

Consummate Care Limited

# Consummate 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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Consummate Care is a supported living service providing personal care to people in their own homes. The service provides support to people with learning disabilities and autistic people. At the time of our inspection there were 16 people using the service.

### People's experience of the 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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** People received personalised care and support from dedicated staff who had formed positive, close relationships with them. With the right support people flourished in aspects of their lives, growing in self-confidence, developing skills and being enabled to maximise opportunities that would not otherwise be available to them. People were supported to achieve their aspirations. People were supported holistically and enabled to access specialist health and social care support when this was needed. People played an active role in maintaining and improving their health and wellbeing.

People were supported to have autonomy, choice and control of their lives, 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:** People being supported by Consummate Care were given care and support which promoted their dignity, privacy and human rights. People were supported to develop skills and independence, from completing their own personal care to learning household tasks. People received care and support from exceptionally kind and compassionate staff. Staff were extremely vigilant, responded to people's individual needs and focused upon supporting them to achieve a full and enriching quality of life.

**Right Culture:** There was an embedded culture of people being at the heart of the service. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive lives. People received support based on transparency, respect and inclusivity. The registered manager and staff worked hard to instil a culture of care and good teamwork. Staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

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

The last rating for this service was Outstanding (published 30 October 2017).

### 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 Consummate Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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?

Good ●

The service was 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.

# Consummate 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

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. 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 provides care and support to people living in their own homes, so that they can live as independently as possible. 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.

#### Notice of inspection

The inspection was unannounced.

Inspection activity started on 11th December 2023 and ended on the 19th January 2024.

We visited the location's office on 11th and 12th December and visited people in their homes on the 13th

and 18th December 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, such as notifications from the provider and information from the local authority and the public. 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.

#### During the inspection

We spoke with 2 people about their experience of the care provided. We also observed the body language of 2 other people being supported by the service during their interactions with care staff to further help us understand their experience of the care they received. We also spoke with 14 relatives.

We spoke with 19 members of staff including the registered manager, support workers and team leaders. We reviewed a range of records. This included 7 people's care records and medication records.

We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection. We looked at 3 staff files in relation to recruitment and staff supervision. variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 has remained Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were supported to receive their medicines safely.
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff ensured that people's medicines were reviewed by prescribers, however, these were not documented in people's care plans. Following our inspection, processes were put in place to ensure that communication from health care professionals were documented.
- People received support from staff to make their own decisions about medicines wherever possible. People who were able to self-administer their medicines, had appropriate risk assessments in place to ensure they were taking them safely.
- We visited 1 person's home and observed medicines being administered by care staff. Staff explained what medicine was being given and treated the person with dignity and kindness. Staff made sure people received information about medicines in a way they could understand.
- We looked at 7 care plans, which contained person centred information around medicines with details on how people liked to take their medicines, and what they were being prescribed for.
- People were supported by staff who generally followed systems and processes to administer, record and store medicines safely.

### Assessing risk, safety monitoring and management; Preventing and controlling infection

- People's risks had been assessed and reviewed regularly or as their needs changed. Staff had the information they needed to mitigate these known risks.
- People were supported to take positive risks in order to have choice and control over their lives. Positive and practical strategies opened up opportunities and leisure/social activities. This meant people had freedom and independence whilst remaining safe at all times.
- Environmental risks linked to people's homes were considered as part of the assessment process. Key information was recorded within people's records. For example, whether smoke detectors were installed and the location of gas and water should these need to be accessed by staff in an emergency.
- One staff member gave an example, whereby they had supported a person to report a leak at their home and that the management staff had been responsive in quickly getting a plumber to repair the issue. They said this was very important for the autistic person that this was resolved quickly as maintenance issues can cause the person distress.
- Staff undertook training in key areas to promote people's safety, health and well-being, which was regularly updated to ensure they had the appropriate knowledge. For example, in the use of equipment to move people safely, first aid and food safety awareness.
- Processes were in place for the reporting and following up of accidents or incidents, which included

informing external organisations, such as the CQC and the local authority.

