

Greensleeves Homes Trust

Broadlands

Inspection report

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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?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

Broadlands is a residential home registered to provide accommodation and personal care for up to 52 people. At the time of this inspection there were 48 people using the service. Most of these people were older adults with needs associated with physical disability, dementia or long term conditions.

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 highly responsive to their needs, wishes and preferences. People were enabled to lead meaningful and fulfilled lives with the confidence that any changing needs would be met. The service provided a highly person-centred approach to the delivery of care. The provider and management team had embedded a strong vision and set of values within the staff team, and as a result, people received care which was kind, compassionate, and individualised.

People who used the service and care workers spoke highly of the management team. Management were visible, led by example and embodied the highest standards of care and support for people and staff. The management team placed high importance on the views and wishes of people using the service, using this to influence change and developments within the service.

People's needs were comprehensively assessed and care plans gave clear guidance on how people were to be supported. People planned their own care, with the support of staff and their relatives where appropriate, to ensure that care plans matched their individual needs, abilities and preferences, from their personal perspective. Care workers were highly motivated and committed to providing an exceptional standard of care. They showed insight and understanding in caring for people, because they understood people's individual preferences.

We saw friendly and caring interactions between care workers and people. People received care that respected their privacy and dignity and promoted their independence. Spontaneous opportunities were offered to people, which provided a relaxed approach to how people chose to spend their time.

Risks to people using the service were assessed reviewed, recorded and managed appropriately. Detailed and current risk assessments were in place for people using the service.

Care workers knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Care workers were recruited through safe recruitment practices.

The service were highly responsive to people's nutritional needs. Risks to people's nutrition were minimised because suitable, nutritious meals were available every day in accordance with people's stated preferences.

Mealtimes were a social event, where people could invite guests to join them. This meant that people were protected from becoming socially isolated and encouraged to maintain relationships with those that were important to them.

An appropriate complaints procedure was in place. The registered manager and deputy manager were seen to be accessible to people, and care workers spoke positively about the support available to them.

Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence. Any feedback was used as an opportunity to improve the service.

The provider and registered manager were meeting their regulatory responsibilities and there were systems in place to monitor and improve the quality of the service provided.

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.

People were supported to manage their medicines safely.

Is the service effective?

Good ●

The service was effective.

People received support from care workers who had received appropriate training to give them the knowledge and skills to meet people's needs.

Care workers sought people's consent before providing care and support.

People were supported to maintain good health and had access to healthcare support in a timely manner. This included a well-being clinic within the service, which aimed to identify health concerns early.

Is the service caring?

Good ●

The service was caring.

Managers and staff knew people who used the service well and had good knowledge of their needs, likes and dislikes.

People's dignity and privacy was respected and maintained.

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

Is the service responsive?

Outstanding ☆

The service was highly responsive.

People were involved in a wide range of activities and group work tailored to meet their individual needs and goals to ensure that their lives were as fulfilling as possible.

Links with the local community and fundraising events ensured people were not socially isolated.

People were involved in the reviews about their care and support. The service worked in partnership with health and social care professionals to help ensure people's needs were met.

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?

The service was extremely well led.

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

The service promoted strong values which were supported by a committed staff group.

Robust quality assurance processes ensured the safety, high quality, and effectiveness of the service. These had resulted in changes which benefitted people living in the service.

Outstanding 

Broadlands

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.

The inspection took place on 27 July 2016, was unannounced and undertaken 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.

Before our 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.

Prior to the inspection 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 nine people living at the service, four relatives, and two health professionals. We spoke with the registered manager, deputy manager, and five care and catering staff. We also observed the interactions between care workers and people.

To help us assess how people's care needs were being met we reviewed five people's care records and other information, including 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.

Is the service safe?

Our findings

People and relatives commented on the safety of the service. One person said, "Oh yes I feel safe, it's wonderful here". Another said, "I feel very safe here, the care workers do anything for you". A relative told us, "My [relative] is very well cared for, and that gives me peace of mind".

Care workers understood how to raise a concern and were confident to do so. Policies and procedures relating to safeguarding were available to care workers so they were aware of their responsibilities and what action to take if they suspected abuse was taking place. Care workers had received training in safeguarding adults and were knowledgeable in this area. They knew how to recognise abuse and knew the steps they would take to report any issues. One care worker said, "I would most definitely raise any concerns, I wouldn't wait". Another said, "I would raise concerns to the manager or head office. I wouldn't delay reporting my concerns to keep people safe".

