

Haverhill Community Care Ltd

Haverhill Community Care

Inspection report

Weavers Mill
Chantry Mills
Haverhill
CB9 8DD

Tel: 07379007008

Website: www.haverhillcommunitycare.com

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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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Haverhill Community Care is a domiciliary care service providing care to 105 people in their own homes. 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.

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

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 did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

We found the provider to be outstandingly caring and well led.

Right Support:

The provider ensured any risks to people's safety and welfare were assessed and mitigated effectively; medicines were managed safely, and independence promoted wherever possible. Audits in place were sufficiently robust to enable effective oversight of the service. The ethos, values, attitudes and behaviours of leaders and care staff ensured people lead empowered lives. Staffing levels were sufficient to meet people's needs, there were no missed care calls and people knew who to expect for their care. Managers continued to recruit staff safely.

People's care met their needs and was flexible. One relative told us, "If we require some changes in call times, all I need to do is phone the office and they will sort it out for us." Staff followed an appropriate induction programme, and training was on-going throughout employment and as needed. Care plans included information about support required in areas such as nutrition, mobility, and personal care to help inform care provision and to ensure person-centred care. Staff made appropriate referrals to other agencies and professionals when required. 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.

Right Care:

Care was person-centred and respectful and promoted people's dignity and privacy. People received exceptionally kind and compassionate care. People told us they were well cared for, and one relative said, "I would highly recommend the company and regarding their level of performance, well I would give them ten

out of ten... and I don't give out 10 out of 10 lightly."

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. People's care plans reflected their individual support needs, and this promoted and enhanced their wellbeing. Staff identified people's communication needs and addressed these.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the provider and staff team. People received consistent care from staff who knew them well and who were responsive to their individual needs.

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

Rating at last inspection

The last rating for this service was good (published May 2018)

Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haverhill Community Care on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was 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.

Haverhill Community Care

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 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. This person was also the provider of the service. We have referred to them as 'the provider' throughout this report.

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 11 August 2023 and ended on 11 September 2023. We visited the location's

office on 11 August 2023.

What we did before the inspection

We reviewed our systems and information we held 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 took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with 9 people who used the service and 22 relatives about their experience of the care provided. We also had contact with 23 members of staff including care staff, the provider. We reviewed a range of records. This included care plans and a variety of other records relating to the management of the service were also considered as part of the inspection.

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. At this inspection 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 told us they felt safe when they received care and support from care staff.
- Suitable arrangements were in place to safeguard people from abuse. A relative told us they felt their family member was safe. "We are completely happy with the care they keep [family member] safe and without them life would be very different for us both."
- The registered provider and manager were aware of their role and responsibilities to safeguard people from harm and abuse. Staff spoken with understood what to do to make sure people were protected from harm or abuse and staff had completed appropriate safeguarding training.

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

- Risks to people were assessed and managed to enable them to live in their own home safely. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Additional risks were also recorded relating to the person's home environment and relating to their ability to evacuate their home and any risks that may hinder their safety.
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment.

Staffing and recruitment

- There were sufficient staff employed to undertake agreed care calls. People told us there had been no missed visits. A staff member said, "Our staffing is well managed. Of course, during busy periods with the summer holidays and carers spending well-deserved time with their kids, it's always challenging." They also said, "However, our carers are amazing at providing the cover needed, if this cover cannot be sourced, we have a tight knitted office team, who are always there for extra cover and there is always someone on call as well as a back up to ensure the service is running smoothly and in case of an emergency."
- People appreciated having regular staff to provide continuity of care but understood if they received someone different due to holidays and absence as the office communicated this to them. One person said, "Communication is excellent if the care staff are going to be late, I get a call. If the carer who is down to come changes, I get a call. I feel they genuinely care about letting me know what is going on." Another person told us, "I know [family member] is never rushed during their care calls and sometimes the care staff run over but it doesn't seem to be a problem."
- Staffing levels were calculated and planned according to the number of people using the service and the areas covered. The provider told us, "Our rounds are created geographically and reviewed monthly. We accept packages only if we have space on a round that is within that postcode area, so our rounds are made up within zones. We also allocate rounds to staff depending on where they live also again reducing travel."

- Staff said school holidays, in particular, were busy, especially when covering other staff leave. Travel time was built into rounds, as although calls were often a short distance apart, this was required.
- The registered manager and staff team worked hard to ensure that people received their care visits as planned and at the time of the inspection there had been no reported missed care visits in the last year.
- The service followed their recruitment policy to ensure staff recruited were suitable for the job. Pre - employment checks were completed, these included checking references, previous work experience, right to work and a criminal record check with the Disclosure and Barring Services (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.

