Baxters Homecare LTD

Hithermoor House

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

About the service
Hithermoor House is a care home registered to accommodate up to 2 adults with physical disability and/or complex healthcare needs. There were 2 people living at the home at the time of our inspection.

People's experience of using this service and what we found
People's care was exceptionally personalised and planned to meet their individual needs and wishes. People and their families were involved in planning their care, which meant they felt consulted and valued. The registered manager and staff spent time with people to understand their goals and wishes and worked with them to plan how these could be achieved. The personalised support staff provided had led to significant improvements in people's quality of life.

The model of care and the design of the building had been planned to meet the needs of the people living at the home. A person told us the registered manager had worked hard to obtain the specialist equipment they needed to live their life to the full, including being able to spend time with other people and to access their community. The person said this had made a great difference to their life and had motivated them to set personal goals for the future. A family member told us the quality and personalisation of care provided at the home had greatly benefited their loved one and their family as a whole.

There was a positive and inclusive culture at the home in which the views of people, staff and relatives were encouraged and used to improve the service. People, their family members and professionals told us the registered manager led by example in their approach and behaviours. Family members said the registered manager worked in partnership with them to plan the care their loved ones received. Staff were proud to work for the provider because of the high quality of care it provided.

The registered manager understood the value of effective governance in helping keep people safe, protecting their rights, and ensuring they received high quality care. There was a commitment to continuous learning and improving care. The service had developed a systematic approach to working with other organisations to improve outcomes for people. Professionals recognised the service achieved exceptional outcomes and told us the service was an excellent role model for other services.

People received their care from kind and compassionate staff. People said staff had provided emotional support when they needed it. The registered manager and staff demonstrated exceptional skills in helping people and their families explore and record their wishes about care at the end of their life, and to plan how their wishes would be met. Staff protected and respected people's privacy and dignity. People were encouraged to be as independent as possible and to develop and maintain skills.

Staff had the training and support they needed to provide people's care effectively. This included specialist training sourced by the registered manager to ensure staff understood people's individual needs and healthcare conditions. Staff met regularly with the registered manager to discuss their performance and any

further training needs.

There were always enough staff available to meet people's needs and keep them safe. People were supported by consistent staff who knew their needs well. Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed. People's medicines were managed safely, and staff managed risks well to keep people safe.

If people's ability to communicate was restricted, staff ensured people were able to express their needs and wishes through alternative methods of communication. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 9 December 2021 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was exceptionally well-led. Details are in our well-led findings below.	**Outstanding** ☆

Hithermoor House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by 1 inspector.

Service and service type
Hithermoor House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hithermoor House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave a short notice period of the inspection because we wanted to be sure people would be at home to speak with us.

Inspection activity started on 22 February 2023 and ended on 24 February 2023. We visited the home on 23 February 2023.

What we did before inspection
We reviewed information we had about the service, including intelligence we gathered during a monitoring call with the registered manager in July 2022. We also reviewed feedback submitted by people using the service as part of our monitoring activity. We contacted professionals who worked with the home to seek their feedback about the quality of care provided. We used the information the provider sent us in the provider information return (PIR) in November 2022. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager and 2 people who lived at the home. We spoke with a person's family member by phone and received feedback from 6 staff and 4 professionals via email.

We checked 2 people's care records, including their risk assessments and support plans, recruitment records for 3 staff, records of training and supervision, meeting minutes, audits, the provider's business continuity plan, and the arrangements for managing medicines.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● There were enough safely recruited staff on each shift to keep people safe and meet their needs. There was always a minimum of 2 staff on duty, including at night, to make sure people had their needs met in a timely way. For example, a person was unable to use their call bell to summon staff support. As a result, staff made unobtrusive half-hourly observations to ensure the person was safe and to check whether they needed staff support

● There was a well-established staff team and the provider had never used agency staff. The registered manager also ran a care at home service and told us they would be able to access staff from the service in the event of an unplanned staff shortage at the home. The registered manager said this would ensure all staff had received appropriate training and understood the provider's values and expectations.

● The provider operated safe recruitment procedures and made pre-employment checks before appointing staff, which included obtaining proof of identity, references and a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

● There were systems in place to protect people from the risk of abuse. Staff attended training in safeguarding and knew how to report any concerns they had, including with other agencies if necessary. A member of staff told us, "In the event that there are concerns about abuse or safeguarding, my manager would be the first point of contact. If I suspected my manager, I would contact the local authority."