People's individual care records described risks which could affect them in their daily lives, such as medical conditions, mobility, skin integrity and moving and handling needs. Risk assessments contained detailed guidance on how to minimise risks to people and were reviewed regularly to reflect changing needs. Where people had more complex or specific medical conditions, information had been sought from reputable sources. These provided clear guidance for care workers on how the condition might affect people, and what action to take if they became unwell. Making this information available meant that care workers could understand how people living with medical conditions might be affected, the challenges they face, and how to support them more effectively.

People lived in a safe environment. Risks to people injuring themselves or others were limited because equipment, including electrical equipment and hoists had been serviced and checked so they were fit for purpose and safe to use. Regular fire safety checks were undertaken to reduce the risks to people if there was fire, and 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 were systems in place to monitor and reduce the risks to people in relation to the water system and legionella bacteria.

People were protected by robust procedures for the recruitment of care workers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. DBS checks help employers make safer recruitment decisions and help prevent unsuitable care workers from working with people.

People's comments on staffing levels varied. One person said, ""The staff are often in a rush. If I use the buzzer, most times they [care workers] come quickly. There are certainly less staff at weekends". Another said, "Oh yes there are enough. I think so anyway. I don't think there's much difference at weekends". A care worker commented, "On the whole staffing is good, but if staff call in sick it makes it harder. The managers are very 'hands on' though, they help if needed".

We spoke to the registered manager about the comments we received. They told us that staffing levels were calculated according to the dependency levels of people, and that extra care workers had been allocated at night, and during the day to areas of higher dependency. They told us that the provider would be supportive of any decisions to increase staffing if this was felt to be necessary. Our observations were that care workers responded to people's requests for help in a timely manner, and that people were not rushed when being assisted by care workers. Care workers on duty carried pagers, which alerted them when a person needed assistance, or in the case of an emergency. This system ensured that resources were used effectively and people's safety was monitored.

There were safe medicine administration systems in place and people received their medicines when required. One person told us, "I have no worries with my medicines as they [care workers] give it to me at a regular time. I don't take much but I know what I'm taking". Medicines were securely stored in lockable cabinets in people's rooms, along with medicine administration records (MAR) which were well maintained with no gaps. Any known allergies were highlighted and a photo of the individual concerned was kept with people's MAR charts so that care workers could identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction. Controlled drugs were stored securely and stock checks were correct. The registered manager told us only care workers who had completed training were authorised to administer medicines. Senior care workers told us they had received training in medicines handling which included observation of practice to ensure their competence.

Regular medicine audits were undertaken by senior care workers to ensure safe systems and procedures were being followed, and this had identified that one member of staff would benefit from further training, which was arranged. The service had recently been visited by the local pharmacist to review their current procedures, which showed that systems were working effectively. Where advice had been given by the pharmacist, action had been taken to follow this.

Is the service effective?

Our findings

Care workers received regular training relevant to the needs of the people they were caring for, such as dementia awareness/virtual dementia training [which provided staff with a simulated experience of how people living with dementia experienced the world around them], Parkinson's disease, and other specialist training as required. This resulted in them feeling confident to identify areas of risk for people and take action. It also helped them to understand how people may feel as a result of their health needs. One care worker told us, "I am really grateful for the opportunities I have been given here, lots of training, more than I've ever had in other care homes I have worked in". Another said, "The training here is very good, and they [provider] encourage it". There was a system in place to make sure care workers received further training or updates as and when these were required. One person told us, "I've got great confidence in the care workers. I'm independent but if I needed them [care workers] they'd be there".

The care workers induction provided them with training and shadow shifts. One care worker told us how this had prepared them for the role, and that they had been offered extra time to shadow care workers before working independently. This approach ensured that care workers felt competent to do their jobs and were given protected time for this. Care workers told us they felt valued and supported in their roles, and received regular supervision sessions. These sessions focussed on providing a forum to discuss their progress, reflect on their work, and identify training needs. Service standards and values were also discussed during supervision, and the well-being of people living in the service, which reminded everyone of the importance of delivering care which centred on people. Care worker meetings were also held regularly to share information. This included discussing general updates, best practice, values of the team, and ways of working.