Using medicines safely

- Where people were supported with their medicines this was done safely.
- Medicine administration records showed people received their medicines as required. The management team reviewed these records and took action if discrepancies occurred.
- Appropriate policies, procedures, and training was in place to support the safe administration of people's prescribed medicine, where that support was required. Staff confirmed they had their competency regularly checked.

Preventing and controlling infection

- People and their relatives confirmed staff followed good infection control practice in their homes and wore personal protective equipment (PPE) where applicable.
- Staff had received infection prevention and control training and additional training relating to COVID-19. They confirmed they had sufficient amounts of PPE to fulfil their job roles safely.

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. At this inspection the rating 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

- People's needs were assessed prior to them receiving a service, their relatives were also involved where appropriate.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their needs assessment.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled and received training relevant to their role. One person told us, "The care staff are well trained, and I feel very safe when [being assisted with care] and there have been no accidents."
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control.

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

- Where people required support with their meals, this was clearly recorded, including what level of support was needed.
- People and their relatives told us they received the support they required to meet their nutritional needs. One relative said, "The carers make [family member's] meals and provide plenty of drinks, always leaving them with a drink before they leave."
- There was information in people's support plans about allergies and dietary requirements as well as their likes and dislikes. This meant staff knew what to prepare for people and about their personal preferences and specific needs.

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

- The provider and staff were knowledgeable and well informed about people's health and wellbeing.
- The service made referrals to external professionals where needed, and advice was incorporated into people's care plans.

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.

- People were supported to have as much choice and control over their care as possible. Staff empowered people to make their own decisions about their care and support.
- Staff received training in relation to the MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. One staff member explained how the MCA affected their work. They said, "The MCA is in place to protect vulnerable people who cannot make decisions for themselves regarding all aspects of life. We apply to this to our work all the time... I have had training on this via online learning and constantly being reminded of it in spot checks and supervisions and am confident to apply it in my job."

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 received outstanding care and support from a dedicated provider and team of compassionate care staff. The service promoted a strong person-centred culture, and the team were committed to making a positive difference to people's lives.
- People told us how they were extremely well cared for and that their care exceeded their expectations and made a huge difference to their lives. One person said, "I count myself very lucky to have such brilliant carers. They make my life better." Another person commented, "I have nothing but positive things to tell you about Haverhill Community Care. The care staff are all so lovely. They do everything I want them to and more. If any of them see something that needs doing it is done before I can even, ask them." A third person told us, "When it was my birthday, I got some flowers! Where else would that happen?"
- People's relatives also told us of the exceptionally caring nature of the staff. One relative said, "The care is working very well, the [care staff] do everything they can to help family member have the best life they can." Another relative said, "[Family member] is never rushed during their calls. The care staff are so friendly, the standard of care is excellent [Family member] always looks as if someone really cares about how they look."
- Individuality was key. People and relatives told us of the extra steps the care staff took to ensure their family member received the highest quality of care. One relative said, "[Family member] has the morning paper daily and the carers will chat to [family member] about the headlines. They also leave the paper open on the tv page for the day so [family member] can see what is on."
- People were supported by staff who were passionate about their job roles and driven by ensuring that the best possible care was delivered. One member of staff told us, "[Provider] and her team love to support everyone and always goes above and beyond, and I am honoured to be part of a fantastic team at Haverhill Community Care." Another staff member said, "Our staff will go above and beyond to make sure people's needs and preferences and person-centred care is met to the fullest."

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

- The service was exceptional at helping people to express their views so that staff understood their views, preferences, wishes and choices. The provider told us, "We hold 'service user forums' to enable people to share their experiences of using our service. We also have different themes at the forums where we ask questions such as 'What skills and qualities do you feel makes a good carer?'"
- People told us they felt listened to and consulted with. A person told us, "I have a care plan and discussed with the [provider] how I wanted my care to be provided, and they have delivered all that is required." A relative told us, "The company hold [online] meetings to pass any important information on to us, I was

unable to attend the last one, but I got all the information from it sent very quickly."

- There were also a variety of other methods whereby people and their relatives could be involved and instrumental in co-ordinating their care. The provider told us, "We complete reviews, home visit quality assurances calls, telephone quality checks and questionnaires that all enable [people] to express their views and be involved in making decisions about their care."

