

# Orwell Housing Association Limited

## Levington Court

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Levington Court is extra care sheltered scheme. The service provides personal care to people living in their own flats at the scheme and also to people living in the local community. To prevent unplanned admissions to hospital and care homes, the service provided a flexible community support service for people living with dementia. When we inspected on 12 and 13 May 2016 there were 62 people using the service.

This was an announced inspection. The provider was contacted on the morning of 12 May 2016 and given short notice of our intention to carry out the inspection. This was because the location is a community based service and we needed to be sure that someone would be present in the office.

The service was managed by a registered manager. 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 registered manager provided exceptionally strong, clear leadership and ensured an enabling and person centred culture was firmly embedded in the service. People, relatives, stakeholders and staff spoke very highly of the leadership, and held the registered manager in high regard. There was a clear commitment to put people at the heart of the service, by empowering and working in partnership with health and social care professionals.

People, relatives and care professionals were enthused about the very skilled and motivated staff. On-going recruitment ensured there were enough staff to provide a flexible service, which was 'skill matched' to meet the preferences and assessed needs of people they were supporting. People were involved in the recruitment process which focused on care workers being able to demonstrate the right values and character. Training and development was a high priority and linked to a comprehensive structured induction, regular supervision and resulted in an enabling and continual learning culture. Staff were knowledgeable and well trained to meet the changing needs of people. Staff felt supported and valued and spoke positively about the provider as an employer.

People received care and support which was very responsive to their physical and mental health needs, rights, wishes and preferences. People or their representatives, where appropriate, participated in the planning of their care. Care plans provided detailed information about people so staff knew about the whole person, and exactly how they wanted to be supported. This ensured that people were supported as individuals and encouraged to maintain their independence in ways that were important to them. Where care workers had identified concerns in people's wellbeing appropriate prompt action was taken to contact other health and social care professionals to support people's wellbeing.

People who used and worked for the service felt able to express their views and to influence service delivery. The service was committed to person centred care and this approach underpinned everything they did.

There was an excellent rapport between care workers and people using the service. Staff expressed a genuine interest in people, especially people living with dementia. High importance and time was spent learning about them as individuals and this was used to improve the quality of their current and future life.

There were robust and effective quality assurance systems which led to service improvements and continual development. The registered manager had good oversight of the service and was committed to gaining feedback from people, whether positive or negative. They were innovative in the ways they did this and used research and best practice, trying different approaches and communication systems to meet people's range of needs and abilities.

People told us they felt safe and trusted the care workers who came into their home. They were protected from the risk of harm, as management and care workers had undertaken training to recognise, respond and report safeguarding concerns. They felt confident to speak up if they had concerns which ensured referrals were made promptly to the appropriate professionals. This demonstrated effective oversight of potential or actual risks.

## 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 and their relatives trusted and felt safe with the care workers who came into their home to support them.

There were sufficient numbers of staff to meet people's needs safety. The service followed safe recruitment practices and involved people using the service when employing new staff.

Where people needed support to take their medicines they were provided with this support in a safe manner.

### Is the service effective?

Outstanding 

The service was very effective.

Staff were well trained and supported to meet the range of needs of people using the service.

The service had developed excellent links with social and healthcare professionals, working in partnership in order to meet people's complex needs.

People were supported to make decisions about their lives in a way which maximised their autonomy and respected their rights. Management and staff placed people at the centre of their care. They were fully aware of the principles of the Mental Capacity Act 2005 and able to put it into practice.

People were supported to maintain their health and wellbeing and encouraged to eat a healthy diet.

### Is the service caring?

Good 

The service was caring

People had developed positive, caring relationships with their care workers who took a genuine interest in their lives.

Care workers interacted with people in a compassionate, respectful and thoughtful manner.

People and where applicable their relatives were involved in making decisions about their care and these were respected.

### Is the service responsive?

The service was very responsive.

People received individualised and personalised care. Staff had a thorough understanding of how people wanted to be supported.

People were empowered by staff to be involved in identifying their choices and preferences and were supported to lead fulfilling lives. People's views were encouraged, listened to and acted upon by staff.

People's concerns, comments and complaints were investigated, responded to and used to continually improve the quality of the service.

**Outstanding** 

### Is the service well-led?

The service was extremely well led

The service had a positive, person-centred and open culture. There was a strong emphasis on driving continual improvement and best practice which benefited people and staff.

Management were innovative and dynamic, continually seeking to improve what the service offered people. People, relatives, staff and care professionals spoke highly of the management, and were confident in their ability.

There was a range of robust audit systems in place to measure the quality of the care delivered and so that improvements could be made.

