

Home from Home Care Limited

The Old Hall

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

The Old Hall is registered to provide accommodation and personal care for up to 13 people who have a learning disability or autistic people. The home is made up of one adapted building and also includes three self-contained mews houses. At the time of inspection there were 12 people living in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the home having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins, or anything else outside to indicate it was a care home. Staff did not wear uniforms and were discouraged from wearing anything that suggested they were care staff when accessing the service or going out with people.

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

Staff, relatives, and professionals were overwhelmingly positive about the leadership of the service, which centred around the experience of people.

Staff were motivated to make a difference to people's lives. The culture of the service encouraged inclusivity for people.

Staff worked collaboratively with internal teams and external organisations to provide people with the best possible outcomes. Staff were passionate about promoting people's rights to make their own decisions wherever possible and respected the choices they made.

Staff were extremely well skilled and provided person centred care which achieved outcomes for people that far exceeded expectations. Care, support, and guidance was informed by the most current, evidence-based practice.

There was a strong focus on supporting people to be as independent as possible and to lead healthy and fulfilled lives. Staff knew people extremely well and used their expertise to care for people in a way they preferred. They were creative in how they supported people to maintain their hobbies and interests and to keep in touch with their loved ones.

People lived in an environment that was designed and equipped to support them to live as independently as possible. People were fully involved in the development of the service. They had active input in ongoing adaptations to ensure the service met people's needs and promoted person centred care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to take positive risks to support their development and promote their independence. There were extremely detailed risk assessments in place describing how to support people and mitigate risks.

People and relatives told us they felt extremely safe with staff. Staff received safeguarding training and thoroughly understood their roles and responsibilities. The home had sufficient staff and deployed them to meet the individual needs of the people.

People had their needs assessed prior to admission and there was a comprehensive, well planned transition into the service to ensure people would be supported to integrate into the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence, and inclusion.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care promoted within the service maximised people's choice and promoted their independence. Care was extremely person centred and promoted people's dignity, privacy, and human rights. Distinctive leadership at location and provider level had achieved a service that was outstandingly effective and responsive. The service was innovative and dedicated to ensuring continuous quality improvement to make a real difference for people. Highly person-centred care truly enriched people's lives empowered them and helped them to achieve their aspirations which led to extremely positive outcomes. One relative told us, "We work as a team, they know our input is important, they listen to us. They welcome our suggestions."

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

Rating at last inspection

The last rating for this service was outstanding.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

The Old Hall

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 two inspectors. An Expert by Experience made calls to seven relatives. 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

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave a short period notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 31 March 2022 and ended on 31 May 2022. We visited the location's service on 31 March.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, and we used the information the provider sent us in their 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. This information helps support our inspections. We used all

During the inspection

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method, and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used a picture exchange system with symbols with one person to tell us their experience.

Talking mats can be used to support communication with anyone who may have difficulties communicating their experiences of care. This includes people who live with dementia, people who have had a brain injury, people who have a mild to moderate learning disability, deaf people, people who do not have English as their first language and people with mental health conditions. We spoke with eight members of staff including the registered manager, the quality assurance compliance manager, and the behaviour support specialist. We observed interactions between people who lived at the home and staff.

After the inspection

Following the inspection, we continued to seek clarification from the provider to validate evidence found and spoke with seven relatives, and three professionals.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were implemented to keep people safe. Relatives we spoke with confirmed people were safe. Relatives told us, "The last couple of years have been really difficult and they have done brilliant, I couldn't ask for a safer place." and "They have been at the service for over 10 years and they are fantastic with him I couldn't ask for better."
- Staff understood their responsibilities to protect people from harm and were aware how to raise concerns.
- Information was available in an accessible format to support people who lived at the home to raise their own concerns.

Assessing risk, safety monitoring and management: learning lessons when things go wrong

- Risk was suitably managed, relatives told us they were included in developing risk assessments for their family members, where appropriate.
- Risk assessments were constantly reviewed, and alerts were sent to each member of the staff team through a secure portal when any changes to risk assessments had been made.
- Assistive technology was used to manage risk and reduce restrictive practices.
- There were clear processes in place to monitor safety and lessons were learnt from accidents and incidents.

Staffing and recruitment

- There were enough staff at the home to keep people safe.
- The registered provider had systems to ensure staff were suitable to work with people who lived at the home. One relative told us, "They have always maintained safe staffing levels. They have backups if needed as it is organised centrally. It is always staff that know [Name] and their gestures and signs."