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 decision 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty.

DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful. People's care records made reference to their mental state and ability to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. One person told us, "I'm not restricted at all, I've just been outside". Another said, "It's very relaxed here, that's what I like".

We saw care workers asking people for their consent before supporting them with tasks, such as mobilising,

helping them to eat, or taking part in activities. A visiting healthcare professional told us, "Care workers here know people very well. They never generalise when speaking about people, and interact positively with people".

People's nutritional and hydration needs were monitored and met. All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said, "I'm limited to certain foods because of my [health condition]. They [kitchen staff] do me lovely fruit salads, especially prepared. I don't have to ask them it's just there, fresh every day. The food's excellent, we always have a choice". A relative told us, "There's a good variety of food. [Relative] is very choosy but they offer choice and it's very nutritious". Importance was placed on people keeping well hydrated. Drinks were offered to people throughout the day, and we observed soft drinks and water in communal areas, and on tables in people's rooms.

We observed the lunchtime meal. The dining room was bright and welcoming with a cheerful atmosphere. Menus were available on each table, and care workers were seen talking to people about the food on the menu. A choice of soft drinks were offered, and alcoholic beverages, which some people were seen to be enjoying. The chef took people's individual orders once they had read the menu. Care workers were available throughout the meal, and supported people to eat where needed, but in a discreet and respectful manner. Some people's relatives had joined them for lunch, and people told us that this was encouraged. There was also a reminder on the menu for people to invite guests for lunch or dinner. This helped people to maintain relationships with people who were important to them.

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 service won the award for "My Life, My Food", for a second year, and were currently shortlisted in the Suffolk Care Awards for the food and catering category. This demonstrates that the service placed importance on providing foods which meet people's needs, and which are healthy and varied.

We spoke to the chef who was knowledgeable about people's dietary needs, such as low fat diets, diabetic foods, and food which needed to be pureed. They knew about the types of foods which were not suitable for pureed diets, depending on people's needs. They also kept a log of which people ate smaller portions, who liked their food cut up, and who had food supplements. This helped to ensure people received the food most suitable for them.

People had access to health care services and received on-going health care support where required. People were supported to see a range of health and social care professionals when they needed to. Records showed that people had seen their GP, nurse, and optician on a regular basis. People had also been supported to access more specialist services, such as speech and language therapy, dieticians, and associations for the blind.

Is the service caring?

Our findings

People and relatives we spoke with told us how caring the care workers were. We observed kind and respectful interactions, where people were given time to express themselves fully. They knew people well, and people appeared relaxed in their company. Care workers were highly motivated to provide care that was kind and compassionate. One person said, "They treat me very well. I feel I really matter to them [staff]". A relative told us, "They really are very, very good. They're kind and show respect".

We observed care workers interacting with people, laughing, and talking about day to day topics. People freely approached care workers to spend time with them or ask for assistance, and were comfortable in doing so. The culture was people led, with care workers focussing on what people could do and their level of independence. For example, we saw care workers encouraging people to join in with activities, supporting them as required to achieve this. Care workers' knowledge was backed up with detailed guidance in people's care plans. These described people's likes, preferences and dislikes.

Information about advocacy was available to enable people to have a stronger voice and support them to have as much control as possible over their lives. People were supported to express their views and were involved in the care and support they were provided with. Records showed that people and, where appropriate, their relatives had been involved in their care planning. People's comments were listened to and respected. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. People were provided with opportunities to express their views in monthly 'resident' meetings. The minutes of the last meeting showed they were well attended by people. One person told us, "Yes, I attend the meetings. A resident suggested going on a river boat trip. The boat is set up for small numbers of wheelchairs and disabled people. The manager looked into it and we're going on it in September. I'm really looking forward to it". Another said, "Oh yes, I go to the meetings. The manager's there and the residents can speak up". This demonstrated that people's views were listened to and acted on.

People's right to privacy and dignity was respected by care workers. One person told us, "I'm left alone when I want to be. See, I'm sitting here in peace and quiet to read my newspaper". Another said, "They're [care workers] very caring. With personal care, I get up and they [care workers] help me to shower every day. They [care workers] cover me up quickly, I'm never uncomfortable". A care worker told us, "I am honoured to be working in their [people living in the service] home. I treat each person as a human being, I'm very mindful of their need for privacy and respect".