**Outstanding** 

# Levington Court

## **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 announced inspection was undertaken by one inspector over two days; 12 and 13 May 2016. The provider was given three hours' notice because the location is a community based service and we needed to be sure that someone would be present in the office.

Before 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 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. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We observed the interaction between people who used the service and the staff. We spoke with 11 people who used the service and four people's relatives. We also received feedback about the service from seven community professionals which included social workers, specialist nurse and pharmacy technician. We spoke with the registered manager, and eight members of staff, which included care co-ordinator, administrator, team leaders, and care workers.

We saw records relating to six people's care, two staff files and records relating to the management of the service, recruitment, training and systems for monitoring the quality of the service. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place.

# Is the service safe?

## Our findings

People said they always felt safe and comfortable with the care they were being provided with. One person said, "Nice to think people [care workers] are around to help," to ensure their safety. A relative told us, "We are happy that they [person] are being looked after," that their family had only ever heard positive comments about the staff, "Praise them all the time ... If they were worried, they would tell me."

The registered manager and care workers received training and understood their role in ensuring people felt safe and were protected from any avoidable harm. They provided us with examples of the different types of abuse which could occur within the community setting. They knew what action to take in reporting any concerns, and worked closely with lead agencies to ensure the best possible outcome for the people involved. A social care professional said the registered manager always looked from the person's, "Point of view," and, "Uses safeguarding in a really positive way." They were not afraid of the consequences of reporting a safeguarding, that they had, "Never found her to back away from a situation," to ensure people's safety and wellbeing.

The registered manager was in the process of supporting people to sign up to 'The Herbert Protocol', a national scheme to support people living with dementia in the community, by having important information about the person, including a photograph, medicines they took and contact numbers, stored with the local police. This enabled the police to trigger an immediate response, 'tailored to the known details,' of that person, if they went missing.

A social care professional told us staff, "Are sensible about risk management in so far as they respond with urgency when needed but don't over react to issues that can be managed." People's care records included risk assessments and guidance for care workers on how assessed risks for people were minimised, whilst promoting their independence. These included risk assessments associated with the environment as care was provided in the person's home, falls, moving and handling, mental health behaviours and community activities. Where people were living with dementia, guidance given to staff in the 'My Safety' section of a person's care records, focused on how their dementia impacted on their safety and the level of support the person wanted. For example where a person said they were anxious, 'about getting lost if on my own' they had asked to be accompanied when visiting the community.

Regular reviews of care with people and their representatives, where appropriate, were undertaken to ensure that their risk assessments were up to date and reflected people's needs. Records showed that staff had been proactive in managing risks associated with people's dementia related behaviours, including consulting with relevant health and social care professionals to reduce risk to the person and others. Where people were involved in an incident/accident, staff spoke about the system in place to ensure that they were recorded and investigated. This included reviewing the current risk assessments in place, or putting in an additional one to reduce the risk of it happening again.

One relative commented that using the service had given them and their family peace of mind, "We have all said that we can go to sleep at night," as areas that had impacted on the person's safety had been assessed

by staff and acted on. This included reacting to the emergency buzzer if the person fell; they felt safe in the knowledge that the person could call care workers straight away. Where a person had been assessed as high risk of falls, they showed us their pendant used to alert care workers if they had fallen or become unwell, "Help's at hand."

There were sufficient numbers of care workers to keep people safe and provide a flexible service. All vacant posts had been recruited to. A care worker told us before accepting a new care package the registered manager checked to ensure there were enough staff to meet that person's needs, "Won't take them unless we do."

The service focused on matching care workers to the needs, interests and personality of the person receiving the service. Providing a flexible dementia care service, whose aim was to support a person during a time of 'crisis,' could result in very little notice being given. In trying to ensure the right match, especially where the person's confidence had to be gained prior their acceptance of any help, care workers could be moved off other visits to accommodate.

There were systems in place to check care workers were of good character and were able to care for people who used the service. Value based assessments days, involving people using the service and staff, focused on recruiting motivated staff who shared the provider's values, not necessarily experienced and knowledgeable, as training would be given. A care worker recruited through this process felt the informal interview style used, mixture of spending time with people, group presentations and observation, had got more out of the candidates as they felt comfortable to ask questions. This resulted in the provider being able to recruit and retain staff new to care who showed a positive attitude and approach. The registered manager, told us how six members of staff and ten people with varying level of needs, facilitated an assessment day and all those involved gave their feedback on the candidates. Where people could not voice their opinions, staff observed the quality of the interaction, especially where it enhanced the person's wellbeing. One member of staff involved spoke positively about the experience, "Pretty amazing to be part of it, be involved from start to finish and see what comes from it...really focused staff."

