Sevacare (UK) Limited

Maritime House

Inspection report

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 31 July 2018. We gave 24 hours' notice of our intention to visit Maritime House so as to ensure that the people we needed to speak with were available.

Maritime House is an extra care housing scheme in Portsmouth. It is one of four extra care services provided by Sevacare (UK) Limited in the Portsmouth area. Sevacare (UK) Limited provides personal care to people within their own homes accommodated within one building. People live in self contained flats with some shared facilities including, lounge areas, a restaurant and gardens. The building itself is not managed by Sevacare (UK) Limited. The service is provided from an office located within the building. At the time of our inspection, 60 people residing at Maritime House were receiving personal care and support from Sevacare (UK) Limited.

At our last inspection in February 2016, we recommended that the provider review their care planning and review processes in relation to people's expectations for their care and support and continue to take action to address people's dissatisfaction. During this inspection we saw that these matters had been dealt with satisfactorily and were no longer of concern.

The service had a registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

Staff gave good examples of how to recognise potential signs of abuse. Staff were clear about their responsibilities in safeguarding people and knew who to report their concerns to if they needed to. Staff felt that the management team would robustly investigate and effectively resolve any issues regarding safeguarding issues or concerns. Staff were aware of the provider's whistleblowing policy and knew how to identify and contact external professionals to assist them if required.

Up-to-date risk assessments were available for staff to assist them to care for people safely. The assessments provided all the required information to manage risks to people's health and wellbeing. There were regular reviews of people's risk assessments to ensure that people and staff remained safe should their needs change.

The provider followed safe recruitment practices. These included obtaining photographic identification, satisfactory references and a Disclosure and Barring Service (DBS) check to ensure that appropriate staff were employed to care for people. There were enough staff employed to keep people safe and the employer looked at innovative ways to recruit new staff.

Infection control processes were followed and personal protective equipment (PPE) was available for staff to prevent the spread of infection.

The provider had processes in place to ensure that medicines were managed safely. Medicines Administration Records (MARs) were fully completed to ensure that people received the right medication at the right times.

Learning from incidents was discussed with staff at team meetings to ensure that examples of best practice were shared, with a view to preventing reoccurrence.

Staff received an initial induction, training and shadowing opportunities as a new member of the team. The provider offered mandatory, annual refresher training to ensure their staff maintained the appropriate skills and knowledge to carry out their roles effectively. Supervision, spot checks and annual appraisals were provided for staff and staff were offered other training opportunities to develop professionally if they wished. Staff achievements were recognised with an annual awards ceremony.

The service had implemented 'diversity Thursday' where staff were encouraged to embrace different cultures represented within their own teams and in relation to the people they supported. This was part of the wider 'Well-being Framework' which included tackling loneliness amongst people using services, supporting people who care for a relative, a 'disability confidence scheme' the 'Armed Forces covenant' and subscription to 'The Care Workers Charity.'

Documentation relating to people being able to consent to their care was available in care plans. Where people were not able to sign their consent forms due to lack of capacity or dexterity, there was supporting information to validate why a person was unable to sign consent and evidence of best interest decisions or Lasting Power of Attorney (LPoA) orders were available in people's care plans.

People were supported to meet their nutritional requirements, where people needed support with food and drink it was detailed within their care plans and included information about what a person's food preferences were.

Where a person required support from external health or social care professionals, staff would assist them with arranging this. The registered manager told us that they had developed good working relationships with the building manager, care managers and the local safeguarding team to ensure that people received the support and assistance they required.

Staff provided kind, compassionate and person centred care to people living at Maritime House. Feedback from people was overwhelmingly positive for the care staff, level of support provided and for the management team as a whole.

During our inspection the service was not supporting anyone at the end of their life, but they had been in the months preceding. The management team looked at the individual needs of the person and their loved ones to provide a holistic package of care and support to ensure people were provided with thoughtful and compassionate care at the end of their life. The provider had a policy in place to direct end of life care provision.