Using medicines safely

- Medicines were stored, monitored and administered safely. Medication administration records (MAR) were fully completed and people received their medicines as prescribed.
- The provider had signed up to the STOMP initiative, which aims at stopping over medication of people with a learning disability, autism, or both with psychotropic medicines. This is a national project involving many different organisations aimed at stopping the overuse of these medicines.
- Records showed staff received training to administer medicines in a safe way. Staff competencies were assessed and completed prior to the staff being able to administer medicines without supervision.
- Where people were prescribed 'when required' (PRN) medicines, detailed protocols were in place which

identified when a person may need the medicine and how they could be supported to take it.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives told us they had been supported to visit the service when government restrictions had been lifted. They described how they had been supported to have their relative visit and meet up with them in the community for a walk or visit outside when restrictions allowed.
- Thorough consideration had been given to support safe visiting arrangements in line with government restrictions without placing additional pressures on the core staff team. Alternative arrangements had also been introduced for families to meet their loved ones at the social hub, where additional staff were on hand to complete COVID -19 pre-visit checks and complete cleaning between visits.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed prior to admission to the service. Information was sought from the individual, their families, involved professionals and any previous placement to ensure an accurate reflection of people's abilities and support requirements was obtained.
- People were given choices about their care, support, and daily living activities. Staff spent time with people to obtain their views.

Staff support: induction, training, skills, and experience

- Staff received training to carry out their role. Training was focussed on equipping staff with the necessary skills to meet people's individual needs.
- Staff told us the training provided enabled them to carry out their role. One staff member said, "I felt quite prepared to work on my own unsupervised, I had never worked in care before and they were so supportive towards me".
- Relatives told us staff were skilled. Feedback included "They (Staff) are perfect, he is happy, he is always going around with a smile on his face." And "Yes staff are well trained, he has great support there, they have his best interests at heart."

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

- The provider recognised the importance of people eating and drinking well. They were creative in how they tailored their support to meet people's dietary needs. This included promoting healthy eating and engaging people to individually food shop and cooking.
- The provider employed two health partners within its team. These staff had completed additional competencies enabling them to ensure meals planned were balanced and nutritious and in line with any identified dietary and cultural needs and preferences to support an inclusive mealtime for people.
- Relatives were positive about the support people received with their nutrition. One relative told us, "The carers personalise his day to how he would like his day to be. They have taught him healthy eating; his weight is brilliant he is making healthy choices."

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

- People received consistent and effective support. Staff worked creatively and, in a person-centred way to ensure people accessed health appointments.
- Staff worked closely with other health and social care professionals to enable people to access appropriate treatment.

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

- Individualised environments were developed around the person. During the inspection we several rooms were being refurbished to provide a personalised more independent living environment for people.
- Technology was used to support and enable people to maintain their independence, privacy, and dignity. This enabled people to spend time alone but allowed the staff to monitor their well-being and provide support when they were in other areas of the service, when necessary.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff had received training and had a good knowledge of MCA and Dols and were confident in using the Act.
- The registered provider, the registered manager and staff were passionate about supporting people in the least restrictive way and always considered and acted in people's best interests.

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 had changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were extremely caring. Care centred around people who lived at the home. One relative told us, "The carers are so caring, they are like best friends, they find what he likes, and he warms to them, everyone has a slightly different approach. The core ethos is there."
- Relatives spoke highly of the relationships their family member had developed with staff. They told us, "The carers are friendly, they are warm, we skype daily, he talks to his carers just as much as us, they have a caring personality and a nice sense of humour," and "We are very pleased with them, they are friendly, they are enthusiastic, they are transparent."
- There was a strong emphasis on people being supported with empathy and compassion. Relatives consistently commended staff for having a deep interest and understanding of their family members. For example one told us, "[Name of staff member] was very open to working together to come up with ideas to support [name of family member] during periods of difficulties such as their weight gain, their fear of having their booster vaccination, helping to identify what was causing their anxieties and with researching places and activities for them to go visit and take part in."
- Staff had a good understanding of respecting people's rights and being aware of their diverse needs. We were made aware of events hosted by the service to embrace and celebrate cultural events including trooping of the colour, poppy making for Remembrance Day and Eid.

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

- People benefitted from a core staff team which had been built around them with the right skills to promote truly personalised care. We saw people had been consulted and involved in making decisions about their care and how they wanted to be supported.
- When people were unable to express their own views and make decisions the registered manager and staff were aware of the importance of ensuring suitable people were called on to help them make decisions.
- The registered manager was aware of advocacy services and the role they can play in helping people to make decisions. An advocate is an independent person who can assist people to make decisions about their health and well-being.

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

- Dignity was embedded throughout the service. Relatives told us, "They respond to him person to person. They do treat him with respect." and "He is treated with respect. His bedroom door is closed when necessary and they knock before going in."
- Staff supported people to maintain their independence. They supported people to do what they could for

themselves and helped where required.