Where care workers supported people with their medicines, they told us that it was undertaken in a safe manner. One person said that their care workers, "Did the ordering," on their behalf, and that they had never been let down, "It works well." When the service had asked a relative their views on the management of medicines they had described it as, "Excellent." A professional told us that good systems were in place to ensure any changes to a person's medicines, were delivered within hours. If required straight away, "Staff will come and pick them up." This supported safe practice by ensuring people received any changes to their medicines in a timely manner.

People's care records contained information on the medicines they were taking, why they were taking them, and the level of support they required. Risk assessments, where applicable took into account safe storage of medicines in people's homes, and any additional identified risks. For example, the risk of people not taking their medicines, linked to their individual behaviours; checking the medicine had been taken and not disposed of.

Care workers were given clear guidance on the use of as and when required medicines, including anti-anxiety medicines, to ensure it was given appropriately and the outcome monitored. A pain assessment tool was used by care workers, to support people who lacked the capacity to ask for medicines. Care records also identified individual behaviours and non-verbal signs that could indicate that a person was in pain, or required laxatives to ensure their comfort.



## Is the service effective?

### Our findings

People told us that they felt their needs were met by exceptional staff who knew their needs and how they should be met. One person described the quality of care and support they received as, "Outstanding, can't fault it." Another described their care workers as, "Marvellous they are, every one of them." The compliments file and survey questionnaires held many more positive statements from people using the service and their relatives. One relative wrote, "Delighted with both carers in the care they give...giving me piece of mind that they are being well cared for." Another thank you letter read, "Your staff couldn't have been kinder and more efficient."

The provider's written promise to people using their service was to recruit care workers, 'with positive energy, and nurture it amongst' existing care workers to ensure, 'A happy team'. It was also to support them through 'ongoing training, coaching,' and commitment to the following values; respect, learning, integrity, encouragement, adaptability and recognising equality and diversity. Systems were in place to monitor how this was embedded in practice. This had resulted in developing motivated, dedicated, trained care workers providing quality care.

Visiting health and care professionals were very complimentary about the high quality care being provided to people. They felt it was linked to the management, skills, knowledge and abilities of the care workers providing it. One spoke of comments about the "Positive feedback on the skill base" of care workers they had received from people using the service. They also said they were able to demonstrate an ability to, "Think outside the box ...always willing to try." For example where a person had complex needs they had used many different approaches to find the one which worked for them. The impact on the person was significant and enabled them to spend time in a meaningful way, reducing their anxiety and improving their wellbeing. Care workers demonstrated they used this learning and experience to help in similar situations. Discussion, care records and feedback showed care workers continually looking for new ideas to support people to live their lives well. This also included people's mental and physical health concerns. The registered manager had been proactive in requesting and getting specialist health professionals, such as the hospital psychologist, to provide bespoke training so they could better support a person. They monitored the impact of this training through how the person had responded and there were clear plans for this work to continue and develop with the person at its centre. Other training matched the needs of the people cared for and was then tailored to the individual. This included, Motor Neuron Disease, dementia care, medicines management, epilepsy, and safe moving and handling. Staff were able to talk about how they used their training in practice but also talked about how each person was different and how they adjusted accordingly.

Care workers demonstrated an eagerness to look from the person's point of view, and gain knowledge of how mental health needs affected the way they acted, and why. As a result people's quality of life and their safety had been improved through the focused, person centred care they received. For example, the service's Flexible Dementia Service (FDS) provided support for people living with dementia to remain in their own home during a 'crisis' situation triggered by their mental or physical health. Experienced care workers were sent, immediately or at short notice, to assess and gain an understanding of what the person was going through. They worked to identify any possible causes and actions that would help reduce their anxiety

and/or improve their mood. One professional described the care workers as, "Ambassadors for dementia care." They described how their interaction promoted people's wellbeing during a stressful time and were instrumental in preventing unnecessary and unwanted moves to unfamiliar surroundings (e.g. hospital or care home admissions). Weekly dementia coaching enabled training to be 'tailored' to people's changing and individual needs. A dementia coach provided examples of how the sessions had increased care workers' confidence in supporting people with complex dementia needs. They were also able to show how working in this way had in some cases reduced overall care hours needed because people and families benefited and learned coping strategies and routines. This helped them lead more independent lives and manage bad days.

To ensure they were provided with the knowledge and skills to effectively carry out their role and responsibilities to the expected high standard, the induction programme had been restructured and a new mentoring system put in place. Working with the local college they had developed/implemented a new one week induction course. A new care worker spoke of their induction experience as, "Really good," as it had enabled them to learn as a team and support each other during the training. Care workers were supported through ongoing mentoring to put their training into practice. Competency checks, supervision and appraisal to provide feedback and identify any further training needs were in place. Care workers were, as part of their on-going development, supported to access further industry recognised qualifications in care. This was all linked back to the needs of people using the service.