Care plans contained detailed information to enable staff to meet people's needs in accordance with their preferences. There was evidence of regular reviews having taken place and people were encouraged to contribute to decisions about their care and support. People's dignity, privacy and independence was respected and promoted.

There was a complaints process in place that the management team adhered to. Any complaints received

were dealt with in accordance with the provider's policy, in an effective and timely manner.

Staff gave very positive feedback about the management and leadership of the service. They felt able to go to the registered manager or scheme manager as and when required and that they would be supported and listened to.

The service had encouraged and facilitated a resident's committee for people living at Maritime House. The Recruitment and Well-being Officer attended these meetings to ensure that any feedback regarding how the service might improve was fed back to the management team for action to be taken.

The management team promoted a culture of inclusiveness and transparency with people at the forefront of everything they did. Staff were encouraged to be kind and caring to people and to each other. Wellbeing of people and staff was very important to the leadership of the service and this was embedded into everyday practice. This cultivated a warm and open atmosphere where innovation was welcomed and implemented wherever possible.

The management team robustly promoted equality and diversity within the service.

The provider encouraged feedback from people and conducted annual surveys which were distributed corporately. Feedback was analysed upon receipt of the surveys and any areas of improvement required were then forwarded to the registered manager and scheme manager to implement change. The service completed weekly reports and audits to ensure the smooth running of the service and to establish any areas for improvement locally.

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.

Infection control practices were followed in accordance with the provider's policy.

Medicines were managed safely and people received the right medication at the right time.

There were enough staff deployed to care for people safely.

Risk assessments to identify and manage risks to people's health and wellbeing were up-to-date and regularly reviewed.

Recruitment was safe and innovative, to encourage new staff to the service.

Lessons learned were shared with staff to reflect on practice and prevent potential reoccurrence.

Is the service effective?

Good

The service was effective.

The provider supported staff with an induction and ongoing training, supervision and appraisal to ensure they maintained the required skills and knowledge to carry out their roles effectively.

Documentation relating to people's capacity at being able to consent to their care was available in care plans.

People were supported to eat and drink enough, where support with nutrition was required this was detailed in care plans.

Where people required input from health or social care professionals this was facilitated by staff.

Is the service caring?

Outstanding

The service was exceedingly caring.

People were supported by compassionate, kind and caring staff. We received overwhelmingly positive feedback from people, their relatives and external professionals regarding the service provided.

The registered manager had implemented a new well-being framework within the service which looked at combating loneliness for people and supporting primary carers in looking after their relatives.

Extra care support was sought to ensure people were able to take holidays and be accompanied by their care workers and people were able to choose activities to attend with their care workers supporting.

The service encouraged and promoted equality and diversity within the service. People's dignity, privacy and independence was respected and promoted.

People were encouraged to contribute to decisions about their care and support and to include people who were significant to them in reviews about their care if desired.

A 'residents' committee had been encouraged by the management team, to look at ways to support people with their ideas and plans for service improvement or to implement new initiatives.

Is the service responsive?

Good

The service was responsive.

People received person centred care that was provided in accordance with their needs and preferences. Care plans contained information about a person's social history which encouraged holistic care planning.

Care plan reviews were undertaken as a person's needs changed and at periodic intervals. People were encouraged to contribute towards their care and support and their choices were taken into consideration.

The provider had an end of life policy which directed the service provided. Care was individualised and took into account the needs of the person and those of their loved ones.

Complaints were dealt with effectively and in accordance with the provider policy.

Is the service well-led?

Good

The service was well-led.

The management team recognised and highlighted staff achievements with an annual rewards ceremony and by offering staff the opportunity to develop professionally within the organisation.

People and staff spoke overwhelmingly positively about the management team who had developed an inclusive, caring and transparent culture within the service.

The registered manager had developed a well-being framework which had been fully embedded into the service and promoted diversity, equality and staff well-being.

The service maintained productive working links with the local authority and other health and social care professionals.

Quality assurance and management processes were in place to ensure that people using the service were safe and any immediate areas for improvement were identified and acted upon.

