Christchurch Court Limited

Christchurch Court - 4 Christchurch Road

Inspection report

Abington
Northampton
Northamptonshire
NN1 5LL

Tel: 08442640533
Website: www.christchurchcourt.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Outstanding

Summary of findings

Overall summary

4 Christchurch Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 4 Christchurch Court is registered to accommodate seventeen people; at the time of our inspection there were ten people living in the home.

4 Christchurch Court provides care and support to adults with acquired brain injuries.

At the last inspection in October 2016, this service was rated overall as requires improvement because although changes had been made to improve the quality of the service we needed to be sure they were maintained. At this inspection, we found that improvements had been made and sustained and the service was rated overall good.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service demonstrated an excellent commitment to providing outstanding care, which was embedded into the practices of the staff and the management team. The service put people's views at the forefront and designed the service around their needs. Staff were encouraged and enabled to work creatively which achieved consistently outstanding outcomes for the people receiving care and support. There was a strong system of quality assurance led by the provider and registered manager that ensured people consistently received exceptional care and support.

The registered manager was inspiring and dedicated to providing care, which met the highest of standards. They strived for excellence through consultation, research and reflective practice. They were passionate and dedicated to providing an outstanding service to people. They led with a dynamic approach and continually reflected on how to improve the service further. They demonstrated a strong and supportive leadership style, seeking feedback in order to further improve what was offered. The provider's vision and values were understood and shared across the staff team.

The service responded to people's needs and preferences. People were supported by a service that was devoted to getting to know the people they supported. Relatives told us the service was responsive and well managed. The service sought people's views and opinions and acted upon them.

People were supported with care and compassion and there was an ethos of care which was person centred and valued people as individuals. People received a personalised service that was responsive to their individual needs, there was an emphasis on each person's identity, and what was important to them from the moment they moved into the service.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed and medicines were obtained, stored, administered and disposed of safely. People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person and people were actively involved in decisions about their care and support needs.

Staff had received training in the Mental Capacity Act 2005 (MCA) to make sure they understood how to protect people's rights. There was guidance in relation to the MCA and people were asked for their consent before staff carried out any care or treatment. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager, registered provider and staff ensured that people were supported in ways that did not restrict their freedom and were supported appropriately to uphold their rights.

A variety of choices of food and drinks were offered at the home. Staff supported people to eat and drink with patience and dignity. People were able to access the provider's own multi-disciplinary team which consisted of rehabilitation therapists and psychotherapists. People told us they had good access to their GP, and other health professionals. Staff at the service had good links with healthcare services and people told us they were involved in decisions about their healthcare.

Care plans were written in a person centred manner and focussed on giving people choices and opportunities to receive their care how they liked it to be. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. People were able to raise complaints and there was an easy read guide to support people through the process.

Robust quality assurance reports had been developed, incorporating all elements of requirements relating to legislation, Care Quality Commission (CQC) guidance, best practice guidelines, along with evidence of how each area was being met. Continual auditing was carried out to ensure the safety and quality of care that was provided, using information from the audits to drive continual improvement.

The service was accredited approved headway provider status which evidenced they were competent to support people with complex acquired brain injuries. Headway is an approved scheme for services specialising in acquired brain injury care.

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.

The staff team kept people safe from avoidable harm.

Risks associated with people's care and support were minimised because risk assessments had been completed and were followed by staff.

Appropriate recruitment processes were in place and suitable numbers of staff were deployed to meet people's needs.

People were supported with their medicines as prescribed by their GP and appropriate systems were in place to make sure people were protected against the risk of infection.

Lessons were learned and improvements were made when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs were assessed and met by staff that were skilled and had completed the training they needed to provide effective care.

People were supported to maintain their health and well-being.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good

The service was caring.

The staff team were kind and caring and involved people in their care and support.

People's privacy and dignity were promoted and protected by the staff team.

Information was made available to people in their preferred method of communication.

Is the service responsive?

Good

This service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Outstanding

The service was exceptionally well led.

The service had a positive, person-centred and open culture.

The registered manager and the provider were dynamic and led by example, continually seeking to improve what the service offered to people.