Care workers told us how ongoing feedback about their practice through supervisions, spot checks and appraisal of their practice was embedded. This enabled them to identify and access any training needs, as well as a forum to discuss their aspirations for the future. One care worker said, "It's not until you put training into action that you become aware of areas that you need further learning in." Team leaders told us how they were completing a relevant qualification to support them in advancing their career. One team leader spoke about the provider being, "All for personal development."

The registered manager and senior team had introduced creative and innovative ways to promote continuous learning in the work place. They were getting the right balance of making training interesting, focused and supportive to their role. This resulted in developing a culture where care workers viewed training as a positive part of their development which they were proud of. 'Reflection' and 'sharing' of staff's knowledge and experience were used which empowered and made them feel valued. For example, 'knowledge boards' were used each month to pose a question for discussion between staff. There were no right or wrong answers with staff encouraged to add their comments and thoughts. Recent topics for discussions had covered safeguarding, Mental Capacity Act 2005 and communication. The results were then photographed, analysed and shared with all care workers to show 'what we learnt and what we could do to improve'. This had triggered further focused training sessions to improve competence and embed further knowledge and best practice.

Monitoring of care workers practice was proactive in identifying shortfalls and taking action to improve. For example some care workers needed support to improve record keeping. A meeting was arranged which included feedback from a care worker whose record keeping was good. They shared their knowledge on how they were able to do this at a consistently good level. Care workers had also been asked to write a 'reflective' piece about what they had learnt from the meeting and how it would influence their future practice.

Systems in place put a strong emphasis on promoting people's health and welfare by encouraging people to eat and drink well. This included, with their agreement, a 'meet and greet' visit, to assess a person's nutritional status. This enabled care workers to gain an insight into the person's diet preferences, and any

support needs. Where the nutritional screening tool identified that a person was losing weight or overweight, the registered manager had set up a nutritional group. They aimed to be more proactive in finding out why people had problems in maintaining a healthy weight, and take action to address it. The nutritional group met monthly to discuss their findings and review people's individual needs. Proactive action was taken to educate people to improve nutritional intake by making a few adjustments. By changing the culture they aimed to reduce the reliance on food supplements for people of low weight, and promote healthy eating for people who were overweight. This included working with the person to analyse their shopping lists, and support them in making more nutritious choices. Where care workers were responsible for shopping and preparing meals, including for people living with dementia, spot checks were being carried out to ensure they were supporting people to make nutritious choices. A review of this work showed that raising people and care workers' awareness was benefiting people identified at risk. Nine people had put on weight and were showing improvements in their health overall. The service had also been selected to be part of an innovative pilot scheme with the NHS. The joint work being undertaken will further promote and facilitate people living in the community identified at risk, to have access to a daily nutritious meal to prevent admissions to hospital linked to poor nutrition.

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. Discussions with the registered manager and care records seen showed that they had a good understanding. Care workers were able to demonstrate that they understood the principles of the MCA. One care worker said that they were attending, "Refresher training," that day, which kept their knowledge updated.

People said their consent was sought before any care and treatment was provided and care workers acted on their wishes. We observed care workers promoting choice, and seeking people's consent before they supported/carried out a task, and acted on their wishes. One person said, "They always ask." One care worker said how they used their training, "All the time to allow people to make their own decisions."

People were supported to maintain good health and have access to healthcare services. Relatives told us that care workers kept them updated on any changes in their relative's health, and outcomes following visits from health care professionals. Care workers understood what actions they were required to take when they were concerned about people's health and wellbeing. Care records showed this included being aware of any signs that a person may be developing an infection, and seeking medical advice. One professional told us that care workers, "Will always phone if they have got concerns."

All the responses we received from health and social care professionals identified good working relationships. One professional described how they, "Worked well together to make it better," and, "Can't fault it." They commented that the registered manager was good at, "Bringing all parties together," to enable them to focus on the best outcome for that person. Records confirmed this. Another told us that, "The team of senior carers [team leaders] work so well together, they regularly feedback to social workers and this communication flows well." We saw that this was especially important when providing the FDS, where the ongoing 'flow' of information played a vital role in monitoring people's fluctuating physical and

mental health needs. This supported professionals in monitoring the situation to ensure the best outcomes for the person's welfare and safety.