● There had been no allegations of abuse or poor practice at the home. The registered manager had raised a concern with the local authority safeguarding team when a person at the home did not receive the support from healthcare professionals they were entitled to expect. This helped ensure the person received the treatment they needed to maintain good health.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Risks were well managed, and lessons learned to improve the quality of care provided to people. Assessments had been carried out to identify and mitigate any risks to people. For example, risks had been assessed in areas including nutrition and hydration, continence, skin integrity, and moving and handling. Where risks were identified, management plans had been developed to minimise these. Staff were aware of measures to reduce risks and ensured these were followed to keep people safe.

● Guidance had been obtained from healthcare professionals about how to support people safely. For example, respiratory and speech and language therapy teams had been involved in developing guidance for staff about how to reposition people to reduce discomfort while maintaining their safety.

● There was evidence that learning took place from adverse events. For example, following an incident in

which a person's medicated patch was applied incorrectly, the registered manager amended the guidelines for administration to ensure that 2 staff were always present when patches were administered.
● Monitoring systems ensured any potential errors were identified and address. For example, a dispensing pharmacy provided a 5ml bottle of medicine which had been labelled as 50ml. The error was identified and the registered manager contacted the GP surgery to establish what had been prescribed and contacted the pharmacy about the error.

Using medicines safely
● People's medicines were managed safely. Staff received medicines training and their competency had been assessed by the registered manager. Each person had a medicines profile which contained information about the medicines they took, their purpose, and any individual instructions for administration.
● There were appropriate arrangements for the ordering, storage and disposal of medicines. Medicines administration was recorded on a digitised care management system. This enabled the registered manager to maintain an effective oversight of medicines management. The registered manager audited medicines every day, which ensured any errors would be identified promptly.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people's friends and families could visit whenever they wished.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

● Staff had access to the training and support they needed to carry out their roles. All staff completed the Care Certificate, which is an agreed set of 15 standards that define the knowledge, skills and behaviours expected of staff working in the health and social care sector. Staff also attended training provided by CSH Surrey, an NHS healthcare provider, in areas such as diabetes, and Skills for Care, the workforce development body for adult social care in England.

● The registered manager had sourced specialist training to ensure staff had the knowledge and skills they needed to meet people's individual needs. For example, staff had attended training provided by the Spinal Injuries Association specifically to develop the skills they needed to provide person-centred care to people.

● There was an induction programme for new staff, which the registered manager told us would include shadowing existing staff to understand people's needs and how they preferred their care to be provided. Staff told us the induction they received had prepared them well for their roles. A member of staff said, "They gave me a proper induction when I started the job. They also gave me shadowing shifts with the senior staff and sent me on training."

● Staff said they had regular supervision sessions with the registered manager, and these were useful opportunities to discuss their performance and training needs. A member of staff told us, "The purpose of supervision is get feedback on my performance, to voice any concerns, to discuss patient care and to identify training needs."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs had been assessed before they moved to the home to ensure their needs and choices could be met and that staff had the skills to provide their care. Nationally recognised tools had been used to assess people's needs, for example in relation to nutrition and skin integrity.

● People's support plans were personalised, holistic and reflected their strengths as well as their needs. Support plans also recorded people's goals and aspirations and plans for how these could be achieved.

● People's needs were reviewed regularly to take account of any changes and ensure their support reflected their needs and preferences.

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

● People were supported to maintain good health, including oral health and staff worked with other healthcare services to provide people with effective care. Family members confirmed staff supported their loved ones to access treatment if they became unwell. A family member told us, "They are very prompt to get medical input if it is needed. The link they have with the GP and the district nurses is excellent."

● Staff monitored people's health effectively and made referrals to healthcare professionals if they identified

any concerns. For example, staff had contacted healthcare professionals when they suspected a person had an infection, which resulted in the person receiving prompt treatment.
● Staff had also obtained the input of specialist healthcare professionals to achieve good outcomes for people in managing their long-term healthcare conditions. For example, a person's blood glucose levels were very unstable when they moved to the home. Following input from a diabetic nurse, the person's blood glucose levels had stabilised.
● Staff worked well with other professionals involved in people's care and followed any guidance professionals put in place. A professional told us, "The team are very responsive to emails and phone calls. They keep me informed when equipment is delivered and requires review, and they can identify when needs have changed which may require assessment/equipment provision."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2002 (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. 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