Respecting and promoting people's privacy, dignity and independence

- People and relatives said that staff were consistently respectful and treated people with dignity. A person told us, "One of the best things is that no matter how I am feeling when they come, I feel a lot better after they have been. I really look forward to the care staff coming." Another person said, "I count myself very lucky to have such brilliant carers. They make my life better."
- People told us they were treated with exceptional respect and their privacy was paramount and upheld at all times. A person said, "They are kind, and nothing is a trouble to any of them, I am never rushed, and I am treated with the utmost respect at all times."
- Respect was a key focus of the provider's business ethos, and this had been embedded through care staff practice. One member of staff told us, "I know that we make a huge impact and difference to people's lives. We are all caring, compassionate, approachable and helpful and we go above and beyond for people. We build amazing, unique relationships with all the service users and their families."
- Staff were extremely committed to supporting people to retain as much autonomy and independence as possible. A relative told us, "On cleaning days, the care staff will encourage [family member] to do some light housework which allows [family member] to make choices and become more independent."

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 good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs. One relative told us, "As the whole care planning process was open and transparent, we knew [family member] would be safe and we felt confident from the word go."
- Care plans were personalised and included information around the person's background, preferences and recorded how staff could support them with their care.
- People and their relatives said they were fully involved in planning their care and support needs. They said they were given choices as to how their care and support was provided. People's records reflected their preferences and choices for how and when they received support, taking account of their specific needs.
- Staff understood people's needs and how these should be met. One relative said, "The care staff do everything they can to make [family member] comfortable and to ensure [family member] has everything they need till they come back for the next care call."
- People's assessments and care plans were reviewed regularly as their needs changed. A relative told us, "The communication is excellent and if I need to be told anything the information gets to me." Another relative commented, "We have a good line of contact with text messages and notes that are written in [family member's] home. This keeps me well informed knowing my [family member] is safe and their needs are being met."

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.

- The provider was complying with the Accessible Information Standard. People's communication needs were assessed. Staff knew the people they supported well, including their preferred methods of communicating.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and procedure which was shared with people using the service and their relatives.
- People confirmed they knew how to make a complaint if needed. One person told us, "I have never needed to contact [provider] about anything but I would if I had a problem, but I can't really imagine that

happening." Another person said, "If I need to speak to the office, which is very rarely, I can always get through and they always sort out what I need as soon as they can."

End of life care and support

- At the time of the inspection, no one using the service was in receipt of end-of-life care. However, the provider had an end-of-life policy in place and people's end of life wishes were assessed and documented.

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

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

- The inspirational leadership motivated staff to go 'over and above' in their day-to-day work to truly personalise people's care. The provider encouraged staff to think creatively to enhance people's quality of daily life; by recognising staff achievements, supporting staff to manage identified risks that may otherwise limit people's opportunities and sharing those achievements with others to inspire creative care provision.
- We saw examples of where the provider promoted positive risk taking. Where staff identified opportunities to creatively enhance people's daily lives, the provider ensured they supported these opportunities by identifying additional resources to make experiences happen and putting in place measures to mitigate any additional risks identified. This went beyond the service the provider was commissioned to provide. Of one example, the provider told us, "This extraordinary experience evoked emotions of joy and fulfilment, showcasing just one example of our team's innovative spirit and unwavering dedication to [people]".
- Staff told us the provider encouraged and supported and motivated them to make a daily difference to people's lives. Staff universally told us they were exceptionally proud of the support they provided. One staff member told us, "[Provider's] leadership and their understanding for the care sector and their passion, values and compassion, makes them a wonderful caring person who welcomes anyone with an open door."
- The provider's commitment and vision to outstanding care provision, ensured that care provided was exceptionally person centred, promoted people's independence, mental well-being, and positive physical health. This included identifying activities that people used to enjoy but had stopped taking part in due to declining health and supporting them to regain enjoyment.
- The provider recognised the needs of people's main carers; loved ones was important to maintain strong support systems around people. They also recognised that people may want to develop relationships within their local communities. Care staff were encouraged to recognise this when providing care and take measures access additional opportunities outside the services care provision.
- The feedback we received about the provider from people and their relatives was unanimously positive. One person told us, "I have been so happy with my carers and all they do for me I think it's an excellent service." Another person said, "Yes I certainly would recommend the service as the care is second to none." A relative commented, "I don't think my [family member] could receive any better care from anyone."

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

- The provider understood that staff wellbeing and recognition was essential to the provision of outstanding care provision to people. It was evident in staff feedback that they felt highly valued by the leaders in the

service and that this impacted on their ability to provide exceptionally high standard of care.