- People were matched with staff who worked together with people to offer continuous care which prioritised people's needs and safety.
- People were protected from the risk of infection as staff were following safe infection prevention and control practices. Staff had personal protective equipment which they used appropriately. One relative told us, "Staff always wear gloves when appropriate".

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were protected from harm and abuse as staff received training in safeguarding.
- People felt safe. All the relatives spoken with told us their loved ones felt safe with their care staff and were kept safe.
- Staff understood how to recognise and report any concerns to the registered manager and relevant professionals. One member of staff told us, "I would follow our safeguarding protocol if I suspected or observed abuse. I would report it to the team leader who would inform management who would then inform CQC and the local authority safeguarding team. I've never had to report any safeguarding issues yet but am completely confident that management would be responsive to any safeguarding issues that were raised".
- We saw examples where safeguarding issues had occurred and the staff had used this as an opportunity to learn. The provider had made improvements to systems and processes to reduce the risk of further incidents.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff to meet people's needs.
- The provider carried out checks on new staff before they were employed to work for the service. New staff were checked against records held by the Disclosure and Barring Service (DBS). The DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider also requested references to confirm applicants' good character and conduct in previous employment in a care setting.
- Enough suitably qualified and trained staff were deployed to meet people's needs and keep them safe. Staff had an incredibly good knowledge of the people they supported and were able to tell us about people's individual needs, wishes and goals.
- People were at the heart of the service and the provider was dedicated to offering support to their staff which ensure the ongoing stability and success for people being supported by the service.
- Staff responded promptly to changing situations and worked as a team. One staff member told us, "Staff work well together and communication is very good. The detailed handovers we receive prior to each shift so we are all fully aware of what needs to be done and of the support people need that day".

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider had systems to gather and review information from accidents, safeguarding incidents, people's feedback, complaints and staff experiences. The registered manager used the information to understand and learn lessons when things had gone wrong. They had implemented changes which had improved the safety and quality of the service.

# 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 had been assessed before they moved to the service to ensure it was suitable for them. When people had moved from other care services, a personalised plan had been developed to ensure the transition between services was well-managed.
- Assessments included consideration of protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs.
- People's care plans considered people's diverse needs. For example, areas covered included people's heritage, beliefs, cultural requirements and lifestyle choices.
- A relative told us staff had visited them and their family member at their home and had undertaken a full assessment of their needs and were involved in a transition plan before they moved. They told us, "It was a good transition from the last place and made sure everybody was involved who looks after [our relative] including other professionals who have played a part. We were confident this was going to be really good move for [our relative] going forward".
- People's care needs were kept under review by staff with the involvement of the person and the people involved in their care.

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff had received induction, supervision and support to ensure they had the skills required to carry out their roles. One member of staff told us, "The induction helped me prepare for the role as support worker, as I shadowed experienced staff and supported the same people so I could get to know them. I was introduced to them and at worked well with other staff in ensuring the people had the care and support they needed".
- Staff received a wide range of training and competency checks through supervision to enable them to provide care that met people's needs. All staff spoke positively about this and the provider's detailed training records for staff confirmed this. One staff member told us, "We recently had an Occupational Therapist (OT) provide us with moving and assisting training regarding recent additions in equipment provided to support a person with their mobility needs, as these had recently changed. The training was very good, and helped ensure consistency of care".
- All the staff we spoke to, spoke very positively about the provider. They spoke of them being 'exceptionally supportive and enabled staff to work flexibly in a way that fitted in with their personal/family life'. Team leaders carried out welfare calls to check that staff were okay.
- Another staff member told us how they found their supervision meetings helpful and supportive and that they felt listened too and comfortable in raising any issues. They also said that senior staff were responsive

in carrying out any actions agreed during these meetings.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Staff encouraged people to eat a healthy and varied diet. The registered manager told us supporting people's understanding of the advantages of a healthy diet was an important part of their care and support.
- People had input into choosing their food and planning their meals. Menus were developed with people and their care staff so that people were eating food they found enjoyable and to their personal taste.
- People were referred to the GP, speech and language teams and dietitians where they experienced a change as when appropriate. People's care plans reflected their diets and staff recorded when they gave people their food and drink. One member of staff told us, "We support a person who has difficulty in their eating. Professionals provided us with the information and guidance about the type of pureed food and fortified drinks we give them".