● People's care was provided in line with the MCA. People told us staff asked for their consent before providing their care on a day-to-day basis. A person said, "I am always asked before they do anything."
● People had been asked to record their consent to care and their capacity to make an informed decision about this had been assessed. People were also asked for their consent about issues such as whether they wished to have COVID-19 vaccinations. Whilst respecting people's decisions, the registered manager also sought the input of people's family members when decisions that affected them were being considered.
● The registered manager promoted people's rights to make decisions about their care and treatment. This included ensuring staff understood the principles of the MCA and how to apply them in their day-to-day work. For example, a healthcare professional had suggested guidelines about a person's dietary needs, which the person did not wish to follow. Staff arranged for the healthcare professional to discuss the potential risks involved in this decision with the person and, following this discussion, respected the person's choice not to follow the guidelines.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink safely and to maintain adequate nutrition and hydration. A person had experienced episodes of choking at their previous care placement. As a result, staff obtained the input of a speech and language therapist to assess the person and make recommendations about their dietary needs.
● Staff had supported a person to plan their own menu. The person chose what they wanted for breakfast, lunch and evening meal each day and a menu was written to reflect this.

● Staff supported a person's nutritional intake using a percutaneous endoscopic gastrostomy [PEG] tube, which enables people to receive nutrition directly into the stomach. This process was managed safely to ensure the person maintained adequate nutrition and hydration.

Adapting service, design, decoration to meet people's needs

● The home was designed and adapted to meet people's mobility needs. The registered manager had considered people's needs when planning the service, purchasing a bungalow so all rooms and facilities were on a single level. The registered manager had adapted the building to ensure all parts of the home were wheelchair accessible, including installing a ramp at the entrance to the property.

● A second, widened doorway had been put in a person's room as the standard doorway was not wide enough to enable the person to enter and exit easily in a wheelchair. A wet room had been installed so people were able to access bathroom facilities, as a standard bathroom would not have met people's needs.

● The registered manager had installed security cameras to the front, rear and sides of the property. One person's needs included high levels of anxiety. The person told us the security cameras made them feel safe and secure, saying "The security is very good. No one can get in without being seen because of the cameras. [Feeling safe] is a big thing for me, it is really important."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind and caring staff, who respected equality and diversity. Staff showed a genuine interest in people's well-being and quality of life. A person told us, "It really is amazing here, they really do look after us." A feedback form submitted by a person stated, 'They go above and beyond the call of duty. The care and kindness that is given by all of the team is impeccable.'
- Staff demonstrated a compassionate approach to care. A person told us staff had provided emotional support when they needed it, saying, "I have had a few upsets and they have really got me through it." The person told us the best thing about the home was, "They [staff] listen and their compassion."

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

- People were encouraged to make choices about their day-to-day lives; staff respected their decisions and promoted their independence, privacy and dignity. A person told us, "I did not have any dignity before [in their previous care placement]; here I do. The way [registered manager] has picked the staff; they treat you the way they would want to be treated."
- People told us staff respected their right to privacy. A person said, "Before anyone comes in my room, they always knock." The person told us they informed staff when they wanted time alone and said staff respected their wishes.
- People were encouraged to be as independent as possible. A person said, "I do a lot more for myself now, which I am encouraged to do; washing, dressing myself." The person also told us staff supported them to monitor their own blood glucose levels and to administer their insulin. The person said, "They dial it up, then they both check it, then I check it as well."

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People's care and support was exceptionally personalised and planned to meet their individual needs and wishes. Staff involved people and their families in planning their care, which meant they felt consulted, empowered, listened to and valued. People's care and support plans were reviewed and updated as their needs changed.

● The registered manager and staff had spent time with people to understand their goals and wishes and worked with people to plan how these could be achieved. For example, 1 person had not been able to access the community for several years due to their healthcare and mobility needs. The person said they had told the registered manager how much they would enjoy being able to go out again and said the registered manager had worked with them to plan how this would be achieved. The person told us the support the registered manager and staff provided had greatly enhanced their self-confidence and quality of life.

● The registered manager and staff understood people's needs, and delivered care and support in a way that met these needs and promoted equality. Some people had complex needs that other care services had not been able to meet, either in terms of the environment or in terms of the specialist care people required. A family member told us they had been reluctant to move their loved one into residential care as they had been unable to find a service that met their loved one's needs, but that the bespoke service designed by the registered manager had enabled their loved one to receive the care they needed. The family member said, "[Registered manager] recognised a need, a service for people with complex needs, and she went and did it. There was not anything else like it we could find. It is unique in what it does. I was able to move [loved one] there with confidence."

● A family member told us the exceptional quality and personalisation of care provided at the home had greatly benefited their loved one and their family. "It is a fabulous level of care and the personalisation of the care is excellent. [Loved one] has been really comfortable and settled ever since she moved there. It has been life-changing for the whole family."

● Professionals told us the service was focused on providing person-centred care and support, and achieved exceptional results. One professional told us, "I have been impressed with the individual focus on each client, taking into account their family, interests and wishes." Another professional said, "The service employs caring staff who have a real focus on meeting people's individual needs."