People were supported to be as independent as possible, and throughout the day we saw care workers supporting people to carry out daily tasks independently. One person said, "Maintaining my independence is important, and they [care workers] know about that".

The service had maintained a high standard of end of life care over a number of years. The service had achieved a Quality Hallmark Award for the high quality of care provided to people in their final years of life, and accreditation for the Gold Standard Framework (GSF). The GSF aims to reduce crises and hospitalisation, enabling people to die well in the place and manner of their choosing. All care workers were

trained in palliative care [care for the terminally ill] and were proud of the work they had achieved to ensure people's wishes and preferences were respected during their final days. The registered manager told us how they are forging links with the NHS to highlight their service provision in the residential sector, and were liaising with relevant healthcare professionals. These links will promote this area of good practice being offered within the service.

Is the service responsive?

Our findings

People told us they received care which was highly responsive to their needs. One person said, "The staff know my needs well." Another said, "They [care workers] get to know us. It all works; they're [care workers] very good".

To support the importance of good health and early detection of potential ill health, the service had set up a weekly 'well-being' clinic within the home, where care workers undertook weekly checks on people's height, weight, blood pressure, skin integrity, and check for urine infections. A community matron also attended the clinic so care workers could pass any concerns on to them and then the GP if necessary. This initiative [which had been established for over a year] was set up in response to people's comments about seeing health professionals more frequently. The clinic aims to identify any health issues early so people can receive treatment in a timely manner and prevent worsening of symptoms. It had proved successful in keeping people well, for example, reducing urine infections, and strengthened joint working with the local GP surgery and community health professionals.

People told us they were involved in developing their care plans. The service worked collaboratively with people to ensure needs and preferences were recorded. One person said, "They [care workers] know what I need, and ask me what I think about my care". Another said, "They show me the utmost respect". Care workers recognised that people needed to view themselves as equals, not recipients of care to maintain their self-esteem. Each person was treated as an individual and as a result their care was tailored to meet their exact needs. One care worker said, "It's like a family here, we all care about making people's lives and experiences better".

Care plans guided care workers in the care that people required and preferred to meet their needs, including how they communicated and mobilised. Independence was valued and promoted; often referring to the person giving instruction to the care worker as to the level of support they may need according to how they were on the day. Some care plans also included information from reputable sources which described specific medical conditions, and how these might affect people's daily lives. For example, where someone had diabetes, there was detailed information on what diabetes was, signs to look out for which may indicate risk, and what steps to take. This meant that care workers had access to information they could refer to, to support them to take action in a timely manner, and deliver care which was tailored to the individual needs of people.

For people that had complex or rare conditions, information on the condition was provided within the care plan, so the person or staff could read this to increase their knowledge. Supporting external agencies were also documented, for example, associations for the blind, should more specialist advice be required. Where people were living with dementia, regular reviews from health professionals were arranged, and care plans updated. Records provided detailed information on the best approaches for care staff to use [including communication and body language] and those which may make people feel uncomfortable [over familiarity]. Consideration of future needs were also documented. This meant that people and their families wishes were known and recorded in the event of a deterioration in health.

The service was 'Eden Alternative' accredited. The Eden Alternative is a way of providing care that puts people at the centre of decision making about the way they want to live their life. The philosophy asserts that no matter how old people are, or what challenges they live with, life is about continuing to grow. The service had learnt how to enhance well-being by addressing loneliness, helplessness and boredom. Throughout the day we saw spontaneous opportunities being offered to people to socialise, go out for a drive, go out to the shops, take part in activities, or just have one to one time chatting to care workers. This empowered people to choose how they spent their day.

People were supported to follow their personal interests or hobbies. The activities team organised and co-ordinated a weekly varied programme of activity within the service. These were created in collaboration with people, taking into account individual needs and preferences. This included music, exercise, painting, film evenings, and choir practice. One person said, "I've joined the choir which was this morning, I expect you heard us. I play dominoes and mini bowls. There's lots to do if you want it". The service had been chosen for a singing project that was funded by Comic Relief and promoted by NAPA [National Activity Providers Association]. As a result of its success, the service continued with the choir practice, and people met every two weeks to take part in it. Students from Lowestoft college also attended, which broadened the social network within the service. This created a community atmosphere where people could engage in many different activities to spend their days actively. This was part of the everyday culture of the service and resulted in the ability of staff to be spontaneous to people's requests. For example to go out for a walk, talk, or just spend time with one another.