Satisfaction surveys were produced corporately on an annual basis and sent to people using the service, feedback was then analysed and disseminated locally for any improvements to be made.

Maritime House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

This inspection was completed in one day by one Inspector.

Prior to the inspection, we looked at the information we had collected about the service. This included information received from external professionals and members of the public and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. The provider had submitted a provider information return; this provides the Commission with some key information about the service and how it is run.

During the inspection we spoke with 12 people using the service and ten members of staff, which included the registered manager, scheme manager, co-ordinator, team leader and care workers. We also looked at six people's care plans, four staff files and a range of records relating to the management of the service such as accidents/incidents, safeguarding, staff recruitment and training, complaints, quality audits and policies and procedures. We requested information to be sent to us and this information was received.

Good

Is the service safe?

Our findings

People felt safe living at Maritime House. One person said, "I don't want to live anywhere else ever. Am I safe? I should say so. I'm going to be here for the rest of my life and that's a fact." Another person said, " I really love it here, my carers look after me. I'm always safe, in my flat, sitting on the balcony, everywhere." A relative told us, "I think people here are perfectly safe with the staff that work here."

Staff gave good examples of how to recognise the signs of abuse and who to report their concerns to if required. Staff told us that should they wish to report any concerns of this nature, the management team would investigate the matter thoroughly and at the earliest opportunity. One member of staff said, "I know if I were worried about anyone and thought they were being abused in any way, I could report it to [registered manager] and they would deal with it. I don't doubt it for a minute. That's who [registered manager and scheme manager] are, they care about the residents." The provider supported staff with annual safeguarding training.

Staff were aware of the provider's whistleblowing policy and were knowledgeable of external agencies that could be contacted to discuss any concerns they felt were not dealt with satisfactorily by the registered manager. Information we held about the service and notifications we had received prior to our inspection, told us that the service dealt with any safeguarding issues as a priority and that the relevant teams were notified within the local authority, with whom the registered manger told us that they had established strong working links.

There were enough staff deployed to care for people safely. One person said, "I don't think they're [care workers] rushed, busy I'd say but not rushed. If they're going to be a few minutes late, I will be told and it's usually because someone needed some extra help on the call before. That could be me one day so I don't mind." Another person said, "What I like is that I always know who calls. We are like a big family here and I will chat to them all." One relative said, "I think it is obviously busier during the school holidays and perhaps they are a little more stretched, but it has never affected my [relative's] care so we can't complain really."

Safe recruitment processes were in place to aid the provider in ensuring that the right staff were employed to care for people safely. Potential new employees provided a full work history with no absences unaccounted for, photographic identification, satisfactory references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. These had all been completed satisfactorily.

Up-to-date risk assessments to identify and manage risks to people's health and well-being were completed fully and gave staff the required information to keep people and staff safe. There was evidence of reviews having been completed to accommodate people's changing needs. Where, for example, a person was at risk of falls, a risk assessment was in place to provide staff with measures to be taken to mitigate that risk, such as with the use of walking aids.

Lessons learned from incidents and accidents was shared with staff during team meetings. This ensured

that any change in practice could be identified and implemented to prevent further reoccurrence. During our inspection, we saw minutes of team meetings during which learning from incidents had been discussed.

Medicines were managed safely throughout the service. Medicines administration records (MARs) were completed fully with no gaps in signatures from staff members, confirming that the right medicines had been given to people at the right time. Staff received training in administering medicines and were observed by a senior colleague during competency assessments to ensure they had acquired the right skills to support people with their medicines. Staff supported people with prescribed medicines only and this was usually limited to prompting and reminding. Most medicines were provided in a blister pack system.

Staff were required to undertake training in effective infection control practices. The provider had an infection control policy and provided staff with personal protective equipment (PPE) to keep people and staff safe from the spread of infection. For example, gloves and aprons were provided and used by staff when providing personal care for people. During our inspection, we observed evidence confirming that staff at Maritime House were up-to-date with their mandatory training in infection control.

Good

Is the service effective?