## Is the service caring?

### Our findings

People and their relatives described staff that they had come into contact with as friendly, kind and compassionate. One person said that staff, "Are very helpful and pleasant, make you feel settled more." Another commented, "They look after you alright... I wouldn't want to go anywhere else." One relative described staff as, "Always really helpful, so kind and thoughtful," A thank you letter from a person's relatives, who had used the service for a short period of time, praised the care workers who had provided the support, "Your staff couldn't have been kinder and more efficient in their dealings with [person's name]." A care professional told us staff, "Appear to generally care about the people they look after which comes across in the way they talk about their clients and families."

Care workers were motivated and offered care that was kind, compassionate and empowering. We observed a care worker approach a person living with dementia who was anxiously walking around. The care worker, who was playing scrabble with another person, approached the person asking for their help, as the other person was much better at the game than them. The person smiled and went over to assist the care worker. We saw how the interaction not only reduced the person's anxiety, but also demonstrated the person centred culture of the service by making the person feel valued.

We saw that care workers were aware when appropriate touch, for example holding a person's hand, or arm around their shoulders, would enhance a person's wellbeing. A person's relative said when visiting the person their care worker had raised their spirits, "Sat and gave me a cuddle." The relative remarked, "How nice is that?" saying how the care worker by their kind gesture had provided comfort and reassurance. Another described the interaction between staff and people using the service as, "Really, really good."

The registered manager said each person over time would be nominated as 'King' or 'Queen' for the week. A care professional told us how people were made to feel special during their 'reign'. For example after a 'King' had commented that they would like to go to a barbers for a shave, staff acted on the comment and arranged it. A board in the office had a photograph of the current 'King' which had hand written notes attached below. We saw they contained individual comments and observations staff had written about the person. This included their past life, current interests and what they enjoyed doing and eating. The registered manager said how they used the system to test staff's knowledge of the person's life and preferences. Monitoring this enabled them to identify if further 'life history' work was required.

A care worker showed us a 'Life Book' that they were undertaking as an activity with a person. The book provided pages of information about past events and important times throughout the person's life. The care worker spoke about how they had spent time with the person, encouraging them to, "Tell me more," about individual photographs which triggered memories of what they meant to them, and about that period of their life. Using the internet, they had also researched further information about that period, had included it, along with the person's memories and photographs in the book. By being proactive in obtaining as much information about their past and their current likes and interests, they told us it would help care workers support the person in the future, such as to 'trigger' happy memories and meaningful conversations.

The service found creative ways to ensure people's voices were heard. For example, two people spoke about their involvement in the service's recruitment day. One person told us, "I would do it again, gave a chance to see staff." People using the service and visitors were also encouraged to write any comments on the training knowledge boards. We noted that one person had added a comment in response to how multisensory items could improve the wellbeing of a person with dementia, "Make them feel very special." We saw that multisensory items had been introduced.

To support people living with dementia who were unable to complete the provider's service quality questionnaires, to ensure their voices were heard, the registered manager was using 'photo-elicitation' technique. This is where conversation and views are triggered by using photographs. By using a photograph to represent the area of the service they wanted people's views on, enabled them to gain feedback. For example in the 2015 survey, 10 people were showed a photograph of a care worker, and asked what this person meant to them. Their comments included; "They are the carers and they are very good," "They are really helpful," and "[Care worker] rings the doorbell before [care worker] comes in."

People told us that they were treated with dignity and respect. One person commented, "Can't believe it [staff] always acknowledge you, never just walk by." This was our observation as staff showed us around the complex, they often stopped to greet people with a smile, and answered any questions they had. Care records provided guidance to staff on how the person's dignity and privacy was to be promoted when receiving personal care. For example by, 'reminding me to shower and put on clean clothes', and 'staff to ensure curtains are closed to maintain dignity'. When ringing a person's doorbell and waiting until they were invited to enter, we heard the staff member offering to take off their shoes as they did not want to damage the new carpet. Although their offer was declined, it showed that staff were respectful of people's home and possessions.

The minutes of the first 'dignity' meeting held in April 2016, set out their aims and objectives for the new dignity group which would include representatives from people using the service. Staff 'appointed' to the team would sign up to become dignity champions. We saw that they had been given specific roles within the group, which covered different areas of the service. We saw that the formation of the group enabled staff to work in partnership with representatives of people using the service to assess and drive improvement.

People told us that they were encouraged maintain their independence, and that staff asked if they wanted help. This reflected the comments people gave in the provider's own survey which included, "Care worker helps me with my chores that I can't do," and, "They always ask what I need rather than just doing it," which was our observation. Care records showed how people were being supported to maintain their independence. It included giving care workers guidance on what a person was able to do independently, and where they required help. This ensured that care workers did not take over a task that a person was able to do themselves.