The service had an established gardening club and 'seed to fork' programme. This involved people discussing with the gardeners, which produce they would like to grow. People plant and germinate the seeds, and actively help to maintain, nurture and harvest all of the produce. This provided a sense of achievement for people that they had grown what they were being served on the table, and also provided healthy and fresh foods to enjoy. The registered manager told us that they had learnt a lot from people's knowledge in this area, and that this helped people to retain their life skills, for example, some people had a gardening or farming background and their knowledge was utilised, which resulted in people feeling they had a continued part to play in advising and contributing to a project. This also supports the philosophy of the Eden Alternative; that people continue to positively contribute, regardless of age.

The RSPB [Royal Society for the Protection of Birds] visit the home on a monthly basis to carry out observations with people. People and staff designed a RSPB 'Bug Hotel' and Pond in the garden to attract the local wildlife. The service also benefitted from a 'Woodland Trail' where people could spot a hare, an owl and a deer, all of them made of wood. There was a 'Name the hare' competition, so people could put their ideas forward and be involved with every aspect of the trail. Flower beds had also been developed, after people asked for this, and a potting shed was also being installed. Another planned addition was a 'Sensory Trail' around the garden which had been designed in consultation with people. The trail will include a copper willow tree, water feature and scented plants. This will provide people with an outdoor space that they can enjoy, and which they have had input into creating. This resulted in people feeling a sense of ownership, and pride in the grounds surrounding their home they had helped to create.

The service had a complaints procedure for people, relatives and visitors to raise concerns. Complaints were logged and action taken to find solutions. One complaint had been received in the past twelve months. Prompt action was taken to resolve the issue raised. One relative told us, "They deal with things straight away. I saw the manager about a concern, and it was dealt with immediately". Another said, "I know this much, they [provider] listen and react".

People's views were listened to in monthly resident and relatives meetings, but we also saw that people

were being asked for their views spontaneously throughout the day when the opportunity arose. For example, people taking part in an activity were being asked if they would like to do the activity more frequently, and how they would like to develop it. On another occasion we saw a person chatting informally to the registered manager and deputy manager about how they were, and what they planned to do for the day. The deputy manager offered to take the person for a drive, which was well received. The whole staff team contributed to this approach which resulted in people being able to make decisions and choices which were meaningful to them. People were comfortable with raising their views informally with all levels of staff in the service, and these views were valued and used to make continual improvements in the service, such as the examples given with the gardening developments.

Is the service well-led?

Our findings

The whole staff team understood and shared the culture, vision and values of the service in its main objective to provide high quality care and continued positive life experiences to those who used it. The management team had developed and embedded a positive culture which ensured that people were at the heart of the service. People told us they were very happy with the quality of the service they received, because it felt like their home. People told us, "I would definitely recommend it", "They treat us all as individuals", and, "It feels like home, and the staff are our friends".

Developments and changes in service provision were made in line with people's views and wishes. These were often spontaneous in nature, taking people's views into account and acting on them. The management team were passionate and committed to the service they provided to people. The registered manager said, "Changes are made according to people's feedback. That is the most important thing to us". The service empowered people and placed them in control of shaping the service they received, for example, encouraging people to be involved in the interviewing and recruitment of staff. There was a commitment to working in partnership with people, which ensured their views were valued, such as being able to influence appointment decisions. There was no barrier to this which meant they were open to continual improvement of the care people received and had a vision for further developing what was offered to people.

There was openness and transparency within the service, resulting in a 'no blame' culture, where staff were confident to question practice, and report concerns. A relative told us, "I would thoroughly recommend it. It's a friendly place with an open door policy. [Relative's] in good hands". A health professional said, "The staff and management here are the most approachable I have ever met".

The core values of the organisation (Respect, openness, and responsibility) were embedded in the staff team. The registered manager told us that they want staff to explore the relationship they have with their work and their feelings about work activities. Important values, such as 'making someone's day', 'being there' and 'choosing your attitude', were referred to in staff meetings. All staff were motivated to provide care which enhanced the lives of people living in the service, and told us they felt well supported. The organisational values were discussed at staff meetings and during individual supervision sessions, which served as a reminder of the importance of delivering care which reflected the values of the service. This was seen during the lunchtime period where a new member of staff was introduced to each person individually. This was well received by people, many of whom shook their hand and said, "Welcome to our home". A visiting health professional said, "This is a home, not a residential home".