Robust quality assurance processes ensured continual monitoring of safety, quality and effectiveness of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection of 4 Christchurch Court took place over three days; on 13, 15 and 16 November 2017 and was undertaken by one inspector.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and took this into account when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During our inspection we spoke with six people who lived in the home and two relatives. We spoke with 16 members of staff; this included; four rehabilitation support workers, one rehabilitation assistant, the group speech and language therapy manager, group psychotherapy manager, deputy homes manager, two team coordinators, two human resources administrators, one housekeeper, the head cook and assistant cook and the registered manager. We were also able to speak to two health and social care professionals by telephone.

We observed care and support in communal areas including lunch being served and interactive rehabilitation sessions with people's consent. We looked at the care records of five people and four staff

recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, feedback from people, relatives and professionals, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

At the last inspection in October 2016, we rated 'safe' as requires improvement because although improvements had been made from the comprehensive inspection in July 2016; we needed to ensure these had been sustained. At this inspection, we saw that the improvements had been sustained and the service had continued to develop.

We observed and people told us that they felt safe in the home. One person said, "I feel safe here, everyone is great." Relatives also told us they felt their family members were safe with staff. One relative commented, "I have no concerns, the staff are really good." Another relative told us "Excellent care and support; this is the first time in thirty years I have had peace of mind knowing staff really know how to keep [relative] safe. I trust them implicitly."

People were protected from avoidable harm because staff had received training in safeguarding adults and knew how to report any concerns. One staff member said, "Safeguarding training and awareness here is very good. We all have a responsibility to protect people." There were posters around the building detailing the providers 'freedom to speak up' policy which aimed to enable staff to feel safe to speak up against poor practice.

Records confirmed that staff had been provided with safeguarding training. The registered provider had a safeguarding policy along with a copy of the local authority adult safeguarding policy available to staff for guidance. The registered manager was aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required. To enhance the safeguarding role in the service, there was an identified staff member who was a safeguarding champion. Their role was to ensure people had an opportunity and were empowered to discuss any concerns and that people had safeguarding information available to them in their bedrooms in their preferred format.

Risk management plans were in place to promote people's safety and to maintain their independence. A member of support staff told us, "There are risk assessments in place for lots of things and they get updated all of the time especially if someone is learning new skills or becoming more mobile and independent." We saw that people had individual risk assessments in place to assess the level of risk to them. For example, risks related to going into the community. The assessments were clear and had been reviewed on a regular basis to ensure the care being provided was still appropriate for each person.

Risk assessments were also in place for the staff team, which gave guidance on managing risks to keep themselves and others safe. For example, undertaking moving and handling tasks. Care and support staff had received regular training in moving and handling and falls prevention. This ensured that staff knowledge was up to date and they followed the most recent best practice guidance to keep people safe.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person said, "The staff are super; to be honest I like all of them but my key-worker is my favourite." One relative ommented, "The staff team are fantastic, they are all very knowledgeable and if a member of staff didn't

know the answers to my questions they find someone who can."

Staff confirmed the staffing numbers were adequate and enabled them to support people safely. One staff member said, "We still use agency staff on some occasions to ensure we have the right number of staff; but these are regular workers who know the guys [people] really well." Care and support staff from another service operated by the provider located next door also worked periodically in the home to ensure that in times of staff shortage like absence, there was enough staff who knew people well to meet their needs. At the time of our inspection, we judged staffing levels across the service to be sufficient to meet people's needs.

There were arrangements in place to ensure safe recruitment practices were followed. The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work. Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show staff were suitable to work at the service.

Systems were in place to manage people's medicines safely. People told us they received their medicines when they expected them. One person said, "They [staff] are good at helping me with my tablets." Another person said, "I always get my medication on time; I never have to worry about that which is good because I often forget I have to take tablets."

Records confirmed that staff had been provided with training on the safe handling, recording and administration of medicines in line with the service's policy and procedure. Medication administration records (MAR) were completed accurately and regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner. There was clear guidance in place where pharmacists or GP's had agreed that where necessary, medication could be given mixed with food to enable medicines to be taken easier and the person was fully aware the food contained their medicines. For example, one person had their medicine with a spoon of yoghurt to enable an easier swallowing process.

The registered manager had a dedicated member of staff who was named as a 'medicines champion'. Their role was to have an in-depth oversight of all of the medication process and procedures. There was guidance in people's files held in their bedrooms about whom they or their relatives or advocates could speak to if they had any queries about their medicines.