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 services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice, and continuity of care.

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

- The registered manager and the staff team were passionate about supporting people to be part of their local community. We saw multiple examples of staff going above and beyond to ensure people were able to follow their own interests and be valued members of their community. One person had a work placement in a local café, while another person supported their neighbour helping them recycle.
- Everyone at the service was involved in fundraising for their local and wider community groups and were proud of 'helping other's'. This helped people have a sense of belonging and purpose.
- During COVID-19 pandemic the registered manager and staff had worked tirelessly to offer innovative ideas to promote opportunities for people to promote their emotional well-being and confidence and to reduce the impact of social isolation when community activities stopped. Examples of this included, developing and recreating a job role for a person in the home when they were unable to attend their work placement. The provider worked with the person to design a work role that met their needs and enabled them to have a continued sense of purpose. Another person who lived at the home became upset when their routine was stopped and they could no longer go shopping. The provider worked with their local supermarket, who gave them promotional posters and handbaskets so they could recreate a shop in the home for the person to continue their routine. This had a positive impact on the person, reducing their anxieties.
- People using the service also had the opportunity to gain new skills and qualifications and have their achievements recognised. Two people had moved onto supported living from the service.
- Another person who lived at the home liked to regularly eat out at a fast food outlet. The team recreated a preferred fast food outlet experience using the packaging provided by the company.
- The registered manager understood the needs of different people and was passionate about delivering care that promoted equality. For example, one person with a complex health condition had been identified to move into an older person's nursing home for their health needs to be met. The service worked responsively with health and social care professionals to develop the staff teams' skills and knowledge so the person could remain at the home and not move into accommodation with people who were much older than them. Their relative told us, "It is a truly an individualised approach to care. I am so glad that he is there and being looked after so well."
- The service had gone the extra mile to find out what people had done in the past and evaluated whether it could recreate opportunities. For example, when relatives shared details of an interest their family member had staff worked with the person using photographs, pictures, and films during discussions about the interest. The staff sourced an interactive experience based on this interest. The activity was filmed and shared with family and thoroughly enjoyed by the person who has since asked to go again.

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

- People received exceptionally responsive and person-centred care, which met their needs and had an extremely positive impact on their well-being. Staff worked in partnership with people in creating their care and support plans. They listened to and valued the input from people.
- Care plans were exemplary, person-centred, comprehensive and up to date. They gave a complete overview of every aspect of each individual, including their personalities, interests, hobbies and preferences. This supported staff to provide extremely person-centred care to each person as they knew people's histories, backgrounds and life events of people who lived at the home and the impact this had.
- Staff had been assessed as having the necessary skills and competencies to work with people in their preferred way, developing a skilled circle of support around each individual.
- Consideration was taken to ensure staff and people were matched according to their interests and promote positive and supportive professional relationships. Relatives told us, "He has a team of care workers, they are passionate about their work, they enjoy working with him." One person who had a keen interest in football was supported to regularly attend football matches with staff members from their core team who shared the same interest.

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 registered provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing, and meeting the information and communication needs of people with a learning disability or sensory loss.
- The registered manager was passionate in ensuring people were supported to engage and express their wishes and to be heard. People's communication was assessed on an individual basis and staff were provided with additional competencies and specific training in order to meet and promote these. This was in addition to the other forums and tools available utilised within the service.
- Staff understood the importance of working innovatively and adapting communication styles to ensure all people using the service were listened to and offered the opportunity to express their views. Staff used photographs, communication aids and examples of people's own communication style. One relative had provided feedback to the provider. They praised the care and support given to their family member. They commended the level of training provided to staff which enabled the person to communicate their needs and be understood
- Extremely detailed communication care plans were in place to further support staff to understand how people communicated and express their needs. For example, how they may use particular signs, picture cards, body language, facial expressions or gestures and verbal communication and what these indicated. Relatives told us "If he is worried, they will talk it through, they have good communication."

Improving care quality in response to complaints or concerns

- During the Covid-19 pandemic a portal had been developed to support and maintain relationships with families, where people with consent, could share photographs and videos capturing memories to share.
- The registered manager took complaints seriously and learnt lessons where possible. They sought the service of an independent consultant to ensure an independent and objective approach.
- Relatives told us they were aware of the complaints procedure and would feel confident in using it.

Comments included, "Yes, we can have open conversations with the management," and "Yes I would have no worries."

End of life care and support

- Although no one at the service was receiving end of life care, where preferences for end of life had been expressed details of this were documented in personalised plans.

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 culture they created drove and improved high-quality, person-centred care.