● Staff had opportunities for learning and reflective practice on equality and diversity, which influenced how the service was developed. All staff attended training in equality and diversity and the registered manager used supervision and staff meetings to reinforce expectations in terms of staff behaviours and attitudes,

including valuing equality and diversity, treating people with respect, and maintaining confidentiality.
● The registered manager had planned the model of care and the design of the building to meet the needs of the people who would be moving into the home, rather than requiring people to adapt to an existing service. One person told us the registered manager had adapted the building to meet their individual needs, which had greatly improved their quality of life. The person said the registered manager had arranged for a second, widened doorway to be installed as the standard doorway was not wide enough to enable them to enter and exit easily in a wheelchair. The person also told us the registered manager had installed a wet room and ordered an adapted shower chair, which meant they were able to access bathroom facilities and take a shower for the first time in several years.
● One person said they had been restricted in their previous care setting by not having access to the specialist equipment they needed to mobilise, as a result of which they were unable to leave their room to socialise with others. The person told us this made them feel extremely isolated and that their mental health had deteriorated as a result.
● The person said the registered manager had advocated their right to have the equipment they needed to live life to the full, and had obtained an adapted chair which enabled them to access the home's communal areas. The person said they had enjoyed a meal with other people for the first time in several years on Christmas Day and described how they had become tearful with joy at being able to do this.
● The person said the registered manager was in discussions with professionals to obtain an adapted wheelchair, which would enable them to leave the home, and that they had set a personal goal of visiting the nearby pub when the wheelchair arrived. The person told us they were confident the registered manager would help them achieve this goal, saying, "When [registered manager] says something will happen, I know it will come off." The person told us, "I am so glad I came here; they have done everything to make things better for me."
● The registered manager told us they had purchased a small property because they wanted to ensure people felt they lived in their own home, rather than a larger, corporate service. For this reason, the registered manager said they had chosen not to install anything that signified the property was a care home, such as signage, or differentiated the home from any other house on the street. A family member told us this approach had been beneficial for their loved one, saying, "The small scale means it is very personalised. It does not feel like being in a care home; it feels to [family member] like she is in her own room. It really is like being at home."
● The registered manager had made creative use of available technology to help ensure people's care was well-planned and managed. The registered manager had implemented the PASS digital care management system at the home, which ensured staff always had up to date information about people's needs and enabled the registered manager to update people's care plans with immediate effect if their needs changed.
● The registered manager had integrated the PASS system used at the home with GP Connect, a platform which allows authorised staff to view GP practice clinical information quickly and efficiently. Establishing and integrating these systems enabled effective and joined-up management of people's care.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● One person's ability to communicate had become significantly impaired due to their healthcare condition. The registered manager and staff had developed a bespoke system of supporting the person to communicate their needs and wishes. This included pictures, symbols and cards to which the person could respond by blinking. This ensured staff were able to ascertain the person's wishes and experiences each day.

including whether they were in pain or wished to be repositioned, whether they were too hot or too cold, or wished to speak with their family.

End of life care and support

● The registered manager and staff had demonstrated exceptional skills in helping people and their families to explore and record their wishes about care at the end of their life, and to plan how their wishes would be met so they felt consulted, empowered, listened to, and valued.

● The family of a person receiving end of life care spoke extremely highly of the efforts made by the registered manager and staff to understand their loved one's wishes and to ensure these were recorded so the person received consistent care which reflected their needs and preferences.

● The person's family said the person's needs in relation to end of life care were constantly reviewed to ensure the care they received continued to reflect their needs. The person's family said the person's care plan was updated if their needs changed to ensure guidance for staff about how to provide the person's care was always accurate and up to date.

● The person's family highlighted that the person received excellent continuity of care as the service had a stable staff team and did not use agency staff. The person's family said this meant the person was always cared for by staff who they knew and who understood the person's needs extremely well.

● Staff worked very closely with healthcare professionals in the provision of end of life care to ensure people remained comfortable and were treated with dignity. These professionals included a palliative care clinical nurse specialist from the local hospice, GP and district nurses.

● The registered manager and staff had also worked closely with healthcare professionals for 2 years to manage a person's pain to ensure they remained as comfortable as possible. These professionals included the person's GP and pain management consultant from the Royal Surrey Hospital.

● The family of a person receiving end of life confirmed the registered manager and staff maintained excellent links with relevant healthcare professionals, telling us, "The link they have with the GP and the district nurses is excellent."

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure which set out how any complaints would be managed. There had been no complaints about the home since its registration.