People were protected by the prevention and control of infection. Staff received training in relation to infection control and food hygiene. An infection control champion oversaw all infection control procedures and audits and completed observations on staff infection control practices. For example, hand washing techniques. There was guidance and policies that were accessible to staff about infection control. In addition, staff were supplied with personal protective equipment (PPE) to protect people from the spread of infection or illness.

There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to the staff team through team meetings and supervisions if required. For example, there was a situation in the previous 12 months with raised carbon monoxide levels in the home. This was fully investigated and the appliance repaired; however as an extra preventative measure in place

there are now additional carbon monoxide detectors in the home that are tested weekly. The provider has also shared this learning across the organisation. The service reviewed and audited any incidents and these were communicated with the staff team to ensure lessons were learnt and improvements made.

Good

Is the service effective?

Our findings

People's care was assessed holistically to ensure their needs could be met effectively. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. Initial assessments were completed by a member of the multi-disciplinary team (MDT), for example an occupational therapist or psychotherapist depending on the person's rehabilitation needs.

Following the initial assessment, the MDT developed a comprehensive care and rehabilitation plan which set out clearly what goals the person wanted to achieve and what support they required to do this. People were able to have their needs met in all areas as soon as they moved in to the home because the provider employed their own team of occupational therapists, speech and language therapists and psychologists. Rehabilitation programmes were developed with people which set out exercises and therapy led sessions to enable people to work towards their goals.

Part of initial assessment process also captured if any technology or equipment was required to enable people to keep safe or to enhance their independence. We saw that there was a variety of equipment that was used. For example, sensor mats to alert the staff team if someone who was at risk of falling got out of bed and equipment that enabled people with tremors to eat in a more dignified manner. People and staff told us that this equipment was always in place and ready for them when they moved into the home. Other technology was also used to support people, for example one person used a tailored communication application on an iPad, which they had learnt to use with intensive support from the therapy team.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. A relative commented "The staff have received fantastic training, they are properly trained for acquired brain injuries; the evidence speaks for itself in that no other home has been able to manage [relative's] complex behaviours." One social care professional commented that they thought the staff were well trained, very motivated and knowledgeable. Staff had completed comprehensive training on brain injuries, which enabled them to understand the effects of different injuries on the brain. One staff member told us "This was fantastic training, it gave us so much information but also understanding what behaviours are affected depending on what part of the brain is damaged; it really helps to support a person better when you understand why they are having difficulties grasping something."

Staff received a comprehensive induction into the service, which included completion of all of the provider's mandatory training, meeting the MDT team who explained what their roles were within the organisation. New staff were able to observe more experienced staff supporting people and were able to spend time getting to know people and learning their routines.

People were supported by staff who received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "I have regular supervision; but I don't need to wait for supervision to discuss any concerns; I can just speak to the team coordinators or the registered manager." The registered manager confirmed each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files to confirm this.

People's dietary needs and preferences were known and recorded. The chef was aware of people's likes and dislikes and details of allergies, religious preferences or special conditions such as diabetes were known to all staff. People contributed to the weekly menu and individual meal choices were made each day. People living at the service were positive about the food provided. One person said, "The food is great, lots of things I like on the menu and if I don't like it they get me something else." The chef ensured that people from different ethnic groups received culturally appropriate food.

People who were risk of swallowing difficulties like choking, received assessments from the providers own speech and language therapists (SALT). These detailed assessments guided staff on what texture and consistency of food people required. To ensure that all staff were continually aware of this, the staff team had developed tablemats for people, which were personalised to each person and contained the information on how people required their food and drinks. The staff we spoke with were knowledgeable about people's dietary needs. The service had a nutrition and hydration champion who monitored people's care plans and staff's knowledge in relation to dietary requirement. This person's role was also to support relatives with understanding the person's dietary needs, so there was continuity if the person was supported by relatives. For example, overnight visits.

The service worked and communicated with other agencies and staff to enable consistent and person centred care. We saw that people had input from a variety of professionals to monitor and contribute to their on-going support. For example, diabetes clinic's. The provider worked with funding authorities and safeguarding teams around any safeguarding alerts and concerns. For example if people required more support than they were originally assessed as requiring or their needs had changed.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person said, "I can see a doctor whenever I wish." Records contained information about people's medical history and current health needs. These were frequently monitored and discussed with people and if appropriate with their relatives.

