

Barclay Specialist Care Ltd

# Barclay Specialist Care Ltd

## 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?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Barclay Specialist Care is a domiciliary care agency and a community healthcare service. It is a national complex care provider based in Corby, Northamptonshire, offering personalised packages of care to adults and children via a continuing healthcare or personal health budget.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection 16 people were receiving support with personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location provided care and support for 4 people with a learning disability or autism. We assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

### Right Support

Staff supported people to have full choice, control, and independence over their lives. There were comprehensive systems in place to make sure the service was safe. People were empowered to take positive risks, to ensure they had greater choice and control of their lives. The positive risk-taking approach showed staff respected people's right for independence and their right to take risks.

People were fully involved and supported to recruit staff and were able to choose the staff who they wanted to care for them. This ensured that successful applicants had the right values and skills to match the values that were at the heart of the service.

Training was developed around each individual to ensure staff had an excellent understanding of people's needs and how to meet them. People's health and well-being were paramount. Staff liaised with health and social care professionals to ensure excellent outcomes for people.

### Right Care

We received some exceptional feedback about the service. Comments from people who used the service and relatives were very complimentary and consistent stating they were extremely happy with the care,

treatment and support the service provided.

People's dignity and human rights were fully promoted, and people were encouraged to make decisions about their day-to-day routines. Staff fully understood and responded to people's individual needs in a person-centred way.

Staff understood how to protect people from poor care and potential harm. Staff had training on how to recognise and report abuse and knew how to report any concerns.

People received care that focused on their quality of life and followed best practice, with input from a range of health and social care professionals.

#### Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff team. Staff were very caring and knowledgeable about how best to communicate with people and to advocate for them to ensure their views were heard. There was a strong culture within the service of treating people with dignity and respect.

There was strong leadership which put people first and set high expectations for staff. They were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

Relatives told us they were fully involved in their family members care and support and they spoke of the open culture, and regular contact and visits to see their family members. Staff placed people's wishes, needs, and rights at the heart of everything they did.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Good (published 27 November 2018)

#### Why we inspected

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

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Barclay Specialist Care Ltd

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Barclays Specialist Care is a domiciliary care agency and a community healthcare service. It provides personal care to people living in their own homes.

#### 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 the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 May 2023 and ended on 26 May 2023. We visited the location's office on 24 May 2023.

#### What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and any feedback about the service. We used the information the provider sent us in the provider information return (PIR). 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 this information to plan our inspection.

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During the inspection

We spoke with 7 people using the service and 8 relatives. We spoke with 5 staff that included the director, operations manager, clinical lead, care coordinator and office manager. We also spoke with the nominated individual who is also the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We sent emails to 60 staff members for feedback, and we received 21 responses.

We reviewed a range of records. This included 4 peoples care records and risk assessments. We looked at staff recruitment checks and a variety of records relating to the management of the service including staff training and supervision records, quality assurance information and feedback from people and staff.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt very safe with the support they received. One person told us, "Yes, I do feel safe with the carers. I'm happy to put my life in their hands."
- Staff had taken action to minimise the risks of avoidable harm to people. One staff member commented, "Keeping people safe is our priority and top of our agenda. Whistle blowing is so important, and I would have no hesitation in reporting anything I was concerned about."
- Staff told us they had undertaken training in recognising and reporting abuse and were able to demonstrate their awareness of how to keep people safe. Records confirmed that all staff had completed safeguarding training for vulnerable adults and children.
- Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management

- People were protected against the risk of avoidable harm. One relative told us, "We work together with the carers to make sure any risks are lessened." People were supported with risk assessments prior to receiving a service and regularly after care delivery commenced. Where risks were identified staff took action, for example one person wanted some time alone to enjoy their hobby, even though they required constant supervision. Staff worked with the person to ensure this was facilitated safely.
- The service supported people to take positive risks to improve their quality of life and increase their independence to its maximum. For example, we saw that one person had been supported to go on holiday which they hadn't done in a long time. To achieve this staff completed training around the persons specific needs so they could support the person safely.

Staffing and recruitment

- There were enough staff to support people safely. One person told us, "Our [family member] is absolutely safe with the carers. We have 5 carers who cover the care. They always arrive early for their shift. They have never missed a call."
- There was a rapid support team who had been trained in relation to all the care packages, so if a staff member went off sick a member of the rapid support team could step in and provide the care required.
- Safe recruitment practices were followed for staff working with children and adults. Checks were carried out including references and the Disclosure and Barring Service (DBS).
- Staff were recruited for each specific care package and people and relatives were fully involved in the recruitment of new staff. The provider used a values-based recruitment process that involved listening to each person's wishes and preferences. The registered manager told us they tried to match people with similar character and age ranges and skills set. A social value policy was in place to support this practice.

