide care which fully reflected the principles of the MCA, and enabled people to make decisions which affected their daily lives and as a result protected people's freedom. The management team also showed how they had worked with Skills for Care, Suffolk Dementia Forum, Suffolk Dignity Forum, Norfolk and Suffolk Dementia Alliance to help develop their approach. The registered manager subscribed to the Royal College of Nursing for management and care of older people. They also told us they had given talks about the service to the Women's Institute, Rotary club and Suffolk Family Carers, and often signposted people to different organisations such as Age UK, to support their needs.

The service worked in partnership with various organisations, including the local authority, clinical commissioning groups, specialist and district nurses, and mental health services, to ensure they were following correct practice and providing a high quality service. They attended local conferences and training sessions and were a member of the Suffolk Association of Independent Care Providers, which provided a support network and opportunity to share knowledge.

There were robust quality assurance systems in place. The registered manager undertook regular audits to ensure quality and safety. These included audits of care records, medication, complaints, safeguarding, emergency planning, accident reporting and Infection control. Where audits identified problems, records showed these were dealt with in a timely manner. Information gathered from auditing processes were used to drive continual improvement in the service, for example, care plan audits had resulted in changes to the way the service allocated key workers, and took into account the time needed to complete care reviews. Medication audits had been developed to include investigations and changes in practice to ensure compliance and best outcomes were achieved, and accident and incident reporting had led to improving the way signage was used around the building to ensure people could access all areas safely.

The management team demonstrated a passion for providing a high quality service, which continually developed in order to meet people's needs in a holistic manner.