The environment was tailored to meet people's needs. The home was fully accessible to people and included a lift to the upper floors. The communal areas of the building were light and welcoming and people were able to personalise their bedroom as they wished. To assist with orientation around the building the home had signs to indicate prominent areas. For example, toilets and entrances to stairways or lifts.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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. The authorisation procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff team demonstrated a thorough understanding of the MCA, best interest meetings and of the DoLS process. Applications for authorisation had been made for some people who had been assessed as lacking capacity to make certain decisions. Some applications had been authorised and others were waiting approval from the funding authority. This ensured that the service was acting to protect people's legal rights.

The registered manager ensured that where possible people were able to have information that was

accessible to them in relation to mental capacity and consent. We saw that easy read guides on mental capacity were available for people to access. Consent had been sought from people or their representatives in relation to the use of lap belts on wheelchairs and bed rails to ensure people were safe while in bed.

Good

Is the service caring?

Our findings

It was evident that staff had developed good relationships with people. People looked happy, were smiling and relaxed with staff and we saw people laughing and sharing a joke with staff.

People using the service, their relatives and professionals were all positive about the quality of care provided by the staff team. One person said, "They are all very friendly, very kind." Other comments from people living at the service included the following "I can't fault them really, I moan about them sometimes but actually they are very patient with me." and "I forget things often but they all gently remind me, I feel lucky to have my placement here." One relative commented, "I am very pleased with the care you have given [family member]." One healthcare professional commented that there was a great feeling of 'family life' and they had observed excellent interaction with people using the service.

People were treated with kindness and compassion in their day-to-day care. Staff asked people if they would like help before offering assistance, for example, with opening doors. We observed someone who was struggling to manoeuvre their wheelchair through the dining room doorway, and although support staff offered assistance the person declined it. After several attempts of realigning the wheelchair and gasps of frustration the person managed to undertake the task. The support staff gave the person praise for their accomplishment with such genuineness and we observed the person give the support staff a 'high five' to celebrate their overcoming of the task.

Staff spoke of people they supported in a caring and compassionate way. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. Staff discussed the ways in which they preserved people's dignity and privacy. Examples were given about closing curtains and blinds, placing a towel on people's bodies when carrying out personal care to ensure their dignity. The service had a dignity champion whose role it was to ensure best practice within the staff team, challenge any approach that could be improved and to role model best practice. The registered manager told us "This role has proved invaluable, it isn't about 'catching staff out'; it is looking at ways we may be unconsciously not delivering care in the best possible way. We learn from that as a team."

Care plans were person centred and written in a way that explained how people wanted their care and support to be delivered and also detailed where people had a different view from those who were supporting them. For example, one person's care plan explained how a person was not able to go into the community independently at this point in their rehabilitation and explained the reasons and risks behind the decision. It was also clear that the person believed they could go into the community independently and there were clear support guidelines for the staff on how to manage the situation to avoid conflict but to ensure the person was being listened to.

People were actively involved in making decisions about their care and support. People and their relatives told us that they were involved in the initial assessment of their needs and in reviews of their care plans. One relative commented, "I have always been involved and my insight into [relative's] needs has been welcomed; that is rare in my experience but at this home they really do want to give the best support they

can and they can only do that by having everyone's input who knows the person really well."

Care and support staff encouraged and promoted people to maintain their independence and work towards their reablement goals of achieving more independence. One relative commented, "progress for [relative] is really slow but the whole staff team are fantastic, little by little, goals are achieved and celebrated." Care plans included guidance for staff in relation to people maintaining and regaining their independence. For example, when people were in active rehabilitation they had personalised rehabilitation programmes with specific exercises to complete which helped to build strength and coordination. People's reablement plans were individually tailored to meet their needs. The plans were overseen by a member of the multi-disciplinary team who also supported staff to facilitate activities and encouraged and inspired people to try new activities.

