Nottingham Community Housing Association Limited

4 Claremont Road

Inspection report

4 Claremont Road
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Nottinghamshire
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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:
4 Claremont Road is a residential care home that provides personal care for people with a learning disability. It is suitable for up to 12 people from 18 years and over. There were 12 people in the home at the time of the inspection.
The accommodation was in a large house with several communal areas and a large garden. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Peoples experience of the service:
There was a warm friendly atmosphere. The registered manager was very person-centred and staff had an exceptional understanding of people's individual needs. A range of activities were on offer to ensure the variety of opportunities reflected people's interests and were inclusive within the local community.

People received safe care. Staff were aware of their responsibility to keep people safe. Risks were assessed and managed to reflect people's current needs. Staff received appropriate training and sufficient numbers of staff were deployed to meet people's needs. People and their relatives were exceptionally positive about the staff and management team. Staff were proud to work at the service.
People received extremely good care that was effective for their needs. People were supported to eat and drink, by staff who were knowledgeable and suitably trained. There was a strong emphasis to ensure people receive sufficient food and drinks of their choice.

People's healthcare needs were monitored to ensure their day to day requirements were met. The service involved people in decisions about their care. People used equipment and technology to ensure they could do things independently. The environment was clean and well maintained.

There was a strong person-centred culture throughout the service and staff provided caring and compassionate support. People were extremely positive about the caring nature of staff. People were treated with dignity and respect and their choices and preferences were respected. Care was tailored to meet individual needs. People were supported without exception to lead meaningful and independent lives. Information was provided in formats that were accessible to people. Complaints and concerns were comprehensively recorded and fully investigated with lessons learned and action taken appropriately.
The service was extremely well led, with a clear focus on person centred care, which empowered people and their relatives to make decisions about their care. Care planning involved people and their families, to make their wishes known and enabled them to be as independent as possible. The quality assurance systems in place effectively monitored the service. The registered manager responded positively to change and was proactive in improving the service. Staff were well supported. The management team put people at the heart of what they did and were well supported by the provider to deliver an exceptional service.

Safe recruitment was followed to ensure the staff employed were suitable to care for people and shared the culture of the service. People received their medicine as prescribed and this was administered by staff who were competent. The provider was following relevant guidance for infection control.

Systems were in place to monitor accidents and incidents to identify any lessons learned and make improvements where required.

The service was working within the principles of the Mental Capacity Act (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems were in place to support this practice.

There was a registered manager in post who was available throughout the 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.

Rating at last inspection:
The service was last inspected on 17 November 2016 and was rated Good.

Why we inspect:
This inspection tool place on 20 February 2019 and was an unannounced, planned, comprehensive inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Details are in our safe findings below.

Is the service effective?

Good

The service was effective

Details are in our effective findings below.

Is the service caring?

Good

The service was caring

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was Responsive

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The Service was Well Led

Details are in our well led findings below.

4 Claremont Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was conducted by two inspectors

Service and service type: 4 Claremont Road is a care home for people with learning disabilities. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, both were looked at during this inspection.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke to three people who used the service, two relatives, two care workers, the registered manager, the deputy manager and a volunteer.

We did not use a Short Observational Framework for Inspection (SOFI), as people using the service were able to communicate their experiences to us. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at the care support records for 4 people who used the service and we also reviewed parts of other records for other people. This included people's medicines administration records, accidents and incident logs, 3 staff recruitment files and training records. We also reviewed quality assurance audits and policies and procedures, surveys from staff, people and relatives.

Good

Is the service safe?

Our findings

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. A relative told us they had no doubt their family member was protected from the risks of potential abuse. They reported a good rapport with the manager and felt staff would always act to protect their relation.

● There were robust safeguarding policies and procedures in place to keep people safe and ensure they received safe care. Staff received training in safeguarding and knew how to identify abuse and how to report it. They knew to report to external agencies, for example, to the police if they needed to.

