

John Stanley's Care Agency Limited

John Stanley Thurrock

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

John Stanley, Thurrock is a domiciliary care agency. The service provides a range of services, including personal care, medication support and meal preparation to both younger and older adults' enabling them to remain as independent as possible whilst living in their own home.

Not everyone using the service received a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; this is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, 280 people using the service received the regulated activity of personal care.

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

The service continued to place the care needs of people at the centre of its values. People, relatives and professionals consistently described staff and the service as exceptionally compassionate and kind. Staff were encouraged to provide holistic care. They worked closely with people to put together a care plan that was person centred and achieved their desired outcomes. Staff knew people exceptionally well and expressed commitment to ensuring people received high-quality care. People were encouraged to maintain, and where possible, enhance their independence. We heard excellent examples of how staff had gone out of their way to provide care that enriched the lives of people using the service. Everyone we spoke with told us they would happily recommend the service to others.

People had confidence in the staff and felt safe in their care. Staff were well supported by the provider and had the skills and knowledge to meet people's needs. 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.

Medicines were managed safely. There was an open and transparent culture in relation to accidents and incidents and they were used as opportunities to learn and lessen risks.

The service was proactive in its response to concerns or complaints and people and relatives were given the opportunity to feedback their experiences.

The service was well led, and staff felt valued and well supported by the registered manager and the provider. There was an open and transparent culture which empowered people and staff to voice their opinions and focused on continuous improvement. Without exception, people and relatives told us the service was well-managed.

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 Good (published 13 September 2016).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

John Stanley Thurrock

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 team consisted of four inspectors, an assistant inspector and two Experts 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.

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

We gave a short period notice of the inspection because it is a large service and we needed to make sure the registered manager and staff would be in the office to support the inspection.

Inspection activity started on 3rd October 2019 and finished on 4th October 2019. We visited the office location on 3rd October to meet with the registered manager and review care records and policies and procedures. We made telephone calls to people using the service and their relatives on 3rd and 4th October 2019 to gather feedback about the service.

What we did before the inspection

Before the inspection we looked at information we held about the service including; previous inspection reports, details about incidents the provider must notify us about, such as serious injury and safeguarding alerts. We also reviewed the information the provider sent us in the provider information return. 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.

During the inspection

We spoke with 23 people using the service and 20 relatives to ask about their experience of the care provided. We spoke with nine members of staff including the registered manager, care workers and medication officers.

To gather information, we looked at a variety of records, including care records relating to 17 people using the service and six staff files. To ensure the provider and registered manager had oversight of the service we also looked at other information relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted four professionals who worked with the service.

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 requires improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Since the last inspection improvements had been made to the deployment of staff. People told us there were enough staff available to meet their needs and care was provided by a consistent staff team. One member of staff said, "There is enough staff and we have enough time with people. If we ring in and we need extra time, they always tell us to stay and they will sort out our next call."
- Comments from people included, "They are very reliable, and I have never had any cause to worry that no one is going to turn up. When they are here, they take their time and are very patient with me." And, "Because I have a small number of regular carers, at the end of each visit they will usually be able to tell me who is coming next time." And, "Staff are very good at telling me who will be coming next and in the past when there have been new staff starting, they have always come along with one of my regular girls so I can see what they are like and they have the opportunity to watch the routine before they are here on their own looking after me."
- Appropriate recruitment checks had taken place. This included disclosure and barring service checks (DBS). This helps employers make safe recruitment choices.
- There had been no missed calls since our last inspection.

Systems and processes to safeguard people from the risk of abuse

- Since the last inspection, improvements had been made to the process used to notify the CQC of concerns relating to the safety of people using the service. The registered manager was knowledgeable about the local safeguarding procedures, undertaking investigations and working closely with the local authority and CQC for the protection of people in their care.
- Staff had received training and understood their responsibilities to safeguard people and were aware of the provider's procedures.
- Staff had information about how to recognise and report any concerns they had about people's safety. One member of staff said, "I know the signs like someone's behaviour changes, not wanting to eat, not wanting to be touched. You know when they are not well, and I would then contact the office and seek advice."