### Using medicines safely

- Clear and robust arrangements were in place to ensure staff supported people to take their medication consistently and safely. One relative told us, "All [family members] medication is provided and checked by the carer on duty and recorded on their tablet. It is transferred to the office computer system".
- Staff had received training in the safe handling and administration of medicines and their competencies were regularly assessed. The staff understood the importance of safe medicines administration and what to do if they thought a mistake had been made.
- Robust systems were in place to check medicine administration records to ensure people received their medicines safely. Daily records and medication administration records were accurately completed.
- The provider understood and followed the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both) and ensured that people's medicines were reviewed by prescribers in line with the STOMP principles.

### Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff confirmed and records showed they received training on infection control procedures which was renewed annually, to keep staff up to date with current good practice and current legislation.
- Spot checks were completed with staff in people's homes to ensure they were complying with the providers policies and best practice. One person told us, "They [staff] all wear the PPE to make sure I am protected from any infections."
- Staff had access to full PPE and managers were all trained in mask fit testing to ensure staff had the right fit mask. Every person using the service had a cleaning rota in situ that the staff completed to ensure standards of hygiene were maintained.

### Learning lessons when things go wrong

- The registered manager and staff closely analysed all accidents and incidents. They worked with people, their families and other healthcare professionals to continually review identified risks with the aim of reducing the likelihood of repeat incidents.
- The provider had a lessons learned register for recording all lessons learned from incidents, complaints, and safeguarding concerns. All lessons learnt outcomes were shared at core group meetings, team meetings or with an individual if appropriate.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before a care package was agreed the provider would undertake a detailed needs assessment, considering people's social and family history, any cultural and ethical issues, medical information, the well-being of any significant others and physical and psychological needs.
- The initial assessment was also used to identify the skills and experience needed by the staff who would be employed to care for them. Ensuring people were at the heart of their assessment and care plan was an important part of ensuring people were involved in their care. The management team told us how they involved people in the assessment process before their care package commenced.

Staff support: induction, training, skills, and experience

- People and relatives told us the staff were very well trained and competent in their work. One relative said, "The carers are exceptionally well trained, and they have regular updated training every month."
- Staff told us they were well supported and explained that when they first started working at the service, they completed an induction. One staff member said, "It was the best induction I've ever had. It was very helpful, and I learned who to go to and what my role was." Records demonstrated that staff completed an induction before they commenced work.
- From 1 July 2022, all health and social care providers registered with CQC must ensure their staff receive training in learning disability and autism, including how to interact properly with people with a learning disability and autistic people. The provider had implemented 'The Oliver McGowan Mandatory Training on Learning Disability and Autism' which is the government's preferred and recommended training for health and social care staff to undertake. The provider had made this training mandatory for all staff.
- Staff received supervision meetings 3 times a year with their line manager and a further 1 supervision with the learning and development team. One staff member told us, "This gives me the opportunity to raise any concerns and reflect on my work performance. My supervisions are never rushed and we can take as much time as we need. This puts me at ease to feel comfortable to express myself."

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

- People received support to eat and drink enough to maintain a balanced diet and stay healthy. One person told us, "They provide me with proper cooked food, and I can choose what I want."
- Where people received nutrition via alternative means, for example, via a PEG feed (a flexible feeding tube placed through the abdominal wall and into the stomach) care plans provided detailed guidance for staff to follow. Staff also received specific training to ensure they completed this procedure safely.
- During the initial assessment people's dietary requirements were identified. Nutrition and hydration training formed part of mandatory training and was refreshed annually. The clinical lead trained new

employees in relation to the nutritional care needs of the individual they were going to support.

- Monthly assessments were completed to monitor people's food and fluid intake. For example, a MUST (Malnutrition Universal Screening Tool) screening tool and a paediatric MUST Tool were completed for people using the service.