One care worker provided examples of how they promoted people's independence, and maintain life skills by asking for their help. For example, saying, "Could you put the cream on that leg while I do the other?" or, "I am going to the kitchen to make a cup of tea," knowing that the person would offer to help. This enabled them, taking into account their knowledge of the person's capabilities, to delegate tasks. They found this approach supported people living with dementia, to feel valued, by undertaking part of the task, such as preparing vegetables.

## Is the service responsive?

### Our findings

People were supported by a service that was focussed and dedicated to their needs which helped them achieve their goals. One person said, "I have been quite impressed so far." A relative said the support being given by care workers was enabling the person to build up their strength and supported their independence. A care professional praised the open-mindedness of staff which enabled them to, "See beyond a person's diagnosis to the needs of that particular individual." Another told us staff, "Get to know the person and try to personalise everything... they know them well." Another spoke about how the service supported people to have an, "Independent life."

A relative told us how the pre-assessment prior to the care being provided had involved, "A big discussion," where the main focus was the care the person needed now and what they would need in the future. It included discussing the level of support that staff would supply, which reflected the individual needs, with the goal of building up their independence to reduce care hours. Their plan was kept under review to enable them to be responsive to any changes, physical and mental, linked to their individual prognosis.

People using the flexible dementia service (FDS) required care workers to support them going through a 'crisis' which meant care workers may know very little about them initially. Care professionals were very complimentary on how the service carried out their assessment in these circumstances, in a focused, person centred way. One commented care workers were, "Very good, very passionate, person centred...creative in their care planning, asking themselves, 'How can we do this?' They added that the care workers looked and tried alternative ways of meeting people's needs.

Professionals told us some people living alone in the community may not be aware how their dementia was impacting on their ability to look after themselves. Care workers aimed to address this through a series of visits, getting to know the person, building up trust and letting the person take the lead in what assistance they would allow, if any. During this time care workers monitored the person's safety and started developing their plan of care around their progress.

Where a person had not got insight into the different care services available, care workers facilitated visits to different services as part of their planned care. This allowed them to meet people already using services and get to know more about what they could access and benefit from. The experience enabled them to make informed choices and decisions based about their future care arrangements.

People's care plans were personalised and supported person centred care. They were written in the first person so care workers were provided with information about the person's life, including any past events which could, "Effect the way I am today." Their physical, social, mental and emotional needs were included and how these impacted on their daily life and abilities. What was important to the person and the level of assistance and support they wanted was evident throughout. This included the care they needed, but also what they did outside of the times care workers visited and reflected their whole life. This promoted and encouraged positive relationships with care workers who showed real interest in people and how they wanted to spend their time.



The service found creative ways to ensure people living with dementia were heard and involved in planning and reviewing of their care. For example, 'talking mats' were used by staff to support people with communication difficulties. This approach increased their capacity to communicate effectively about things that mattered to them by breaking down the conversation using 'picture communication symbols'. This included facial expressions to indicate their likes or dislikes. Responses given were then photographed and reported on, to provide those involved with a record of the conversation and support the development of care plans. We saw how this had been used to discuss topics with a person enabling them to express their views both negative and positive.

'Acute care plans' were used to monitor short term health issues which could impact on a person's health. For example, if a person had a urine infection, the plan alerted staff to what medicines they were taking and any additional monitoring of their welfare, such as encouraging fluids. We saw the acute care plans remained in place until the situation was resolved or further developed to be support preventative care and avoid recurrence of the 'acute' situation.

Staff spoken with showed an in depth understanding of people's individual needs and this reflected what people had told us, or we had read in their care records. The registered manager viewed care plans as an ever evolving document. For example, following feedback from new care workers, 'My one page profile,' had been introduced. This included questions and answers from people about 'what do people appreciate about me', 'what is important to me', and 'how to support me'. This information helped new care workers in getting to know the person. People actively participated in developing and reviewing their care and support plans, working in partnership with care workers. Where applicable, it also included families and relevant health and social care professionals. One person showed us their care plan. With their permission we went through the contents with them, which reflected what they wanted and had discussed with their care worker. Discussions with visiting professionals showed how staff worked to achieve the right balance of involving others in the care planning process, without losing the voice of the person. Care records and discussions with staff confirm this.

Staff recognised the importance of social contact and companionship and took action to protect people from the risk of social isolation. People were supported to follow their interests and maintain links within their community. Care records and our own observations showed the level of support people were given varied in line with their individual care packages. This ranged from staff reminding and encouraging people to join in activities and social events, to people living with dementia requiring one to one support to access activities and the community. Examples also included where staff had taken information on two people's past achievements and working life, then found a way to re-introduce / rekindle the interest. This included setting up teaching sessions which enabled them to share their knowledge with others. Staff shared with us this resulted in the person feeling valued and others benefited.