Care workers said they attended regular meetings and received the training and development they needed to be confident in their role. They told us they felt well informed about the service, their responsibilities and areas for continued improvement. One care worker said, "The management are lovely. They have given me so many opportunities to develop". Another said, "Head office come down and see us, and they have lunch with the residents, talk with them, and with us, Its lovely". A relative told us, "Everyone; the carers, catering staff, managers, they all give you a cheery 'hello'. The place is immediately welcoming".

The service had an established and successful fundraising programme which provided resources to support activities and outings for people. The success of the monthly fundraising events had resulted in items being purchased which enabled more opportunity for social stimulation and directly benefitted people living in the service. The registered manager told us the fundraising events were on-going, and we saw that future events had already been planned [in consultation with people], such as a fireworks display, and a 'murder mystery' event. These particular events were chosen as they were the most popular with people.

The management team valued and promoted their role within the local community with local schools, colleges and universities. This added to people feeling that they were valued members of the community, with a continued part to play in wider society. There was an established volunteer group within the service, 'The Friends of Broadlands', who visited regularly, offering friendship and support to people, joining in with activities, or just taking time to chat with people. This provided an additional level of support and interaction to people living in the service.

The service was involved in a three year hydration study working with a local university. This initiative aimed to identify dehydration in the elderly and ways to promote hydration. Following the success of this, the service is taking part in a further study, 'Making Drinking Fun', which promotes hydration through activity. This was seen as an opportunity to improve practice within the service by continual learning, which directly benefits people's health and well-being.

The service had achieved quality accreditation schemes over time, such as the GSF [Gold Standard framework], GEM [Going the Extra Mile] awards, The Royal Horticultural Society [Neighbourhood awards] and the Investors In People (IIP), Gold Award. IIP awards recognise employers who can demonstrate that they invest in their staff, by offering training and development opportunities. Records showed this was being regularly reviewed for its effectiveness against what the service was trying to achieve. In the last review it was documented that the service had a high level of inspirational leadership, which was focused on continuous improvement. This was reflective of our findings; the service was not complacent with what it had already achieved, but motivated to progress further in improving the provision of care in close collaboration with people who used the service. The awards to date directly link with providing care which encompasses high standards and best practice, which supports better outcomes for people.

The provider had effective oversight of the services operations, and fully supported developments which improved care delivery. They recognised and celebrated the achievements of the staff team, and we saw that messages had been sent which congratulated the team for their hard work. The registered manager told us that they attended provider meetings bi-monthly and quarterly seminars where national and internal updates were shared. This ensured that the management team was aware of any new requirements introduced by the provider.

The service worked in partnership with various organisations, including the local authority, specialist and district nurses, and mental health services, to ensure they were following correct practice and providing a high quality service. For example, one person required specialist input to manage a complex medical device. The management team arranged training for the entire staff team, to ensure there was always someone on duty who had the knowledge and skills to support the person safely. The management team also contacted the Care Quality Commission to ensure they were acting within the scope of their registration, demonstrating a responsible approach to supporting people's needs safely. This demonstrated that the service was pro-active in providing bespoke care, necessary to ensure that the person received care which was safe and met their needs.

There were quality assurance systems in place for assessing, monitoring and reviewing the service.

Improvements were made as a result of this, for example, the implementation of the well-being clinic. This has enhanced the care people received by having a more frequent assessment of their health, and is a positive step to working jointly with health professionals who have input to the clinic weekly. It has also resulted in improved health outcomes for people. There were systems for gathering people's views and opinions and acting upon them to help improve the service. A range of surveys and questionnaires were provided to people, relatives and friends, which the service used to monitor practices, views and attitudes. This resulted in changes, such as staggered lunchtimes, a more varied and detailed menu, including 'free choice' [off menu], a weekly activity programme instead of monthly, more frequent manicures, and an appointment system at the on-site hair salon. All of these changes were made as a result of people's feedback. The management team and provider demonstrated a passion for providing a high quality service, which continually developed in order to meet people's individual needs.