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

- Relatives were consistently, overwhelmingly complimentary about the way the service was managed. We were told repeatedly the service was well led and person-centred. Comments included, "The management team at The Old Hall led by [name of registered manager] and supported by [names of assistant managers] are excellent and have provided good stability to the Old Hall, staff and my family member." and "[Name of registered manager] is a very good manager. He is very caring and compassionate. He loves what he is doing and wants the best for the residents."
- The registered manager was passionate about his role and promoted a clear vision and strategy to provide people with the very best possible care and support. The ethos of the service centred around people. Staff and managers were empowered to care for people that exceeded expectations. One relative told us, "It is extremely clear he cares a great deal about the organisation and the individuals he looks after, as well as their families and that it is not just a job for him but a vocation."
- Staff were highly motivated and passionate about providing truly personalised care. They told us, "Everyone is very driven to their job, I have not come across one person that complains about being here, everyone here enjoys their job and they feel supported, it is a very nice place to work and I would recommend it to anyone." and "I am proud of the way we care for the people here, at the forefront of everything is to keep people safe while improving their quality of life and I think we do that really well."
- The exceptional person-centred ethos was extended to staff. The registered manager and senior management team invested time working alongside staff, observing staff practice, coaching, and mentoring staff in a supportive way. Staff told us, "It is fantastic, I have never worked anywhere before where I have been so supported." and "This is the first job I have ever worked and I can honestly say I enjoy coming to work and making a difference to someone's life."
- The provider had clear vision and values for the service which were cascaded and embraced throughout. Values based recruitment assisted the service in only recruiting staff with the same shared values.
- The provider had developed its own online system for recording and monitoring of care. The system was bespoke designed around the holistic needs of people. The system provided the senior management team with information which was able to additional oversight on how care was being delivered. This also allowed the registered manager to quickly identify and to respond to any issues arising, emerging trends in accidents and incidents and any issues relating to health or well-being.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care;

- Governance was well embedded into the running of the service. The service had exceptionally clear lines of responsibility and accountability. The management team and staff were experienced and were familiar with the needs of the people they supported.
- The provider had embedded organisational approaches known as 'One Team' working. This allowed the registered manager to have more time to focus on supporting staff to deliver quality personalised care for people, while some management tasks were completed by a central operating team for example, development of rota's, staff training, and staff recruitment.
- The provider had excellent oversight of the safety and quality of the service. In addition to the registered manager's and senior staff daily walkarounds and weekly audits, the provider carried out thorough audits which were aligned to regulatory responsibilities.
- The electronic database provided a central point for all of the providers quality assurance processes. For example, the positive behaviour support team were provided with real time information from these systems. This enabled care and support to be provided in a timely, holistic and personalised way. A review of data gathered showed that people who lived at the home experienced a consistent reduction in anxious or distressed behaviours .

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

- The provider promoted a strong organisational commitment towards ensuring that there was equality and inclusion across the workforce. The skills and personal attributes of each member of the staff team were recognised and they were supported to develop and progress which supported high quality practice.
- The provider and registered manager regularly encouraged rigorous and constructive feedback from stakeholders, through meetings, surveys, and regular calls. Feedback was used to develop the service. The provider and management team were committed to developing a high-quality service and networked with other agencies to ensure care and support was delivered in line with current best practice
- The provider used creative and innovative ways to ensure staff feedback was obtained and used to develop the service. For example, they worked with an external agency to obtain staff feedback on a regular basis. This was part of the staff development process known as 'Aspire'. Staff were contacted after their initial induction, to enable them to share their views and experiences confidentially and contacted thereafter.
- Staff consistently and unanimously told us they felt supported and valued by the registered manager and the registered provider. One staff member told us, "[Registered Manager] is open and really receptive to anything that I want to discuss with him, I have support from him, 1-1 insight meetings with the learning and development manager and I am very supported by the provider."
- Relatives were extremely complimentary about the way the service had managed the COVID 19 pandemic to keep their family member safe and commented on the positive communication and provision of updates shared with them. Comments included, "Home from Home Care has been open and transparent during the COVID pandemic; it has been an incredibly great idea for the Senior Management Team Micro COBRA meetings to be taped and uploaded online for families of residents to watch. It has been an effective way of keeping families updated during what has been a very worrying time for any family with a loved one in a care home."
- The registered provider held an Investors in People Platinum Award. Investors in people is an international standard which provides structure for developing and sustaining a well led organisation and motivated workforce. Platinum is the highest accreditation available and only two per cent of organisations achieve this level of recognition.

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

- Following serious incidents, the senior management team notified the relevant agencies and worked together with individuals and their families. Outcomes and lessons learned were shared appropriately in line with duty of candour.