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

- People were supported to live healthier lives, access healthcare services and support. The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People's records provided information as to people's health care needs and known health conditions. This enabled staff to better understand people's needs and the impact this had on the person's day to day life so as staff could provide the appropriate support and care.
- Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor or district nurse.
- Staff liaised with relatives who supported their relative in accessing health care services. A relative told us, "[Staff] coordinate all healthcare appointments and checks. We work as a team".
- Staff we spoke with had a comprehensive understanding of the needs of people, which was consistent with information held within people's care records.

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.

- The provider was working in line with the Mental Capacity Act.
- Mental capacity assessments were carried out where applicable. Where people lacked capacity to make specific decisions, this was documented clearly and best interest meetings were held to record decisions about people's care with the least restrictive options. Where people had the mental capacity to make decisions, but these decisions were against medical advice, the GP was involved and people were informed of the risks. Staff supported people to be as safe as possible, whilst respecting people's wishes.
- Staff sought people's consent before providing care. People told us this and all the relatives spoken with confirmed this.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was documented.
- People's records included the names of others, including relatives, who were involved in decisions relating to care.

# 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 Outstanding. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported and treated. People's diverse needs and experiences were respected.
- Relatives told us, "The team, they're very good. They deserve a medal". Another relative said, "[The staff] are very skilled and they're very caring as well. It has to be a mix. [Our relative] gets great support despite their complex needs".
- Staff understood how people with a learning disability and autistic people can succeed and have a fulfilled life with high standard of support and care, based on understanding people's individual likes, dislikes and needs. Staff worked with people to manage the challenges they faced in accessing activities and go out and people were the focus of their support. For example, a person wanted to out and about but did not leave their previous home. Staff supported the person with social stories and consistent communication over a significant length of time and now they were going out and on holidays, with considerably reduced staff support.
- People told us staff were good and kind towards them. We observed all support was planned and people were supported with their understanding of what was expected, whilst offering clear structure and access to motivating activities. These proactive strategies reduced anxiety, confusion and distress from occurring or escalating. Staff were quick to recognise signs of anxiety and respected people's requests and offered reassurance, which helped people to self-regulate. We observed this when we visited people in their homes.
- People's rights were considered and staff helped them to make informed decisions about their relationships. For example, staff supported a person to maintain a healthy relationship with a partner. This had helped the person understand information in order to make informed decisions and choices about knowing about their bodies, safe sex, consent, sexually transmitted diseases and hygiene.
- All the staff we spoke with were aware of people's rights to be involved in their care and support. A staff member told us, "The people we care for have rights which need to be upheld and supported at all times".

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 supported well to express their views and make decisions about their care. People, and their relatives were fully involved in making decisions and choices about their care. A person told us, "I can decide what I want to do and I tell staff".
- People's privacy, dignity and independence were respected and promoted. People were supported to maintain their independence and make choices about their care. We observed this during the inspection and all relatives we spoke with confirmed this.
- People received care and support with kindness from a staff team who knew people well and were

consistently vigilant to their needs. We observed interactions between staff and people which were natural and demonstrated people were used to this type of care and support.

- Staff actively encouraged positive contact with relatives, friends and partners. Staff supported people through difficulties they experience in relationships too such as break-ups, bereavement and turbulent times.
- People were supported to access independent advocacy services to support them to express their decisions. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

# 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. At this inspection the rating has remained Outstanding. This meant people's needs were exceptionally well met.