● Staff were confident that the registered manager and deputy manager would act on what they reported and follow correct processes.

●Staff had knowledge of how to use the whistleblowing policy if they had concerns.

Assessing risk, safety monitoring and management

● There were detailed individual person-centred risk assessments in care plans and staff understood when people required support to reduce the risk of avoidable harm.

● We saw evidence of innovative risk management that allowed people safe access to the outside of the property. One person had originally had access to the front door but to ensure safety, staff reduced the risk of the person accidentally letting people in or out by giving the person access to the back door and gate, to allow them to move around the enclosed garden and outside the building safely and independently.

●People could access the home in different ways, maintaining their freedom, but protecting others from harm. Innovative technology was used to allow people independence and control. There was a pendant fob system in use, which had the ability to programme each fob individually. This meant each person could have access rights tailored to their needs and minimise restrictions to everyone else. One person could open their bedroom door electronically with the fob due to mobility issues. Others used their fob to access the garden.

●The risk assessments included allowing people to maximise their life, one person was supported to work part-time in the community. Others could access the local pub, shops and cafes and enjoy activities in the local community.

●Where people had been assessed as having reduced mobility there was evidence in their care plans of how to support them, what they needed and how to maintain their independence. For example, walking aids and good fitting shoes for walking. We saw these were in place for the person.

●There were robust, up to date, health and safety policies in place to keep people safe. Care records were up to date, stored securely and accessible to staff.

● All people had personal emergency evacuation plans (PEEP's) in place that were personalised to their needs. Staff had fire safety training and could explain emergency procedures.

Staffing and recruitment

● Staff told us the numbers of staff and the way they were deployed supported people in the best way possible. The registered manager was proud of the stable workforce and that they did not use external agency staff. They employed a number of staff who worked flexible hours when they were needed and

therefore knew the needs of people at the service.

●There were low levels of sickness and staff turnover that meant people were supported by a consistent and knowledgeable staff group. There were policies in place to deal with unexpected staffing shortages, such as in extreme weather conditions

● One member of staff told us, "We get on well as a team and we don't like to let each other down, it's like a big family here, everyone is so friendly".

●There was evidence of safe recruitment practices in place. Robust pre-employment checks were carried out to make sure staff had the right character and experience for the role. The manager told us they recruited people using the values of the service, to ensure that staff matched the needs of the people. This had been very popular with relatives and people, as it ensured that staff were able to support people's needs and interests.

●Staff knew people well and could identify little triggers in behaviour before they escalated. Some people were prescribed medicine to be taken 'as required' to manage these behaviours. Staff displayed knowledge and compassion and could describe how they managed behaviour to avoid unnecessary use.

Using medicines safely

● Medicines were managed safely and stored securely. Daily temperature checks on medicine fridges and the clinical room were undertaken. We observed medicines being administered safely and people were supported to take their medicines in the way they preferred. Staff told us they had training in safe handling of medicines and regular competency assessments of their practice. There were robust medicines audits in place.

●There was good information for staff on the medicines people took and any possible side effects they should look out for.

● There were protocols in place for the use of medicines given on an 'as required' basis to ensure people received these safely and when they needed them. There was also information about how prescribed emergency medicines should be administered if for example someone had a seizure.

Preventing and controlling infection

●Staff managed prevention and control of infection well to protect people from the spread of infection. The whole building was very clean, odour free, tidy and well maintained. Regular cleaning took place and there was a cleaning audit in place to monitor the cleanliness of the service.

● Staff understood how to prevent the spread of infection and there were infection control policies in place to support staff's knowledge. Personal protective equipment (PPE) was readily available.

● The service has a 5-star food rating from the food standards agency. This is the top rating and shows appropriate systems were in place to ensure hygiene levels.

Learning lessons when things go wrong

●There was robust evidence to show themes were identified after accidents and incidents and learning took place to prevent a reoccurrence.