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

- The registered manager informed us they regularly attended multi-disciplinary meetings, this could be to discuss current care, school access or safeguarding / risk concerns.
- The provider worked alongside a variety of professionals to support and promote good care and positive outcomes for people. For example, physiotherapists, social workers, GP, speech and language therapist, solicitors, occupational therapists, and community nurses.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to have maximum control over their lives. Where people lacked capacity to make decisions, there were robust assessments in place, taking the persons wishes into consideration and ensuring any decision was in the persons best interests.
- Staff had a good understanding of MCA requirement and ensured records were held of any decisions made on a person's behalf. One staff member told us, "We always seek to gain peoples consent whenever we do anything."

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives without exception told us they received exceptional, compassionate care and staff were kind and went over and above their roles. One person said, "The care I get is exceptional and it would be difficult to fault it." A relative commented, "We could not have come this far as a family without Barclay Care. They have been our lifeline and [family member] has made so much progress. I never thought this would happen."
- Relatives told us that support from Barclays Specialist Care was vital to them and their families. One said, "It's more like an extension of our family. It's grown in strength. We've had the same carers for 2 or 3 years now. We couldn't manage without them."
- Staff always empowered people and families to have a voice and to realise their potential. For example, some relatives were employed as parent carers by the service to care for their [family members]. One parent carer told us they had been able to leave their job and were employed by Barclays Specialist Care to support their [family member] who had a life limiting condition. Parent carers were provided with the training and support they needed to care for their family member. This ensured consistency of care by people who knew the [person] well. It also greatly reduced the stress and anxiety of parent carers.
- Staff cared for people in a way that exceeded expectations. For example, the provider commenced providing care for 1 person with a life limiting condition. Relatives had been filling in gaps in the rota with a previous provider and were exhausted. Relatives knew their [family members] life was limited but wanted to make memories and get them out of their bedroom. The provider recruited and trained a full team of staff and were able to start planning activities. These ranged from days out to holidays. Written feedback from the relatives read, "You have, and are making a difference for us and no doubt to everyone you provide care for. I'm sure it isn't easy, keep up the good work. I don't think you realise the impact it has had not only for our [family member] but also myself."
- One person was subject to periods of illness that required hospital admissions. The hospital admissions were not close to home because the person's specialists were based further afield. When the person was hospitalised, the provider always housed the staff team at local hotels so they could support the person in hospital. The staff really appreciated this as they didn't have the long drive before and after their shifts and it meant consistency of care for the person.
- Staff were passionate about their jobs and reflected pride in their work. They talked about people with passion and commitment. One member of staff said, "I love my job. I have worked with some people for several years and we are like friends or my extended family."

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

- Staff were skilled at finding accessible ways to communicate with people to reduce barriers and ensure people could make life choices. One relative said, "Our carers have a great relationship with the [family members] and have techniques with which to communicate with them. This makes for a fuller life for them and helps them to be more engaged." Another commented, "The carers are helping to develop [family members] communication as they get older and helping them to make choices which they were not able to do in the past."
- The service was exceptional at helping people to express their views so they could express their preferences, wishes and choices. Staff used a variety of tools to communicate with people which included using new technologies. For example, 1 person used eye-tracking technology to communicate effectively. All staff had had been trained to ensure the eye tracker equipment was calibrated correctly which was required every time the person moved positions.
- One person used picture cards for different situations. The staff showed the person the cards relevant to the discussion to allow them to have informed choices for meals, activities or to express their feelings. All the staff who worked with the person had their photos taken and they were shown the pictures of who was coming on shift. This had achieved positive outcomes for the person who was more relaxed at handover times.
- All staff positively welcomed the involvement of advocates. For example, one person had an advocate from a specific society relating to their condition. The advocate had been part of their life for over 20 years. The advocate attended all care reviews, support planning and major decisions where required. Another person used an advocacy service for their care reviews due to fluctuating capacity with their condition.

#### Respecting and promoting people's privacy, dignity, and independence

- Respect and dignity were values upheld by all staff and embedded into their way of working. One person said, "They are all very respectful to me and treat me as a human being."
- We found a strong commitment to promoting independence and inclusion and the culture of the service encouraged learning and innovation. One person told us, "The carers have motivated me to try getting a job which I have just achieved."
- An equality, diversity, and human rights approach to supporting people's privacy and dignity was well embedded in the service. Where identified, the provider worked with individuals to support them with their gender identity, to freely express themselves without judgement or limitation. The provider also supported staff who were part of the LGBTQ+ community and promoted understanding with webinars and additional training course.
- Team meetings and regular supervisions served to remind staff of the need for privacy and respect, and an acknowledgement of people's diversity. There was mutual respect between staff and families and staff told us they worked hard to maintain people's dignity. This was further supported by the conversations we had with relatives of people using the service.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Outstanding. The rating for this key question has remained 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