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

- People's care was exceptionally well supported and delivered consistently and responsively. Staff consistently met the complex needs of people based on their wishes, enhancing their quality of life and well-being. Staff were exceptionally responsive and had excellent knowledge of people. This had resulted in positive outcomes and improved their quality of life.
- Relatives were exceptionally complimentary about the provider, staff and the support people received. A relative said, " [Staff] make it fun and give [our relative] a good time whilst helping [them] live an independent life. [Our relative] is always happy with the staff. Is always signalling to me that all is fine when the staff are around". Another told us, "What [staff] do well is really kind and they care for [our relative] when they are upset. It's a very small team and it's like a family. It's very homely. The relationship is very close and they're lovely people. They're approachable with us as well when we go out there like friends of the family and friends listen, not care staff".
- Staff had gone the extra mile to find out what people wanted to achieve and supported people where possible to reach these goals. For example, staff supported one person to achieve two life-long dreams recently. Staff supported the person to travel to a racetrack so they could drive cars around a racetrack and they also supported the person for trip abroad to explore their special interest of history The registered manager told us they had returned having had the time of their life and returned with an enhanced knowledge of historical world events.
- Support was bespoke and flexible giving people the freedom to shape their days in ways that were meaningful and helpful to them. People were instrumental to the care they received. For example, this has meant being able to reduce the number of hours they are supported by staff in their own home. This one person was supported many years under 24 hours care, including living in a care home. Staff supported this person to request to reduce their support hours. The person demonstrated they could safely lock up their own property before going to bed at night and order a take-away by themselves. The registered manager told us how immensely proud the staff are of them and their achievements to date.
- Professionals said the service was focused on providing person-centred care and support and achieves exceptional results. For example, the registered manager discovered that a 'Do not attempt cardiopulmonary resuscitation' (DNACPR) had been completed during a person's hospital admission and subsequently the hospital staff were treating the person as end of life. The registered manager immediately made contact with the local advocacy service to seek support. Together they successfully had the notice removed. The person returned home, and with the appropriate equipment in place and support has continued to go from strength to strength, still going out shopping and living their life.
- Staff were resourceful and creative in how they helped people achieve their goals and pursue their interests. Their commitment has led to enhanced opportunities for people, some of whom had a history of

multiple failed placements and previous long stays in hospital. For example, one person who had lived in a hospital for a very long time, was now able to live in their own home, supported by a dedicated staff team who understood their needs and their past experiences. Staff had worked closely with local community intensive team to ensure their needs were met so the tenancy was a successful one.

- Care plans holistically reflected how people wanted to be supported and were adapted to meet people's changing needs. This supported staff's understanding of the people they cared for to ensure they received positive outcomes, tailored to their needs. Where required people were consulted regarding referrals to other services, if necessary best interest meetings were held. Annual health checks were undertaken, and close liaison was maintained with the service and the general practice.

#### 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 meeting the Accessible Information.
- People's communication needs were understood and supported.
- Staff ensured communication was tailored to people's individual needs. People did not always communicate using speech, however, the staff knew them well and could understand their facial expressions and body language. The staff also helped people to understand what staff were saying by using known familiar phrases, offering simple choices, using objects of reference, picture cards and using their own body language.
- Staff showed a skilled understanding of people's communication needs. They were able to describe how they supported people to understand and be understood. We witnessed them interpreting subtle gestures and signs and checking with people this was what they had meant.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Staff assessed and recorded information about people's communication needs. People were provided with easy read care plans and risk assessments to ensure they felt empowered and involved in their care planning. Information was available to people in different formats including easy read documents.