Details of advocacy services were circulated to people using the service. Advocacy services represent people where there is no one independent, such as a family member or friend to represent them. The registered manager had sought the services of an independent advocate to chair the resident meetings on a regular basis to enable people to speak freely about any changes they wanted to see happen in the service. We saw minutes of these meetings and actions for the registered manager to complete following a recent meeting. We viewed minutes of meetings from the previous six months and it was clear that people felt able to speak freely and that the registered manager took timely action from agreed discussion points.

Good

Is the service responsive?

Our findings

At the last inspection in October 2016, we rated 'responsive' as requires improvement because although improvements had been made from the comprehensive inspection in July 2016; we needed to ensure these had been sustained. At this inspection, we saw that the improvements had been sustained and the service had continued to develop.

People received personalised care that met their needs. One relative commented, "They absolutely meet [relative's] needs; what I really like is it isn't one size fits all, everything is tailored to each person." The registered manager had sourced support from an interpreter when a person using the service first language was not English. Another person using the service also had religious writings displayed on their bedroom wall in their own language. It was clear in people's care plans if they had a preference on what gender of staff supported them and this was adhered to and understood by care and support staff.

People were supported by staff who knew them well. People's care plans contained information about their history, interests and people that were important to them. Staff were able to use this information to deliver personalised care and support. For example, staff told us about a person's personal care routine which consisted of having music playing in their own language because this had shown to reduce the person's anxiety.

People were supported to follow their interests and take part in activities that they chose. People told us they went to the cinema, horse riding, go karting, greyhound racing, attended football matches, walks to the local park and enjoyed taking photographs of the environment. Other people told us they enjoyed arts and crafts, attending their local place of worship and visits to Museums. People were supported to volunteer work at local businesses and we were told about other opportunities planned for the future.

The service supported people who were actively engaged in rehabilitation and the Multi-Disciplinary Team (MDT) alongside the care and support staff had developed a range of therapies which had proved beneficial to people using the service and kept people motivated to continue with them. The service was trialling rehabilitation exercise bikes but with the addition of computerised goals to achieve. These goals included games played on a visual screen. For example, the screen would show the person as a cyclist and the goal would be to reach the finish line, as the person pedalled they were able to watch their progress on the screen. This trial was proving exceptionally popular with people who were using it. One member of staff told us "Sometimes we struggle to motivate people to complete their rehabilitation but with this new bike people are requesting to use it; what a success."

Other therapies that the whole team had devised were well-being sessions, mindfulness sessions and aromatherapy sessions. One person told us "I love having my hands massaged, I really look forward it." People were able to choose music sessions and could choose from an array of musical instruments to play. One person had a sensory session, which contained items with different textures, and the person had shown an increased interest in these sessions. Another on-going project was the 'rocks of kindness'; rocks and pebbles were painted with inspirational and encouraging words and were left in public places like country

parks with the idea that it would brighten someone's day if they found them. The team were hoping to be involved in the larger rocks for kindness project which included selling rocks for charity in a 'pay it forward' movement.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . The provider gave some good examples of how they met this standard. For example, translators were used as interpreters when required, information was available in people's preferred language and all information people required was in an easy read format. The registered manager was in the process of supporting people to inform places like GP surgeries of people's preferred communication method so people could also receive information in their preferred format from other organisations.

The service had a clear complaints procedure in place and this explained explain the role of the local authority, the Ombudsman, and the Care Quality Commission in dealing with complaints. This meant people using it had clear information on what to do if they had any concerns about the service and how their complaint would be managed. People and relatives knew how to raise a concern. One person told us, "I complain quite a lot, I have bad days and it makes me feel better complaining. The good thing is I am always listened to and given the time I need and I get a written letter which tells me what my concerns were and what was done or what we agreed." One relative commented, "I've had my moans in the past but nothing in the last twelve months, they seems to have sorted themselves out and everything is spot on; in fact it is excellent." We viewed the complaints file and saw that complaints had been recorded and acted upon.

This service did not routinely support people with end of life care; however, if people requested to consider this, an end of life plan was developed with them. One person had recently completed a very detailed end of life care plan. The registered manager and staff team enlisted the support from the Muslim funeral committee of Northampton to ensure that the person's religious and cultural beliefs were captured and recorded fully in the funeral plan. One member of staff told us, "This was such a valuable process for [person] because it ensured all of their wishes were captured. For staff, the process was so important because we learnt about really specific processes about dealing with a body after death which we wouldn't have known and therefore we would have gone against their wishes."