● None of the people or family members we spoke with had complained but all said the registered manager had responded well to resolve any issues they had raised. One person told us that, when they had raised a concern about a member of staff, "[Registered manager] was here like a shot to sort it out." A family member said, "If there has ever been an issue, [registered manager] has always been very quick to deal with it."

Outstanding ☆

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People's needs were central to the support staff provided, which empowered staff to always go above and beyond expectations to support people. As a result, personalised care was delivered to everyone, which achieved excellent outcomes for people.
- Staff recognised and valued the outcomes the outcomes people were supported to achieve. A member of staff told us, "The service is very passionate and caring about the well-being of their patients. The quality of care we are taught to give is just amazing. Working with Baxters proves what good care is."
- Staff felt valued for the work they did and were proud to work for the provider because of the high quality of care it provided to people, the support they received and the approach of the registered manager. A member of staff said, "I am a very proud worker of this company because we demonstrate high standards and quality of service."
- People and their family members told us the registered manager was an exceptionally good leader and said the registered manager led by example in their approach and behaviours. A family member told us, "[Registered manager] is very organised and has really high standards. She is very passionate about providing good care."
- We received positive feedback from professionals about the leadership and approach of the registered manager and the culture within the staff team. A professional said, "I always have had the opinion that this service is well-managed and has an enthusiastic, skilled team."
- Team meetings were used to share learning, improve practice, and ensure staff understood the provider's vision and values. The registered manager told us, "I explain what our expectations are of them; behaviours, boundaries, providing good quality care. I also want to hear about their expectations."

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

- Systems were in place to gather feedback from people, relatives, visiting health and social care professionals and staff; these were used to improve the care provided. Everyone was encouraged and empowered to share their views and give feedback about the service and the care provided. Accessible ways were available to people to share their feedback. The registered manager and provider took all feedback seriously and were committed to responding to any suggestions which were made.
- People told us the registered manager and staff were responsive to any suggestions they made. A person told us, "If I say something to [registered manager] or [deputy manager], it gets sorted. When [registered manager] says she is going to do something, she does it."

● The service used creative ways to enable people to be empowered and voice their opinions. For example, a person had often felt their views were not listened to in the past when they spoke to healthcare professionals. The registered manager and staff had supported the person to have their voice heard when discussing their healthcare conditions. Staff encouraged the person to speak for themselves in discussions with healthcare professionals but advocated for them if the person felt their views were not being considered or taken on board.
● There were consistently high levels of constructive engagement with staff. Staff said they were encouraged to speak up if they had concerns or suggestions for improvements and that these were acted on by the registered manager. A member of staff told us, "Staff meetings are used to discuss any issues arising from staff or management, to encourage and listen to staff, to implement new ideas." Another member of staff told us, "You can definitely speak up when you have suggestions or concerns. In fact, we are encouraged to do so."
● The registered manager had been involved in the development of quality standards for the sector, to help improve practice and the care provided. They had contributed to the Surrey Heartlands Health and Care Partnership's palliative and end of life care strategy 2021-2026. The strategy aimed to ensure people receiving palliative and end of life care received well-coordinated support that was tailored to their needs and wishes, and that staff had the skills and knowledge to provide high quality care.
● There was a commitment to continuous learning and improving care. Professionals told us the registered manager took advantage of any available training and development opportunities to develop the skills of the staff team. A professional commented, "From what I have seen, [registered manager] is attentive to her residents and staff, and open to support and training available."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager and staff were dedicated to ensuring people received a safe and high-quality level of care, and there was a culture of openness and honesty amongst the staff team. Governance systems were embedded within the service to monitor quality and drive continuous improvement. The registered manager had the qualifications, skills and experience to perform their role and maintained an effective oversight of the home.
● Governance was embedded into the running of the service, which helped keep people safe, protect their rights, and ensure they received high quality care. The registered manager understood the value of effective governance systems and took responsibility for ensuring they had an effective oversight of all aspects of the service.
● The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way if mistakes were made.

Working in partnership with others
● The service had a systematic approach to working with other organisations to improve care outcomes. This included commissioners and healthcare professionals, whose input was obtained when required to ensure people received the support they needed. A professional told us, "The manager is very engaged with our team, she is open to the advice and support we have to offer."
● Professionals told us the service had a track record of being an excellent role model for other services, with a professional commenting, ''The service provides excellent care and puts the patients at the heart of everything they do. I wish more services displayed the characteristics that they do."
● Professionals recognised the service achieved exceptional outcomes for people, with a professional commenting, "I believe the service makes the residents feel that Hithermoor is their home and provides client-centred care. It is a very bespoke service they offer."