- People's care and support was planned proactively and in partnership with them and their families. Without exception everyone we spoke with said that when a person's care was being planned at the start of the service, the management staff spent a lot of time with them. One person said, "I feel fully involved in the process of care. I can decide what I want to do and how. I worked closely with the manager to plan this care package so that it met my needs."
- The provider was committed to supporting people to develop and achieve their goals. For 1 person their long-term goal was to become fully independent. Staff had supported them to find employment, purchase a car and they had begun to take driving lessons. In addition, they had been supported to attend multiple music concerts, festivals and build a positive standing with the local community. This had financial benefits for the person, had improved their self-esteem, confidence, and feelings of self-worth.
- People and relatives told us that staff had an excellent understanding of their social and cultural diversity. We saw photographs of staff supporting a person and their family to attend a pride event. Staff were aware of and ensured that people's care records were written using the terminology, language, and pronouns they chose.
- Staff went the extra mile to support people with their spiritual needs. One person was admitted to hospital for a lengthy period. They followed a particular religion and were normally supported at home to follow their faith. During their hospital admission, this proved difficult. Staff and relatives agreed that staff could read religious text to them. This progressed to the person listening to live services on the staff members' phones ensuring their spiritual needs were met.
- People were at the centre of everything the service did. Services and support were designed and delivered in a way that was collaborative, and mutually respectful of all. For example, care and support plans were co-designed and co-produced with individuals and their families ensuring that people's care preferences were understood and honoured by staff.
- Healthcare professionals provided very positive feedback that care was person-centred and achieved positive outcomes for people. One healthcare professional commented, "The staff are doing wonderful jobs, first class care, rarely see care like it." Another commented, "It is recognised that Barclay Specialist Care have provided the highest level of professionalism and steadily work hard to achieve a fully recruited team for [person] in the most challenging of times."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to

do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were thoroughly assessed before a care package commenced.
- One person who was not able to speak, was supported to be fully involved with the development and any ongoing changes with their care plan. The clinical lead put time aside to sit with the person using their individual communication tool to discuss any changes they may want or to arrange plans for days out.
- Staff used exceptional and individual ways of involving people so they felt consulted, empowered, listened to and valued. For example, 1 staff member was learning sign language to communicate effectively with people who used this form of communication. Another person liked to have all documentation on paper, even though the provider's systems were all electronic, this was facilitated.

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 had a diverse range of interests and hobbies and the registered manager said that having staff with the right values and skills was essential. There was a thorough recruitment process that was followed to ensure staff recruited matched the values that were at the heart of the service. In addition, staff were individually matched to people using the service. For example, if they had the same interests, skills, and personalities.
- The provider empowered people to explore their interests and supported them to do the things they wished. One person had not left their home for a lengthy period. Staff worked with them over many months to attend a social event where they used to work which was a success and the care team enjoyed listening to the person talk with others about their life during their employment years. This improved the person's confidence, so they were able to go out to other places and reduced the risk of social isolation.
- The registered manager said that supporting people to develop and follow their interests had an impact on the wider team; being able to support people was a pleasure and helped them to remember why they were doing the role and the positive impact they could have on an individual's life.

Improving care quality in response to complaints or concerns

- The provider showed a proactive approach to complaints and concerns received. People and relatives knew how to complain if they needed to. One person said, "It's so easy to contact the office and they are always helpful and ready to solve the issue. It is an exceptional service run by very dedicated staff."
- We saw that complaints had been thoroughly investigated and actions taken where required to ensure people felt listened to and their concerns were acted upon. The provider had systems in place to learn lessons from complaints to drive continuous improvement at the service. This oversight allowed for the embedding of learning from incidents and accidents.

End of life care and support

- The provider supported some people with life limiting conditions. However, at the time of the inspection no one was receiving end of life care. When required staff supported people who were at the end of their lives, so they remained comfortable, dignified and pain free.
- The management team told us that should people reach the end of their life, they would continue providing care to people with their own staff team alongside healthcare professionals and families. Staff would receive additional training to ensure people received the end of life care they needed.
- There was a real focus on people with life limiting conditions being supported by the provider to enhance their quality of life. One relative told us how staff supported them to make special memories with their family member.
- The provider supported families when there was a bereavement. They had a counselling service that