●Staff received daily handovers about people, and a weekly briefing was used to update staff on issues, maintenance, training, best practice and any changes with people or the service.

●There was external audit of incidents and shared best practice within the provider group. There was a culture of openness and reflection. Staff told us they reflected on events following incidents and they found it helpful to look at what they had done well and what they could improve upon. This was visible in the briefings and minutes of meetings.

Good

Is the service effective?

Our findings

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

●People's needs and wishes were assessed and care and support was planned effectively. Staff had access to up to date policies and procedures based on current legislation and best practice standards. This was evident from the weekly briefing notes where management provided links for staff to access organisations such as NICE (National Institute for Clinical Excellence) guidance. We saw a recent guideline reviewed was oral hygiene.

●Staff had a good knowledge of people's needs, cultures and backgrounds and they respected people's lifestyle and choices. The registered manager had ensured that one person was able to access a church they went to before arriving at Claremont. Another person was supported to access church when family members [who normally took them] were unable to go.

●Care plans were updated regularly or when there were changes to people's health needs.

Staff support: induction, training, skills and experience

● Staff had the knowledge and skills to provide effective care. Staff told us they received training and an induction period when they started and used reflective practice for continued learning. They told us they undertook regular training updates and could request extra training if they needed it. Records showed training was up to date. A staff member gave an example of requesting training on effective communication when a person with communication issues moved in. This was provided and the learning was shared with the rest of the staff team to ensure that all staff were using the most effective methods and had a consistent approach.

●Staff also told us they had regular supervision but as the manager had an open-door policy they didn't have to wait for supervision if they had a problem. They said supervision was useful as it focused on things they had done well and any areas there could be improvement, this was supported by supervision records we saw.

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

● People we spoke to were happy with the food and said they had a regular meeting to set their choice of menu. We saw staff helping people make healthy choices due to health needs and they had a good knowledge of people's dietary requirements. We saw a daily colourful picture menu which showed the meal options people had chosen. We saw people choosing what they ate at lunchtime and making their own lunch together.

● Food likes, and dislikes were noted in care plans and documented separately in the kitchen. We saw people accessing snacks and drinks themselves. One staff member told us, "We don't do everything like a hotel, we encourage people to do what they can."

● Staff were aware of people on special diets. One person had high cholesterol, staff told us how they guided people to choose healthier foods. Staff told us of the strategies they used at mealtimes to encourage one person to eat – they described the positive impact this had on their diet and health.

●There was a spacious dining area where we saw people sitting chatting over their meals. People's weight was monitored on a regular basis. Any changes were recorded, and appropriate referrals made to address any concerns.

Staff working with other agencies to provide consistent, effective, timely care

●Staff kept up to date health passports for people when they attended GP or hospital appointments and went with people to appointments to provide support. People's ongoing health was monitored, and people received timely referrals to other health professionals when required. We saw one person who had been referred to the dietician, the risk assessment and care plan was updated, changes were communicated via handovers and staff had investigated how to incorporate the persons preferences into the dietary change, by using sweeteners instead of sugar.

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

●The service was a large domestic home in a residential area. Although the size is larger than current best practice guidance, it fitted well into the neighbourhood and the building had been adapted to meet people's needs effectively. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. People told us that they could choose how their rooms looked. The rooms were personalised to them. One person had easy access to the garden and en-suite facilities due to mobility issues.

●The main bathroom had recently been changed into a wet room when the mobility needs of one person changed, this made it accessible for everyone.

● The environment was well maintained, and equipment serviced regularly. Environmental audits showed there was good oversight in relation to maintaining a safe environment.

Supporting people to live healthier lives, access healthcare services and support

●People were well supported to live healthier lives and had a regular program of exercise available including walking, swimming and exercise classes. People had access to healthcare services.