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

- There were innovative ways to help people take part in a wide range of different activities and events. The provider promoted the belief that there should not be any obstacles to people trying new things or limits to the experiences they could have. The staff took this to heart, visiting places of interest and activities in the community; and assessing these to see if they could support people to access them.
- People were supported exceptionally well to maintain and develop relationships. For example, staff drove one person to the other side of the country regularly so that this person could spend time with their relative. Staff told us this was very important to this person and their relative to spend quality time together as they have experienced several family bereavements which has been hugely impactful on them.
- People could rely on their care staff in happy and difficult times. Staff used individualised creative methods to communicate with people. For people using the service, social stories were invaluable in supporting them to navigate complex emotional experiences and new information. We heard about the positive impact this had for people and their families.
- People were supported to follow their interests and take part in activities that were relevant to them. For example, staff supported one person to rehome a cat who needed a home. For another person staff support

them to make dinner for their family regularly at their house. The registered manager told us how this person, 'beams with happiness' when we talk about their social life.

- People were active in their communities, for example, visiting their local pub, coffee shop, cinema, library, gym or day centre. Relatives and staff told us that people were confident and familiar with their surroundings so they could enjoy a walk in the park, chat to their neighbours, send and receive cards at Christmas time.
- People enjoyed parties and celebrating special events and festivals. People's families were invited to visit and felt involved and well informed.
- The staff documented people's lives through photographs. Through these we could see how happy and comfortable people appeared. Staff and people were given equal status in these, enjoying activities together, laughing and having fun

#### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The provider had robust systems and policies in place to reflect on complaints and concerns. The provider and the management team had responded professionally and in a timely manner to people raising complaints.
- Relatives we spoke with said that they had raised small matters which were resolved to their satisfaction and had never had to raise any major concerns or complaints. They said that they knew who to contact if they had any concerns about anything. A relative said, "If I need to contact, I get in touch with the office and speak to one of the staff or a manager if necessary".
- Managers explained how complaints were reflected on and used to inform improvements to people's care. The staff we spoke with were clear about their responsibilities concerning the management of complaints.
- All the staff we spoke with were aware that guidance could be obtained from the provider's complaints policy.

#### End of life care and support

- No one was receiving end of life care at the service.
- People had care plans that were personal to them. The registered manager told us that end of life care planning would be discussed as and when appropriate with people and their relatives. Staff would record any specific needs and wishes to be considered, where appropriate to do so or with advocates.
- The provider had a detailed up to date policy.

# 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 Outstanding. At this inspection the rating has remained Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service 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

- There was an exceptionally positive, open and inclusive culture at the service.
- Management and staff put people's needs and wishes at the heart of everything they did. The service provider offered additional training to ensure staff were able to meet people's diverse needs. For example, they trained staff in abdominal massage. The training was person-centred aimed at specific people so as to help them promote their independence and dignity.
- People were at the centre and focus of everything. The registered manager's passion to provide the best care and support to people to achieve their best outcome transcended across the staff team. Feedback from people and relatives was excellent. One relative said, "The staff are as solid as a rock. I wouldn't change the support for the world" and "[The staff] consistently meet [my relatives] needs. [They] can be challenging if they don't get their needs met. I feel [my relative] is well looked after".
- People were fully involved in developing their care plans and constantly encouraged by all staff to reach their goals however big or small. One relative told us, "The staff team meet [our relative's] needs well, [they] are complex and they're able to do the things that [our relative] needs and wants". For example, we saw this approach had led to people achieving goals through the service training staff to support people continue to live in their own homes. Care staff had identified a pattern in a person's health condition and had worked alongside specialist consultants to minimise the negative impact on the person and support a review of medicines. Being able to support this person with their health condition led to them being able to continue to lead as active life as possible.
- The management team worked exceptionally hard and had established a service with a strong visible person-centred culture. The staff were dedicated and caring and treated people with kindness, compassion and respect, which clearly had a positive effect on people.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. A member of staff told us, "Staff are supported and encouraged to raise issues and concerns here. The management staff have always been responsive to any issues raised".
- Staff were valued and supported in various ways which meant staff turnover was lowered and staff were proud of where they worked.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were at the heart of the running and development of the service. The provider fully incorporated a diverse range of views that embraced people's protected characteristics. For example,

arrangements were in place to ensure staff were supported with their health needs. Adjustments to working practices were made to accommodate staff working more flexibly in order for them to fulfil their caring responsibilities outside of work. This enabled staff to continue contributing to the development of the service.