A social care professional spoke about the creativeness of staff and willingness, "To try something new to engage with people or improve their quality of life." For example, they had provided sensory stimulation for people with moderate/advanced dementia. Staff had made small 'sensory' pads. We saw the colours and materials used, including a variety of textured materials and shells from the beach, were supportive of stimulating senses, sight and touch. Staff wore them on a lanyard around their neck, so they had them readily available to give to the person. Evaluating their use, the registered manager spoke of their success in calming people when they became anxious as it helped people to focus on something different. Examples included when a person became distressed from being repositioned in bed. The registered manager said how they would be developing the idea further, making larger items, using materials to stimulate further senses, such as smell and hearing.



The Suffolk Adult Safeguarding Board 'Going the extra mile' (GEM) awards aim to provide opportunity for providers who are 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. In 2015 the service's focus and creativity led them being shortlisted for awards in two categories. The first, "My Life, My Home" they were runner up with a commendation, and won the award for the second category "My Life, My fun," for their creative methods for maximising individual's opportunities to participate in things that they liked doing inside and outside of their home.

People told us that they would talk to the staff if they had any concerns. A relative told us, "Yes got it written down, address of who to contact within Levington Court and who I go to." Complaints were responded to and we saw that where improvements were needed these were learned from and shared to improve. The 'acute care plans' were developed as a result of concerns being raised around a person's deteriorating health. This was being used effectively to support a higher quality and oversight of care and reduce risks for people across the service. They learned from this experience and thought innovatively about how to improve.

One stakeholder spoke about the registered manager's eagerness to know, "When things are not going right," so they could, "Put it right." The registered manager was aware that their schedule meant that they were frequently away from the site office. To address this they had canvassed relatives' views on the benefits of holding a monthly 'Open Surgery'. The responses had been positive. One relative viewed setting aside a fixed time between 3.00pm to 7.00pm was an, "Excellent idea". Another also spoke about the, "Very positive" move. They confirmed that the team leaders were usually able to adequately answer any questions or respond to any problems. But they welcomed having the set time when they could speak to the registered manager. Since the surgeries started in November 2015, the registered manager said that they had enjoyed having the, "Protected time" which had enabled them to answer people's questions.

## Is the service well-led?

### Our findings

People told us that they were highly satisfied with the service provided and the way it was managed. One person said, "I can't fault it, absolute perfection." A relative told us the management team, "Go over and beyond what is expected." In response to a survey questionnaire, a relative had written, "The management team, team leaders and care staff are the strength of Levington Court. All are welcoming and keen to help you if they can. The care staff get to know the [people] and take a huge interest in their lives."

The registered manager worked in partnership with key organisations to support and enhance care provision, through open communication and developing relationships where they needed support, guidance and help to meet people's needs. Professionals were very complimentary about the working relationships they had developed over time with the registered manager and staff. One told us that the service was, "Brilliant at working with professionals and other agencies" to meet people's complex needs. Another commended the service on their, "Willingness to try different things to keep" people in their own homes.

The management and staff team were eager to tell us of their commitment to the ongoing development of the service by working in partnership with people. This included their involvement in different work streams and trialling different approaches and use of aids found to support people living with dementia and other conditions linked to old age. They explored ways of communicating (for example through the talking mats and sensory pads) and testing out the least intrusive or stressful way for people with complex needs to have the care and support they needed. They monitored the impact of these techniques and were able to show a reduction in the use of pain and anxiety medicines some people needed.

The service actively sought the views of people, relatives, stakeholders and care workers to drive continuous improvement. This included the use and assessment of quality survey questionnaires, complaints, meetings with people, involvement in nutritional and dignity groups, care reviews, staff meetings and supervisions. We found the positive and open, inclusive culture empowered people using and working for the service to voice their opinions, which were always acted on. They did this by promoting the provider's vision and values which placed the person at the heart of the service and was underpinned staff's practice. Care professionals provided examples of how the "Self-worth" of people living with dementia was being promoted through staff's determination to "Never to give up." This ethos had resulted in driving positive outcomes for people with complex needs. For example a professional identified the service's professionalism, commitment and endurance in supporting and advocating on a person's behalf, which had enabled the person to remain in their own home.

The provider had identified 50% of people accessing extra care services had a diagnosis of dementia, which was increasing. As a result they had put in place a 'dementia care strategy'. This included using and promoting best practice policies from expert bodies to drive improvement in dementia care. The service had signed up to meeting the principles of the Dementia Pledge by aspiring to deliver the best possible care. Care workers knew about this and were able to talk about how this helped them to look at how they could provide care in different ways. Reviewing records, speaking with people using the service, their relatives,

stakeholders and care workers, and our own observation showed how these values were being embedded in the culture to meet their pledge. For example, by using specific communication aids which supported the person at every stage of dementia, they had been able to engage and facilitate people to express their views.