Our findings

People told us they felt staff had the appropriate skills and knowledge to care for them effectively. One person said, "She's [care worker] marvellous really, how she keeps it all in her head, everything she learns and has to do. I wouldn't be without her." Another person said, "They try new things that they learn or try new ideas they've been told about. They have a lot of training to help them and they [care workers] are all very good at their jobs I would say."

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 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at the issues of consent and capacity during our inspection. We looked at six people's care plans and could see that where people were unable to provide their written consent to care, either because of lack of capacity or dexterity, this had been identified within the care plan. Documentation was in place advising why the person was unable to sign their consent forms with supporting paperwork to confirm this. For example, one person was unable to sign due to a physical disability and the service had written that the person could consent using an alternative method of communication which the person used more regularly. Another person had lacked capacity to be able to consent to their care and within the care plan a best interests assessment had been completed which supported this. Staff received training on the fundamentals of the MCA and gave good examples of how they applied the basic practice of this within their daily working routines.

Employees new to the service received a comprehensive induction and the opportunity to shadow experienced colleagues to gain an understanding of what would be required of them prior to starting work unsupervised. The provider supported staff with annual mandatory online training that ensured they were up-to-date with the latest practices, information and knowledge to enable them to carry out their roles effectively. Regular spot checks were completed to ensure that staff were skilled to carry out their work and regular supervision and an annual appraisal were completed for all staff. During inspection, we looked at the training matrix and identified that staff were up-to-date with their mandatory training which looked at elements such as, infection control, medicines and safeguarding adults.

Care plans stated where people required support to maintain adequate nutrition and hydration. Some people had meals prepared for them and others had sandwiches and snacks left for them to consume during the day. People's food and drink preferences were noted in their care plans and where people were perhaps unable to verbalise what they might like to eat, care staff would look at their preferences to find something that the person would find appetising to encourage them to eat and drink enough.

People were supported to access external health and social care professionals where required. If a person was unwell a GP would be called to arrange an appointment, there was evidence of people having been

supported by care staff to attend appointments. For example, one person had been seen by the community nursing team and another by a physiotherapist, both interactions had been facilitated by the service. During our inspection we observed a good working relationship between the manager of the building and facilities and the registered manager and scheme manager. The registered manager spoke of a relationship that was supportive of each other's responsibilities in providing very different services for people but of their commitment to work together cohesively to achieve positive outcomes for people.

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equality Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. People's preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives gave us overwhelmingly positive feedback about the care provided at Maritime House. One person said, "They are so lovely, they [care workers] go the extra mile, they care for us very well. They always smile when they call on me." A relative said, "We were extremely lucky, I can't recommend this place highly enough." A social care professional told us, "The care provided at Maritime House is really very good. They really do care about the people they support."

The registered manager had developed a new 'Well-being Framework'. It had been introduced into the service and other provider services the year prior to our inspection and was fully embedded at Maritime House. The framework was directed at tackling loneliness amongst people using their services, continuing to uphold the dignity and respect of people, improving their quality of life and to support the families of the people using the provider's services.

The registered manager and scheme manager had held a number of events within the scheme to bring people living at Maritime House together with a view to promoting social inclusion and building upon the rapport between people and staff. Two such events were a tea party to celebrate the royal wedding and a summer fete in which members of staff manned the stalls and provided a barbeque. One person told us, "I did nothing before, I sat in a care home that wasn't suitable for me and watched films on my laptop, I was very lonely. It's different here, there is a lot going on to take part in. You can join in, or not, it's up to you. It's nice to know that it's there if you want to participate though. I feel so much happier." One person said of the events held at Maritime House, "It feels like a community here, it really does. A proper home, I feel that there is always someone around for me if I need it. I love it." A relative said, "You wouldn't believe the changes here. It's fantastic. There is always something going on, my [relative] is never lonely and [relative] struggled before coming here." One person told us, "I cared for my [relative] until they recently passed away. They have all been so kind to me. My [relative] had care, not me, but I fell outside the building and ended up in hospital. When I came home [scheme manager] came to check on me and helped me get ready for bed, [scheme manager and registered manager] go way above and beyond what is expected. They have made such a difference here, they are amazing." Another person told us about a recent hospital admission and how care staff, upon the person's return home, "Couldn't do enough" and "I owe them my life."