- The provider recognising staff contributions, organised gifts for staff to show their appreciation for hard work and they also encouraged people to nominate staff for exceptional care using their 'People's Choice Nominations' scheme. The provider told us, telling us, "We celebrate important milestones such as birthdays and work anniversaries, ensuring that these special occasions are recognized and appreciated. We take pride in celebrating all successes and achievements, big or small, as they contribute to fostering a positive and uplifting atmosphere within our care community."
- The provider recognised that people's equality characteristics could potentially place them at risk of exploitation. They worked hard to develop strong relationships with a local policing team who attended people, family, and staff events to share information about how to keep themselves safe. This impact was felt when staff were able to use the information learnt to identify a person at risk and take the important steps to protect them.
- The provider ensured that people were fully engaged in planning care. These went beyond simply understanding the care need and the process of that care. Interventions focused on individual sensitivities that staff would need to know to ensure that people were provided compassionate and dignified care. This reduced the feeling of vulnerability that may be felt by relying on others for care needs making people feel truly cared for.
- The provider made sure that people and relatives were happy with the carers they were assigned, promoting positive relationships to develop. One relative told us "I have been fully involved with [persons] care planning and have had lots of contact with the manager as she wanted to ensure [Person] was accepting the care she needed, as well as the carers that had been allocated were suitable."
- The provider was driven to provide high level support people and the wider community went the 'extra mile'. During the challenging times of the COVID19 pandemic, the service led an initiative called 'Project Christmas Smile' in collaboration with the community. Together, they created 85 Christmas gift hampers and prepared festive meals, which their team personally delivered on Christmas Eve to older members of their community, including people in receipt of care, who would have otherwise spent Christmas alone.
- The provider had recently moved to new office premises, deliberately opting for location that had enhanced amenities such as an accessible shower and laundry facilities so that these facilities were freely available to people who did not have access to them in their own homes. The provider told us, "We recognize that not everyone has the luxury of a shower in their own home, and we believe that everyone should have the opportunity to enjoy the comfort and cleanliness that a shower provides." And also, "In addition to the walk-in shower, we have also installed laundry facilities at our new premises. We understand that doing laundry is a crucial part of daily life, and we strive to ensure that our service users have access to these facilities regardless of their own living arrangements."

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 provider understood the duty of candour and their responsibility to be open and honest about any incident which caused or placed people at risk of harm or where concerns were raised. This was viewed as a further opportunity to improve the experiences for people who used the service. A relative told us if they had any concerns, they felt very assured these would be taken seriously and addressed promptly by the provider.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Haverhill community care was an award-winning care provider, recognised for their skilled and effective in overseeing a high-performing organisation that was focused on delivering very effective, high-quality care. They had won a care employer award at the Great British Care Awards for the Eastern region and then

proceed to also win a national award, both in 2021, recognising their outstanding approach.

- People receiving a service from Haverhill Community Care benefitted from a management team who had exceptionally strong governance and oversight. The provider and registered manager continually sought opportunities to improve and develop how the service was led to ensure people received high quality care. The provider had a strong and frequent presence at the service with people and relatives clearly knowing them very well.
- The provider had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the service. We received multiple examples of exceptionally positive feedback about the provider and the service from people and their relatives as well as staff who worked for Haverhill Community Care. A person told us, "I would recommend the service 100%, it is exceptional. I feel that my welfare is very important to them."
- The vast range of quality assurance systems in place helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- There were systems in place to review and improve the quality-of-service provision. This included regular communication with people who used the services via telephone calls from the provider and senior staff.
- The provider was aware of their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.

Continuous learning and improving care; Working in partnership with others

- The provider was experienced, motivated and had a commitment to continually improve the service for the benefit of people. Staff were encouraged to develop and progress their careers. The provider had forged close partnerships with two colleges, whereby students could gain valuable work experience and placements with the agency. The provider told us, "We encourage our employees to pursue specialist training and qualifications to enhance their knowledge, competence, and career advancement."
- There were detailed systems in place in relation to the monitoring of complaints, accidents, incidents and near misses. The provider saw learning and improvement as a continuous process.
- Staff performance was closely monitored by the registered manager who worked in collaboration with the staff team and completed regular audits and spot checks of the service. One person told us, "The other thing that impresses me is how the [provider] will drop in unexpected to check the staff are doing what they should."
- Staff worked in partnership with external health and social care professionals to support people in their ongoing care needs. The provider shared some healthcare professional feedback with us that read, "[Provider] is committed to driving a positive image for social care services within the community and is ever the professional at work. [They] often help in the development of new and more junior staff in their training and development, a role in which [they] offers excellent advice and guidance. [Provider's] drive for professional development is inspiring and their company has become a key establishment within Suffolk."