Assessing risk, safety monitoring and management

- Assessments had been completed to support people and to minimise risk.
- Care plans included measures for staff to minimise risks to people. For example, one person had a wheelchair risk assessment which detailed the measures needed for the person to use this safely. Another person had a specialist diet and was at risk of choking and aspiration. Appropriate guidance for staff was recorded in the person's care plan.

- Environmental risk assessments were completed, and action taken when risks were identified.
- People had confidence in staff and felt safe with them. Comments included, "They stay as long as they should, sometimes longer. The main thing is we feel safe with [relative] in their care." And, "I am very grateful to the out of hours girls that visit me during the night. They make me feel safe."

Using medicines safely

- Medicine administration records (MARs) recorded when staff had supported people to take their medicines. There were regular audits carried out of MARs and, where any errors had been identified, action was taken to help ensure the issues did not reoccur.
- The provider had appointed two medicine officers whose role was to ensure people received their medicines safely. They demonstrated a very good knowledge of the medicines people were prescribed including, people who were taking medicines that had additional risks associated with their use.
- Additional workshops were held for staff to help them gain a good understanding of the provider's systems and processes and increase their knowledge in relation to medicines they were administering. A member of staff told us, "I check the time and make sure there is a four-hour gap between the person's medicines. If, say, they are not due for another hour, I call the office and tell them, I will go back later."
- Feedback from people included, "They do help me with my tablets, they come already prepared from the pharmacy. Once I have taken them it all gets written up in my notes." And, "My carer will always ask me if I've taken them while she is here with me and then if I say yes, which I always do, she just notes it in the records that I've told her that I've taken them."

Preventing and controlling infection

- Staff completed training in infection control and understood their responsibilities to prevent the spread of infection whilst working between people's homes.
- Staff had access to personal protective equipment (PPE) such as aprons and gloves. Comments from people included, "I don't think I've ever once had to remind the carers about washing their hands, using their gloves or indeed using their aprons which they always put on when giving me a shower." And, "They've always got on nice clean uniforms, they always wash their hands as soon as they come through the door and they use their gloves and aprons when needed and again always wash their hands last thing before they leave."

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Systems were in place to investigate incidents and accidents.
- The registered manager was proactive and open to learning lessons when things went wrong. We saw examples of when lessons had been learned for example for any medicine errors, medical advice was sought, and guidelines reviewed to reduce the risk an error reoccurring. Learning was shared with staff at team meetings.

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

- People's care and support needs were assessed prior to them using the service to make sure they could be met.
- Effective systems were in place to assess and continually review people's individual needs and preferences. This information was used to develop each person's care plan and ensure it reflected their current care and support needs.
- The registered manager used good practice guidance in relation to equality and diversity. Care plans included information about people's social and cultural needs. Staff knew about people's individual characteristics.
- However, we noted care planning documentation did not record all protected characteristics under the Equality Act 2010. We discussed this with the registered manager who told us they would be reviewing care plan documentation to ensure they recorded all protected characteristics.

Staff support: induction, training, skills and experience

- New staff received an induction. They were also required to complete the Care Certificate. The care certificate is a nationally recognised course in induction for care workers.
- People received care and support from staff who knew them well and understood how to support them. Staff received on-going training, observations of practice, supervision and appraisals to ensure the individual care and support needs of people were effectively met. The registered manager said, "We have ongoing training, induction training, e-learning training. If any staff need extra help we support them."
- Staff felt supported in their role and received the training they needed to meet people's individual care needs. Feedback included, "We get a lot of training and come in the office for moving and handling. We recently had catheter care training."
- People told us they felt staff were well trained. One person said, "Well there's never been anything I have asked them to help me with that they have struggled with, so I can only presume that their training has certainly covered all the basics." Feedback from relatives was also positive, one relative told us, "They certainly cope very well with things like the hoist and wheelchair."