The registered manager informed us that to develop the staff's skills, the senior staff had enrolled on the National Gold Standard Framework (NSGF) for end of life care. The NSGF provides training to frontline staff to provide a gold standard of care for people nearing the end of life. NGSF improves the quality, coordination and organisation of care leading to better patient outcomes in line with their needs and preferences.

Outstanding ☆

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. The registered manager had been in post for twelve months and had been registered with the care quality commission for six months. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were at the heart of the service. There was a positive, inclusive and open culture, which centred on improving the service it provided for people. The registered provider and registered manager placed a strong emphasis on continually striving to improve the service. They demonstrated to all staff the values, ethos and expectations of providing a high quality individual service to people and their family. The registered manager was innovative in their approach to providing care and support and encouraged the staff team to be the same. New ideas were actively sought to enhance the quality of service provided. A member of staff told us, "Without doubt, the success of this service is the registered manager, her leadership and knowledge is fantastic and she is an inspiration to all of us." A relative commented, "Well-led is an understatement, [registered manager] is exceptional, the service [relative] receives just isn't comparable to any other services; and we have been using services for 30 years."

The provider had a clear vision of the quality of service and this was shared by staff. The aim of the service was to keep people safe, healthy, enable change and unlock potential. One staff member told us about how passionate they and their colleagues were about supporting people at the service. They said, "The first time I saw someone walk after months of rehabilitation I just cried; we were all offering encouragement with tears streaming down our faces." Another staff member said, "This can never be just a job; I have to go home each day knowing I have made people's days the best they can be and that I have made a difference. Acquired brain injury; that could be any one of us tomorrow and we never forget that." A third staff member told us, "Everything we do has an impact on people, we always remember that and know that we are affecting someone's life, you have to leave your own personal issues at the front door because at Christchurch we only do positive!"

The registered manager was extremely experienced in leadership and management and acquired brain injury and rehabilitation services. The previous 18 months had been a challenging time for the service but we were told by people, relatives and staff at all levels that the success of turning around the service was directly led by the registered manager who managed with transparency, clear vision, integrity and passion. One member of staff told us, "[Registered manager] is clear about the expectations and isn't backwards in coming forwards; but that is what was needed." All staff told us how honest and open conversations helped moved the service forward. One member of staff said, "It is a completely different service, we [staff] are clear about our role, we know we have full support from management and senior managers and we are listened to. Our voice matters, we are encouraged, coached, supported and praised and when things go wrong as they sometimes do, we talk and learn."

The service was inclusive and diversity was celebrated for people using the service and the staff team. To enhance people's knowledge of cultural groups, the service had developed a 'cruise night' every month. The people using the service agreed which country the cruise ship would dock at and they, with support from staff gathered information and knowledge on that country including the religions celebrated, the culture, foods and history. People agreed a menu for the cruise and the chef ordered and prepared the foods. The whole evening was planned by people with support from staff; special cruise menus were available, invites to the captain's table and place mats containing information about the country. One person told us "I love the cruise night, it is mega fun and we learn loads as well." We were shown photographs of the previous few months' successful nights and it was clear that this event was one that people were engaged in and thoroughly enjoyed.

The registered manager told us how the whole staff team met regularly to discuss all aspects of the service. The registered manager said they valued each member's contribution and decisions were made together and not in isolation. Other staff also told us how they felt valued and included. The whole staff team worked exceptionally well together and their approach was consistent. Comments from care and support staff included, "Teamwork is excellent here; I have confidence in my colleagues and know that when I leave work people will continue to get the best care." Another member of staff said, "We all get on really well, we communicate well and we don't judge each other, if we need to review something then we do, but it is together." The provider's occupational therapist told us "The team work so well together and have grown in confidence in their abilities that it makes our job so much easier. Staff will send me an e-mail with a query about someone's needs that may be changing and because the record keeping and their awareness of rehabilitation has grown so much I am able to advise temporary adjustments until I can reassess the person." A comment from a 'friends and family test', which was used to gather feedback about the service, said, "The staff have excellent teamwork and plenty of fun, which leads to good rehabilitation." The registered manager commented, "I am so proud of the whole team; they work together fantastically."