- The provider had initiatives to show staff they were valued, to promote staff wellbeing and retention. For example, birthday recognitions, flowers, gift vouchers and referral bonus. Staff also benefitted from an induction programme that included training, shadowing, workshops and supervisions. Additional training and career pathways were available for staff who wished to progress their career further. The provider had continuously demonstrated their commitment with this as a number of the managers had started at the service as a support workers.
- Staff told us, "I am very happy with my job. The managers are really supportive and helpful. They have been very understanding about my family needs, which has really helped with the balance of work and family life which is good". Another staff member said, "It is a great company to work for and that the company takes pride in what they do".
- Team meetings included staff and members of the multi-disciplinary team ensuring a diverse range of roles had regular opportunities to raise issues, concerns or share good news stories about people's positive outcomes. This led to an improvement in communication and learning, as all key stakeholders were fully involved and everyone was empowered to continue to support people to achieve their desired outcomes. Staff commented how they used team meetings to highlight how people had improved and gained independence, so all within the service, including people themselves celebrate in their success.
- There was a strong emphasis on involving everyone to ensure Consummate Care continued to improve on the outcomes for people. For example, staff had developed relationships with hospital accident and emergency staff to ensure they could positively support one person accessing services if and when necessary due to their complex health needs. Ensuring they could be offered a side room and would never be left alone.
- People, and those important to them, worked with managers and staff to develop and improve the service. One person's relative told us, "Staff are approachable and that's how I want it. If you ask, they respond. The best thing is they listen. They don't just offer the words, they listen and they do things". Another person's relative told us, "Everybody is involved who looks after [my relative], the professionals and us [their] family have played a part".
- The provider sought feedback from people and those important to them, and used the feedback to develop the service. In addition, the registered manager told us staff sent people's daily records to relatives where appropriate to do so. Giving them a genuine picture of how their loved ones lived fulfilling lives.
- Staff encouraged people to be involved in the development of the service. A member of staff told us, "We have meet and greets after staff interviews to see how they get on with people. We get their feedback only then are decisions made".
- The provider worked in partnership with others. Feedback from commissioners was positive and staff had received numerous compliments from external professionals with regards to their abilities. For example, following a hospital admission of a person supported by the service, a nurse complimented the staff member who attended. They told the provider, "It was very refreshing to see somebody with some enthusiasm, and compassion for their role. It was very evident [the support worker] had a good rapport with [the person], and knew [them] very well. They were able to explain in detail to us, [the person's] normal routine, what abnormalities we should look out for, and was able to aid in our diagnosis, assessment, and continued care".

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 provider had a management structure that proactively monitored the quality of care provided to ensure care was of high quality.
- The provider had created a learning culture at the service which improved the care people received.
- Audits were carried out as part of the on-going monitoring of the quality of care provided, along with organisational oversight. Governance monitoring included all aspects of the service and its records, including trends analysis and customer satisfaction surveys.
- The registered manager reviewed incidents, safeguarding and complaints to understand what had happened to prevent recurrence. They took action to improve staff understanding and make changes to improve the quality of people's care.
- Staff received regular supervision and attended staff meetings where they were encouraged to provide their feedback. One member of staff told us, "The supervisions have helped me to express myself. They have also given me the opportunity to share information about the people I have supported".
- People and their families provided feedback about the care during reviews. Information was used to improve the service.
- The provider had submitted the relevant statutory notifications.
- The provider and registered manager fully embraced their responsibilities and demonstrated the requirements of the duty of candour to be open, honest and transparent when things have gone wrong. Staff worked with families when there had been concerns or something had gone wrong.

#### Continuous learning and improving care

- The provider had created a learning culture at the service which continuously improved the care people received.
- There was a strong emphasis on developing staff skills and knowledge. Staff were provided with a supportive environment to learn and gain further qualifications which meant people benefitted from a highly trained workforce.