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

- Where required, people were supported with their nutritional needs.
- Feedback from people and relatives was extremely positive. Comments included, "The carer makes all my meals for me. They never mind what they make, and my appetite is not brilliant these days. Sometimes they try to tempt with an egg on toast for breakfast. To be honest they are always very encouraging because they know I am not the world's greatest eater." And, "I can honestly say they are asked what they want, and staff

prepare it for them. [Name] is regularly prompted to drink more and if they don't they call us. They encourage [name] to eat healthily too."

- Staff recognised the importance of supporting people with their meals, including those with specific dietary needs. One person told us, "I think they have a very good knowledge of most general conditions and certainly with my diabetes they know it is important that I eat at regular times and take my medication regularly."
- A staff member told us, "One person I go to likes egg and bacon, steak and chips and steak and kidney pie. But they only like to have six chips. They are very specific, half a banana and cream and a spoonful of pickled cabbage."

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

- The service worked in partnership with other healthcare professionals, for example, GPs, district nurses and social workers to achieve good outcomes for people.
- The registered manager had forged strong working relationships with health and social care professionals to ensure people received effective care and support. The registered manager told us, "We have a brilliant relationship with the occupational therapists. If we go out with the occupational therapists, they take advice from us, as we are going into people all the time and they confer with us to get the best outcome for people. At the end of the day we are there for the same reason, that people are looked after to the best of our abilities."
- Where required, care call visits were flexible to enable people to attend health care appointments. If needed, staff accompanied people to appointments. One relative told us, "I was going to take [name] to GP appointment but I couldn't on the morning. I spoke with [registered manager] and straightaway a carer took them That's not the first time that has happened and then we get feedback what the doctor has said."
- Relatives informed us they were always kept updated on their family member's health. Comments included, "We get a lot of feedback for example if [name] is confused. They are persistent in letting people know." And, "They have my telephone number and they will always call me if they are at all concerned about [person's] health or well-being, even if it's just a minor little thing." And, "I have been very impressed with the way staff will get in touch with me if they are even slightly concerned about her health or her wellbeing at all. They are also very good at offering to get in touch with the district nurse or GP if I need them to."

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.

- People's capacity was assessed and recorded.
- Staff consulted people about their care and supported them to make day to day decisions.
- Staff had received MCA training and understood the principles of the MCA. They were able to give

examples of when this was used and of their responsibility to report if they had any concerns that a person may be lacking capacity. Staff feedback included, "We give people the choice to do things at their own pace and time. For some people they would like to have a cup of coffee first before they get washed and dressed. You have to obtain their trust, so they are comfortable with you, so they are able to make choices about their day to day routine."

- The registered manager had a good understanding of the principles of the MCA. This included consulting relevant others in people's best interests.

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 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

- People were exceptionally well supported and cared for. Staff spoke very passionately about their roles and were proud of the service they provided. They clearly cared for people deeply and were committed to empowering people and providing the best quality care possible.
- Staff were highly motivated and committed to making sure people's lives were enriched by going the 'extra mile' to promote people's well-being, celebrate special occasions and make people feel special. For example, staff supported one person to celebrate their 100th birthday at a local club. Another staff member took a person to the dementia choir in their own time.
- The registered manager told us staff spent a couple of hours each week socialising with people and or supporting them to attend activities in the community. They said, "Staff enjoy this aspect [of their job]. It improves people's and their family's lives. Just a couple of hours a week to socialise makes such a difference to people."
- We saw examples of how staff were exceptionally proactive and had gone the 'extra mile' for people through accounts recorded in a 'recognition folder'. For example, one staff member had taken a person's pet home with them to look after it while the person was in hospital. Another staff member had adjusted a person's trousers so that they fitted properly following weight loss and staff had supported another person to book and attend their dream holiday destination.
- During our visit we saw staff had developed caring and compassionate relationships with people and their relatives. Staff demonstrated a real empathy for people and we observed genuine kind and thoughtful interactions between staff and people.
- People told us they felt respected and valued the relationships they had developed with staff. We were repeatedly told staff were exceptionally compassionate and kind. Comments included, "Nothing is ever too much trouble, they take their time and make sure I have everything I need before they leave me. Sometimes they mention to me things that I haven't even thought about which I might need, like my glasses or my TV guides which would be out of reach if they hadn't thought about it themselves."
- Relatives also spoke positively about the extremely caring attitude of staff. Feedback included, "We were offered a choice of female or male carers. My husband likes the fact that we have one lovely lad who comes and sits with him while I have a few hours respite every week. They have a lot in common that they talk about and I know he looks forward to his few hours with him."
- Staff made themselves available to people and their relatives at times when they needed caring and compassionate support. For example, one relative described the exceptional care given to their relative following the death of a family member. Comments from relatives included, "They went the whole ten yards to support us I cannot fault them." And, "When [relative] came out of hospital the staff here outshone the

care from hospital. They took care of us as well."