People had asked the management team if it were possible to take holidays with care workers accompanying them and as a result the service had sought additional support to be able to provide this for people. People were supported by care workers to take holidays abroad and within the UK and two people told us, "We are really looking forward to getting away, we can't wait really. We are lucky that our two carers are coming along." Due to health concerns these people would not have been able to take a holiday abroad without support. We discussed how this had enhanced their well-being and sense of having choice over their lives and the opportunities that were available to them. Other leisure activities had been arranged to encourage people to pursue their interests. People had asked if swimming could be arranged and this was also underway with seven people using the service participating with support from care workers.

Staff participated in fundraising activities to raise money for events within the scheme. The most recent

activity had been a 26 mile walk around the city which the registered manager, scheme manager and other members of staff had participated in. The walk ended at Maritime House and upon returning to the service, unbeknown to staff, people had arranged a congratulatory buffet and welcomed them back to the service, thanking staff for their fundraising efforts. One person said, it's very sociable here. At my previous home I sat indoors all day, I don't see my family that often and felt quite lonely at times. Here I have people to do things with. Things to do and join in with." This example demonstrated the warm rapport between people, staff and the management team at Maritime House. During our inspection we observed positive, caring and kind interactions between people and staff. There was a restaurant at the service which people and staff were able to use. We saw people sitting with staff, having refreshments, chatting and passing the time of day together. People sat in the communal areas, chatting and laughing with staff, the caring culture at the service was tangible and it was clear that Maritime House felt like a real home to people using services. One person said, "this is my home, the people living here are now my friends and I never thought I'd say that." Another person said, "I've got friends here, kind people looking after me. What more could I ask for?"

To look at promoting people's dignity and respect, other measures had been introduced. These included 'Dignity in Care workshops' which were held for staff and dealt with how to deliver care to people whilst considering their privacy and dignity. Another initiative was to invite people to join staff meetings to share their 'life stories'. The registered manager told us this was another way for care staff to get to know the person they were caring for and that they had lives and families before they lived at the scheme. The service had introduced joint dignity workshops, where people and staff had the opportunity to discuss any frustrations they had about care provision and how they could work better together.

During these workshops staff had the opportunity to find out more about the people they cared for and one person who did not feel comfortable with personal care being provided, had been approached by care staff to suggest that perhaps the person might prefer care to be provided differently, that perhaps made them feel more comfortable. The person due to health concerns had felt awkward with care provision but due to care workers finding out about the person at a workshop and thinking of alternative solutions to support the person in maintaining their privacy and dignity the person accepted personal care and told the registered manager how much better they felt with the new plan in place.

The registered manager told us that she wanted carers to feel empowered to provide person centred care that was what the individual wanted, not relying on the same methods for everyone. People told us that care workers respected their privacy and dignity and promoted their independence. One person said, "They knock on my door, even though I have a key safe and they can come in if they want." One member of staff said, "We always knock on doors because it's polite and I wouldn't want someone barging in on me. We close curtains and cover people when helping with person care. I would want that too." Another person said, "I can do some things for myself, quite a lot really. They [care workers] don't try to take over, they let me do things for myself." Another person said, "when I first came here my mobility was very poor, I had given up on the idea of ever walking again. They [care workers] didn't give up on me, they didn't let me give up either and now I'm walking with a frame. They are wonderful here."

To further promote the Well-being Framework, the provider recognised the need to support family members or significant people who may be the main carer for the person the provider was supporting. This focussed on recognising that caring for someone at home full time can sometimes be stressful and ensuring that families of people using the provider's services could be offered support by other organisations. The provider would find out more information on their behalf and signpost them to the organisation or professional who could provide help, guidance and potentially practical support. The management team were looking at a range of services who may be able to provide support to families in caring for people in the future.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework which was 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 service is exceptional at helping people to express their views so that staff and managers at all levels understand their views, preferences, wishes and choices. We observed during our inspection that care plans contained information about how a person was able to communicate and how they preferred to receive information. In one section of the plan it stated that the paperwork within the care plan was available in other formats, for example large print, other languages or pictorial format; it prompted staff to ask this question of people and to write what a person's preference was, recording what had been requested and when this was to be actioned.