Staff received constructive feedback from their line managers on a regular basis in formal supervisions, staff meetings and through general observations. One member of staff told us, "I get great support, if I haven't got something right it is explained to me and we talk about how it could be done different." A team coordinator told us, "We have a great mentor system in place, when staff are learning new roles we have an experienced person who guides us and goes through how we complete tasks. It has been great for me to have such a fantastic mentor and to know that I am learning the role from someone with great experience." Staff also received positive feedback from the director; we viewed documentation that congratulated the whole staff team for their commitment and exceptional hard work following feedback from an internal quality review.

Staff told us how the registered manager encouraged and supported them to undertake additional training. One staff member said, "Any training we identify that maybe useful in how we support people the manager will find out about it and support us to do. I don't just feel like a number, I feel valued and supported to grow." Training records evidenced that additional training such as drug and alcohol awareness, level 2 diplomas in mental health and extensive training on managing behaviour that may challenge the service had been completed by the majority of staff. This enabled the staff team to have more insight in people's behaviours and health needs. This demonstrated the registered manager valued the staff team and empowered them to continually develop their skills, knowledge and gain additional qualifications to benefit the people at the service.

The provider valued the dedication of the staff team and the care they provided to people and offered many additional benefits. To show their appreciation and to continually build on the positive professional working relationship; the provider offered benefits to staff which included tax free childcare vouchers to assist with child care arrangements, life assurance, long service awards, 24 hour confidential counselling service and

professional fee's reimbursement; for example, fee's for subscribing to professional literature. Staff told us they really valued the working for the company and felt rewarded for their commitment. One member of staff said "I think we take the additional benefits for granted, we also had quite a good pay rise recently as well; the Christchurch Group is a great employer."

The registered manager and staff team had developed excellent links with the local community, which people benefitted from. For example, the service had links with a local charity that provided activities called 'holiday at home' for people who wanted to take part in extended periods of activities but without requiring to stay overnight. People enjoyed activities such as armchair curling, animal therapy and craft workshops. Local businesses had donated prizes for charity raffle prizes. The service supported charities by having coffee mornings, 'wear your pyjama's to work day' and a variety of other events. Other links included the ROCK club; this is a club set up by providers including the Christchurch Group. This is an innovative approach to improving social opportunities for people with acquired brain injuries in Northamptonshire. It was clear from talking to people and from reading minutes of residents meetings that the ROCK club was a pivotal point in everyone's weekly social calendar.

People and staff were empowered to voice their opinions, and the management always responded to comments put forward. People, their families and staff were provided with a range of ways in which they could express their opinions including 'friends and family test' surveys, meetings and via comments cards located in a prominent position within the service. People and staff were kept informed about what was going on at the service via a weekly newsletter, which gave useful information about forthcoming events as well as celebrating successes in the service and recognising special occasions and achievements of people and staff. People were encouraged to be involved and have ownership of what was happening in the service. There was a strong emphasis on continually striving to improve in order to provide a high standard of care.

There were robust quality assurance systems in place, which meant the management team had clear oversight of how the service was meeting people's physical, emotional and social needs. The registered manager undertook regular audits to ensure quality and safety. These were further supported by audits carried out by the quality governance team and provider, which included audits of care records, medication, complaints, safeguarding, emergency planning, accident reporting and Infection control. There was an open and transparent culture in the service. Where audits identified problems, records showed these were dealt with in a timely manner. Information gathered from auditing processes were used to drive continual improvement in the service.

The registered manager highlighted that they were also supported from all levels of the organisation. They told us, "I get great support from the governance manager and the chief operating officer. The governance manager visits regularly and we also have monthly visits from a more senior person in the organisation. We are also encouraged to have good links with other Christchurch Group managers so we can all offer peer support which works really well." This strong working relationship meant that the provider was continually informed and updated and therefore had effective oversight of the service.

The service was an accredited provider. This accreditation evidences that the service demonstrates appropriate specialist care for people with complex impairments due to acquired brain injury. The assessment included a robust on site assessment and also includes on-going unannounced interim reviews.

The service worked in partnership with other agencies in an open, honest and transparent way. Working in partnership with other agencies that commissioned services and local authority safeguarding teams ensured that people received a joined up approach to their care and support. Links had also been made with the local university and discussions were in progress about offering placements for students and

looking into opportunities to be involved in research projects.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.