- Staff received equality and diversity training and knew people's needs well. People received care and support from their preferred gender of care worker, were addressed by their preferred name and supported to maintain important relationships and exercise their religious and cultural beliefs.

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

- People, and their relatives, were respected and empowered as partners in their care. People's views and preferences were incorporated into person centred care plans.
- Staff and developed close relationships with people. Their understanding of people's lives helped them to communicate and develop ways of supporting people to make decisions about their care. Consequently, because of using the service, people benefited from more opportunity, choice and control in their lives.
- People were placed at the heart of the service and were given the opportunity to express their views and be involved in making decisions. This ensured people got the care and support they needed and wanted. The registered manager told us, "We do reviews, telephone reviews and spot checks to ensure people are receiving the care they are entitled to." One person told us, "[Registered manager] is always calling and comes out to see us and always asks 'are you sure there is nothing else for us to do?'"
- Professionals working with the service praised staff and the support and confidence they installed in people. Comments included, "I deal a lot with co-ordinators who will always go out of their way to help, and I always feel that the staff really have their eye on the individual." And, "[Staff] have completed joint visits with me when required and have discussed any issues raised. They have arranged extra visits for service users when needed and have altered visiting times to be able to be more flexible for the service user."
- Regular questionnaires were sent out to people and relatives to provide feedback on the quality of the service. We noted from the last questionnaire that 95% would recommend the service to others.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect in a way that truly valued them as individuals. Without exception, people told us they were treated with dignity and respect and their privacy was always upheld. One relative told us, "I usually hear the carer go into my husband's room and they always knock on his door and wait for him to call out so they know they can go in and I usually always hear them asking him how he is before they close the door and the door doesn't reopen until they've finished dressing him and ready for the day."
- Feedback from people, relatives and professionals was overwhelmingly positive about the impact the service had on their lives. People described staff and the service as, "exceptional", "amazing" and "outstanding."
- People explained how staff encouraged them to maintain and improve their independence. One person told us, "I'm very happy with the care, I've never had care before. I love the carers deeply but wish I didn't need them but, without them I wouldn't have been able to come home [from hospital]." A relative told us, "[The service] allows mum to live independently as she wants to. She doesn't want to go into a care home, without the quality of care she is getting that wouldn't be possible."
- One person explained how, how since being discharged home from hospital, staff had supported them to improve their mobility. They said, "I didn't like being hoisted but the carers were good and patient. With their support I'm now using a rotunda and walker, they are very patient it was with their support that I am not being hoisted." A professional told us, "The care that they provide is person centred, and they do go above and beyond to support individuals in their daily lives. I feel that staff actively encourage independence and are empathic and caring in their manner."
- Staff acted as advocates and allies to ensure people had access to a wide range of services.

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 needs were met through good organisation and delivery.

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

- People told us they were involved in the planning of their care. One person told us, "All the information is in the books [care plan], it's marvellous." Another said, "When I have a review meeting I am always asked my opinion of the service and whether I am happy with everything or whether I have any problems I want to discuss with them."
- Care plans were very person centred and provided information to staff on how to support people and maintain their independence.
- People were supported to attain excellent outcomes and overcome barriers to lead fulfilling lives. Staff understood the values of person-centred care and all care interventions supported people to attain their goals.
- The service had a culture which promoted people's human rights and were aware of people's cultural needs and respected these whilst in their homes, for example wearing covers over their shoes to respect the person's beliefs when they entered their home.
- The service recognised the importance of supporting people to maintain relationships and accessing the community. They went out of their way to ensure people were supported about significant events which affected their well-being. For example, a service was set up to reduce people's social isolation called 'Kathy's Club' which was immensely popular with people.
- Staff were proactive in responding to people's changing needs. Care was adapted to ensure people continued to be supported safely and effectively.
- Relatives consistently told us staff informed them of any changes or concerns they had about people. One relative said, "The most impressive thing for me was the fact that one of the managers approached me recently to say that staff had mentioned my [relative] was struggling to get through the night without completely soaking the bed. They suggested they could put in a call halfway through the night, so staff could come in and make sure they were comfortable. I can't tell you what a difference it has made to [relative] and it's all down to staff being observant and the agency being proactive in approaching us."