Staff use a variety of tools to communicate with people according to their needs, which may include using new technologies. Staff find innovative and creative ways to communicate with each person using the service. For example, one person who had sensory difficulties had been provided with specific technology to help them to communicate and receive information. This helped the person to become less socially isolated and boosted their opportunities for engagement. One member of staff said, " I was worried about looking after [person] initially because I didn't know if I'd be able to make them feel comfortable, I went to [scheme manager] who organised some training for me and now I feel really confident."

The initiatives and work undertaken by staff and management, as outlined above, were unusual for an extra care housing scheme and their efforts had really begun to deliver positive changes to people's lives.

Good

Is the service responsive?

Our findings

People told us they were very happy that their care plans met their needs and the provider was responsive in accommodating their preferences and wishes. One person said, "I have everything I need. When I moved in I discussed what I felt I needed and [the service] have provided it." Another person said, "If I need to change anything I can. Staff ask me if I'm happy, if I want anything changed and I say, no, I'm very happy with the way things are thank you."

When a person moved in to Maritime House, a care plan was produced. Information was gathered during the initial assessment and from information provided by the person's care manager. Care plans reflected each person's individual needs and was written to accommodate their preferences and wishes. People told us they had the opportunity to contribute towards their care plans if they wished and were encouraged by care staff to participate in their care planning during periodic reviews. We saw evidence that reviews had taken place and it was noted where people had commented about any changes or thoughts they had, with regards to their ongoing care plans. If a person's needs changed, the care plan was automatically reviewed to ensure the current level of support was still meeting their needs. For example, if a person had been in hospital their needs were reassessed immediately upon discharge.

The provider had an end of life policy in place which the registered manager referred to during our discussion about end of life care provision. The service was not supporting anyone at the end of their life during our inspection. However, one relative we spoke with was keen to tell us about the compassionate care and support their relative received at the end of their life and of the support given to her as the person's primary carer. The relative told us, "It was amazing care, they are fantastic here, what they do for people; it's amazing. [scheme manager and registered manager] they are always here. They treated us so well." We discussed what care provision could be provided for people at the end of their life. The registered manager told us that the care plan would be very personalised, it would be completed as part of a multi-disciplinary team and care was centred around the person's needs and wishes. The registered manager mentioned the importance of also being available to support the person's loved ones during such a difficult and stressful time.

The provider had a complaints process in place. During inspection, we saw examples of how complaints were recorded, investigated and closed within policy timescales to the complainant's satisfaction. People had information within their flats about how they could make a complaint about the service if they wished. We observed the provider to be open and transparent about complaints and the outcome of these.

Care workers recorded the care and support provided to people in daily log books which were kept in people's individual flats. The information was then available for the next care worker providing support. A communications book was kept in the staff room and contained information for handover purposes. For example, if a person had an external professional visiting them or if people were going out for lunch and were going to be unavailable for their lunchtime call.

Good

Is the service well-led?

Our findings

People and staff gave overwhelmingly positive feedback about the registered manager and the scheme manager. Comments such as, "They are amazing", "I don't know how they do it all and still remain so cheerful" and "They are so supportive and easy to talk to." Were only a few examples of the high praise received about the management team.

The management team promoted a sense of community and openness within the service. There was a kind and caring culture where people and staff were at the forefront of the service. This was reflected in the very positive feedback received from people and staff about the leadership of the service. One person said, "They care about us, it's simple. It's not just a job to them." One staff member said, "[scheme manager] is so easy to talk to, you can just walk in the office with a problem and come out feeling so much better."