families and staff could use in their time of need.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to 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 and relatives expressed huge confidence in the staff and management team and told us of the positive impact the service had on their welfare. One person said, "Without them I would be in a home. They have saved my sanity and my life." A relative told us, "Because of the carers we now have a life worth living. We were stuck in the house all the time. Now we go out and about and look forward to every day. They have become very dear to us."
- Staff said the registered manager and the management team were excellent role models who actively sought and acted on the views of people. Promoting independence, health promotion and safe risk taking were fundamental aspects of the ethos of care and support at all levels. The feedback, culture, and attitude of all the staff was that nothing was too much trouble; and everyone involved was willing to go above and beyond expectations to ensure people could have enriched and fulfilled lives.
- Comments from staff included, "This is the best company I have ever worked for. It's extremely professional. As a result, there is a lot of loyalty from staff, and we always strive towards excellence." And "We have a 'can do attitude.' Everything is achievable we just have to think outside of the box." And "The manager is a very caring person. That shows through every aspect of this company." Staff told us how this enhanced morale and assured them that their efforts were appreciated by management.
- Risk assessments addressed people's diverse needs. For example, people's specific needs around PEG (Percutaneous Endoscopic Gastrostomy) feeding. Risk management plans were proportionate and centred around the needs of the person. They were regularly reviewed with other health care professionals, and they took note of equality and human rights legislation. We saw there were strategies to make sure that risks were known, anticipated, identified, and managed.
- There was a strong organisational commitment and effective action to ensure there was equality and inclusion across the workforce. Staff had been supported with their gender identity and if a staff member wanted to transition, they were supported to change their details correctly to ensure they could have a DBS and right to work checks in their preferred name.

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; Continuous learning and improving care

- The provider had successfully embedded a robust auditing system. This included regular internal audits in areas such as accidents and incidents, risk management plans, staff training, staff supervision, reviews of



people's goals and recruitment records. Best practice was shared throughout the team, identifying what had worked well for each person, or what had not worked well.

- There was a strong focus on inclusion and equality and diversity issues. This meant people who received care and support benefited from a management team with a positive sense of direction and strong leadership. This was evident in discussions with management and staff.
- One staff member told us, "We work in partnership with people and their families to get the best outcomes for them." A well-established staff team and clear communication meant that all staff understood their roles and effectively contributed to an exceptional team ethos. Staff felt valued and listened to and they told us that if there were any issues, they were quickly sorted out
- The management team were highly committed to improving the service they provided and had introduced a number of initiatives to help make improvements. These included introducing 7 champions within the care team for a variety of relevant subjects such as media, communication and change, safeguarding, mental health, and wellbeing, learning disability, diversity and a LGBTQ+ champion.
- The provider and registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell. Investigating incidents thoroughly and sharing and learning from any failings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was exceptionally responsive to the views and recommendations of people and relatives for improving the care people received. The provider started a client forum in early 2023 to engage people and to listen to their views and wishes for how they should drive the company forward.
- The provider was always looking for innovative ways of involving people to be empowered and voice their opinions. For example, the provider was introducing a company intranet to the recording devices in each client's home. As a result of the feedback from the client's forum, people and relatives would also be able to use the intranet to update it with information for example, accessible holidays and days out.
- The provider was continuously gaining the views from staff via different forums. Staff meetings were held for each individual team. Staff completed surveys so they could give their views and staff were also able to send feedback via the care app on their mobile phone.
- The provider sent out satisfaction surveys 4 times a year. The surveys were issued to people, carers, family members, advocates and professionals involved with each person's care. When the provider gathered the data, an action plan of who they needed to praise and what they needed to do to improve was implemented.
- The service was an important part of its community. For example, the provider started the Corby community Christmas project 4 years ago. This involved linking with all the Corby and local village schools to provide food, supplies, and gifts to families during the Christmas period. The provider arranged fundraising events and liaised with multiple companies to raise funds and receive donations to support the project. Last year they supported 77 children and their families.

Working in partnership with others

- The service was transparent, collaborative, and worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the learning and development team were working with the local schools, sixth forms and colleges to arrange for work experience placements. The learning and development team were going to support 2-day group sessions for local students who were enrolled on a health and social care course. The registered manager said, "We believe it would be beneficial for students to see how complex care is managed in the community and all the partnership working it involves ensuring the client has good care and support."
- Clinical and operational managers attended all multi-disciplinary meetings, professional meetings and

ICB Integrated Care Board meetings that were required. This helped to build seamless experiences for people based on good practice and people's informed preferences.