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's communication needs were assessed and recorded in care plans. For example, one person used Makaton [sign language] and communication cards used for people who didn't speak English or was unable

to communicate verbally.

- The registered manager told us information was available in alternative formats upon request such as braille and large print.

Improving care quality in response to complaints or concerns

- The service had a complaints process in place which recorded the nature of the complaint, and included the steps taken to resolve the complaint and the outcome.
- People and relatives were aware of the complaints process and felt confident to raise any concerns. They told us they had been provided with information on how to raise a complaint. One person said, "Whenever I have a concern there is always someone there who gives me feedback."

End of life care and support

- End of life wishes had been considered for people and plans were in place.
- A person who used the service had recently passed away. A relative told us, "When [name] was ill, they got tender loving care. Staff came to the funeral and placed yellow roses. It broke my heart. They worked exceptionally well with other agencies such as the palliative care team. On [person's] last day they held his hand whilst talking to him. One staff member shaved him, he opened his eyes and said thank you. That was the first time he had opened his eyes in a while."
- Staff received end of life training and had established good working relationships with district nurses.
- The registered manager told us how they would like to improve this aspect of the service to support people to remain at home if that was where they preferred place of care was. They told us, "If it's people's choice to spend their last days at home we want to make sure we can help them to do this. What better way can there be to leave this world than surrounded by the people you love and who love you."
- Staff were offered the opportunity to talk through their experiences following the death of a person they were caring for. A staff member said, "There is always somebody there to talk to particularly if you lose someone you are very close to."

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 the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff were very positive about the service and said, without exception, they would recommend it to others. One person said, "We most definitely would we have been very satisfied with the service we have had the carers are lovely." Another person told us, "I really look forward to my carers coming in every day because apart from my family they are the only people I see on a regular basis. I am more than happy to recommend them to other people."
- The registered manager valued her staff and role they played within the organisation. They told us, "I'm proud of all my staff. They do a fantastic job, they don't realise how good they are and what a difference they make." In turn, staff felt appreciated and emulated the values of the service in their actions.
- The registered manager led by example and was highly visible within the service. They were an excellent role model for staff, promoting a person-centred culture.
- Managers and staff were clear about their roles within the organisation and understood their responsibility in relation to quality performance, monitoring and managing risks and reporting regulatory requirements.
- Systems and processes were in place to drive improvements. Audits were robust and included internal and external auditing which ensured people received safe care and treatment and achieved good outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service had a strong collaborative approach. Annual surveys provided people using the service with the opportunity to feedback their opinions on the support they received. The information received was collated and used to drive improvements.
- Staff also had the opportunity to contribute to the development of the service and engage with the registered managers through regular staff meetings.
- The registered manager was well supported by the provider. The regional manager regularly visited the service and undertook quality monitoring audits. This ensured the provider had oversight of the service.
- Staff retention was good, and a staff loyalty system was in place. Staff achievements were recognised and celebrated. A system was in place to reward staff for best practice. One person told us, "I was asked to recommend someone, but I couldn't pick one above the others as they are all so good and have their own

qualities.

- A culture of continued learning was clearly visible. The registered manager was participating in a leadership course and met with other registered managers working for the provider to share best practice.
- To ensure people using the service were supported in the most effective way the service worked in partnership with other health and social care organisations including the local authority, Occupational Therapists and District Nurses. The feedback from professionals who worked in collaboration with the service was overwhelmingly positive.