The registered manager was studying for a degree in dementia care and were using their research based knowledge to support different approaches to providing high quality care. For example, they had used current best practice and tailored it to provide their bespoke care model called SEASIDE (stimulation, empowerment, activities, support, independence, dignity and enriched model of life). Staff talked positively about this and how they explored this with people to provide the best care possible. The leadership team understood the importance of working with a range of schemes such as Investors in People, Dignity Campaign, Leaders in Diversity, local Dementia Alliance and Investor in Excellence to influence and inform their thinking and approach. This led to them having a huge resource of knowledge and information to refer to and consider. It helped to produce a culture which was solution focussed. We saw and heard about many examples of how these creative ideas were developed and put in to practice to ensure people were at the heart of the service. For example people were actively involvement in the service's recruitment assessment days, which gave them a say in who they felt demonstrated the values they were looking for in their care workers. This approach had been so successful that it had been rolled out across the provider's other services. Following a recent recruitment day, people had suggested how it could be improved further, along the lines of, "Speed dating," which would enable all the people taking part, a short time talking to the individual candidates. They were now looking to trial this at their next day. This showed how listening and involving people and staff was being used to drive ongoing improvement, not only within this service, but for others run by the provider.

Discussions with staff showed that they enjoyed and took pride in their work. Staff described the individual support given both at provider level and within the service to reach their potential. They told us they worked for a good employer, who was supportive of staff advancing within their organisation and used recognition awards to acknowledge staff's achievements. The provider had been named in the 'best 100 not for profit organisations' to work for in 2016. Survey feedback which showed that employees felt they made a 'valuable contribution to Orwell's success' and 'being proud' to work for the provider.

Staff said that the management team in place; registered manager and team leaders, was positive for morale and the service's good atmosphere. One staff member told us, "There is a more inclusive feeling," another described how well new staff had settled in and complimented the team. Another spoke about, "The positive attitude with the staff team," and the, "Fresh outlook." All the staff we talked with demonstrated a shared understanding of the provider's visions and values, and spoke about their involvement in the different aspects of the service; recruitment days and dignity and nutrition groups, to drive ongoing improvement.

Staff consistently spoke highly of the registered manager, who they found approachable, committed to providing high quality care and supporting staff to achieve this. The open culture was supportive of staff being able to voice their opinions and raise concerns. One staff member told us, "Very supportive, go above and beyond...first place I have worked where you are not scared to go into the office." Another remarked, "Support is there, never, never doubted that can go for advice, talks to me and where I am going." Another described the registered manager as, "A good boss, good at motivating people, open door, always approachable wants [staff] to develop, always there, can pick up the phone at 10 o'clock Sunday night and she will be there...listens and respects my opinion."

There was a robust and effective quality assurance system in place to drive continuous improvement with the service. There was an emphasis on continually striving to improve. Any action identified from the quality

audits, quality assurance surveys, meetings, and results from self-assessment tools such as 'Care fit for VIPS,' used to monitor staff's understanding and implementing person-centred care, were acted on. This was undertaken through producing action plans, and staff taking responsibility for addressing different areas to improve and embed any changes. Examples were seen in all areas of the care and support provided including strategies to support people to eat a healthy diet, adapting the format of quality assurance surveys to meet people's communication needs and get their views. The management team also carried out spot checks on care workers' practice, and gained feedback about the quality of service people received. Analysis of the feedback was used and acted on, to drive continuous improvement. For example, where it was identified that some care workers record keeping could be improved, further training had been arranged to support them in achieving this. Systems were in place to help the provider to check that the service was being run effectively. This supported them in identifying any themes which were relevant to an individual service or might be systemic across their other services. For example, where the flexible dementia service had brought its own unique challenges to the planning of care visits, the provider had identified the need to review its computer systems, to see if it was fit for purpose and future proof for all services.

The registered manager had a clear vision for the future which included support and help in the development of their specialist dementia service across a larger geographical area. They continued to strive for the best outcomes by setting out how they could work 'collaboratively' with the provider's other domiciliary / extra care schemes in the area to provide a specialised dementia service. They felt that joining resources and staff expertise would enable them to reach out to more people living with dementia, and their family carers. They were continually aiming to drive improvement in the quality of life for people within the community, through education, support and activities. Examples given included; life history work clubs, cognitive therapy sessions, dementia workshops and evening activities to enable carers to have some respite. Being proactive in setting up a central point [HUB] involving a number of integrated services, acting as a dementia resource for people living in the community, could reduce the need for 'crisis' intervention from the service.