The new Well-being Framework had been introduced to ensure that people and staff felt supported and valued. As part of this framework the provider had developed practical initiatives to encourage staff to join the workforce and to ensure that once recruited, staff wanted to remain employed by the provider. A new post had been created for a Recruitment and Well-being Officer, the main purpose of this role was to look at recruitment and retention and to ensure that staff felt valued within the Well-being Framework. We spoke with the registered manager about this role. They told us that the provider was looking at more innovative ways to recruit new care workers as competition was high. The Recruitment and Well-being Officer had linked in with local Job Centres to meet new potential candidates, had given presentations in colleges and attended job fayres. The registered manager told us that they were looking for potential staff who demonstrated caring values and were being selective about whom they recruited, as they wanted staff who really cared for people.

The management team had encouraged and supported the initial start-up and continued success of the Resident's Committee. Although, the management team did not attend, the Recruitment and Well-being officer attended the meetings to listen to any ideas the committee had about fundraising and to listen to any areas where the committee felt their care and support could be improved. The committee had recently been granted lottery funding which they were going to utilise for days trips and events for people living at the scheme. This was then discussed with the management team to see how the service could take new initiatives on board.

The service had signed up to the 'Disability Confident Scheme' with the local Job Centres. This scheme required a commitment from the provider to actively promote non-discriminatory processes when considering potential employees who may have a disability. For example, to provide support through the application process, including extra time to complete applications and tests, to hold interviews in more informal settings and to use a range of mediums when contacting candidates, such as SMS, email and letter. This had been successful in the most recent recruitment for new care staff as a care worker had been employed as a result of implementing the scheme.

Similarly, the provider had committed to the Armed Forces covenant in which the service agreed to actively

provide non-discriminatory processes with regards to an acting or retired member of the Armed Forces or their families and to consider what practical measures may be required to support them through the recruitment process and beyond. For example, a partner of an Armed Forces employee had been accommodated to change their hours to fit in with their partner's deployment and childcare arrangements.

The provider had subscribed to 'The Care Workers Charity' as their charity of the year. The charity provided financial grants to care workers experiencing various personal difficulties and the provider's care workers could be referred for these grants as part of the Wellbeing Framework. Staff were able to open a 'Wellbeing Case' in which they; in confidence, wrote to, or telephoned the Recruitment and Wellbeing Officer to discuss any issues that may be concerning them, either within the workplace or at home. The Recruitment and Wellbeing Officer would then meet with the member of staff discreetly, to discuss the concerns and to put a plan in place to resolve issues where possible.

The provider actively promoted equality and diversity within the workplace to reflect the provider's diverse workforce. The registered and regional manager, with input from the Recruitment and Well-being Officer, had introduced 'Diversity Thursday'. Each week, people and care workers would be invited to participate in a lunch which was held in the communal dining area and was representative of a different country each week, often a country that one of the provider's staff was from. The registered manager told us, that she had overheard conversations between people and staff related to people's different cultures and traditions. The registered manager told us, "It is always nice to hear these conversations. Sharing food together is a good way of opening dialogue about diversity issues that can sometimes be sensitive." A staff member said, "We all look forward to diversity Thursday. We love the food and everyone getting together."

Members of staff were encouraged to develop professionally and could receive training outside of their required mandatory training to assist them within their chosen pathway. A member of staff said, "You can do other things here, they want you to do well. If you want to progress you can be promoted if you do well." During our inspection we spoke to members of staff who had been promoted internally and continued to be supported by the management team to develop further. There was an annual awards ceremony in which people using services voted for members of staff to recognise their individual achievements and contributions and there was a 'Care Worker of the Month' certificate awarded each month.

There were robust management and quality assurance systems and audit processes in place to monitor the safety, effectiveness and quality of service provision. This enabled the management team to look at any areas identified for improvement and act upon them as necessary. This information fed into a weekly report that was then analysed by the provider's head office, with feedback being sent directly to the scheme.

Annual satisfaction surveys were sent to people using the service to gain feedback about their care provision. This was sent out corporately with information received analysed and disseminated to each scheme. The feedback received was largely positive and where any areas of improvement had been identified these had been rectified by the registered and scheme managers.