●Staff had supported one person who was on a reduced sugar diet. They had talked to the person about their diet and had sourced sugar free sweets which the person was very fond of. They provided low sugar deserts and a regular exercise class, which helped the person to maintain a healthier lifestyle with minimal restriction to their diet.

● Individual up to date and accessible health action plans were in place for people and their health needs were recorded in their care plans. One person had an underlying health condition they required medicines for and this was explained in the care plan.

●Some people had seizures and their care plans gave information of known triggers, the likelihood of occurrence and how to support people.

●One person told us if they were ill, the staff got the GP out quickly. The service used one GP practice and could get people to the surgery when needed. A relative told us when their relative was ill the staff called them straight away and kept them informed of progress.

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

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was working within the principles of the MCA.

● There were mental capacity assessments in place to establish if people needed support to make decisions. Staff had a good understanding of the MCA and what it meant for people who lived at the service.

One staff member said, "It is used so people's rights are not taken away from them unnecessarily".
The service had an MCA champion who ensured people were given choices about who could provide their care and staff understood the requirements about consent and people's capacity.

- People were asked for consent prior to staff providing care and staff clearly understood the importance of ensuring people were happy to receive care.

Good

Is the service caring?

Our findings

Ensuring people are well treated and supported; equality and diversity

●There was a strong visible person-centred culture and people were treated with kindness.

● We observed staff communicating well with people, giving clear explanations, being kind, respectful and responding to their needs.

●There was good interaction between people and staff, people we spoke with told us the staff were kind and caring and they got on well with them. Relatives told us "Staff know [my relative] well and all their little ways, they deal with their behaviours in an empathetic way."

●Staff told us there was a caring culture at the service amongst their colleagues, and that they wanted people to live as full a life as possible. They told us they had time to chat with people. They knew people well and how best to communicate with them. All the staff we talked to really enjoyed working at the home.

●Staff had a good understanding of how to support people who may experience discrimination because of learning or physical disabilities.

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

●People were involved in their care plans, there was easy read information for people in their care plans and around the service, one person told us that one of the senior care workers went through the plan of care [with the person] and put in the things they wanted.

●Another person who was profoundly deaf and did not use sign language was supported with pictures to help get their views across. Staff used hand gestures and let the person lead them which enabled the person to make decisions about their care.

●People were supported to maintain relationships with their families. One person could no longer get out to see their relative, so they came to see the person at the service. People were well supported to go on visits to their families, even though some lived a distance away.

●Where people required the service of an advocate, they were provided with information about advocacy services available to them, this was available in an easy read format. Advocates support people who are unable to speak up for themselves. One person at the service was using the service of an Independent Mental Capacity Advocate (IMCA). IMCA is a new type of statutory advocacy introduced by the Mental Capacity Act 2005. The Act gives some people who lack capacity a right to receive support from an IMCA.

Respecting and promoting people's privacy, dignity and independence

● People were treated with respect and kindness. We observed staff knocked on doors before entering people's rooms and spoke respectfully to them.

●One person's independence was maintained through good use of assisted technology, allowing them safe access around the building and grounds.

●Staff told us they ensured privacy by standing outside the bathroom to give people privacy and promoted independence by encouraging people to wash as much of themselves as they could.

●Where people had requested male or female staff to support them this was respected.

● Staff told us that they encouraged people to be as independent as they wanted or were able to be.

Outstanding ☆

Is the service responsive?

Our findings

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

●The care was very person centred and staff had exceptional understanding of people's individual needs and preferences. The management were totally committed to assisting people to pursue their interests which created a sense of belonging and purpose. Staff we spoke with had good knowledge of people's likes and dislikes, medical history, needs and preferences, this was supported by information recorded in care plans.

●Staff were committed to supporting people to maintain important social and family relationships and where possible visit their families. One person's family lived a long distance from the service, but staff worked hard to support them to visit regularly and described the positive impact it had on the person.

•The registered manager told us how they had been nominated for a special recognition award by a resident's representative advocate for the exceptional work they and their team did in reuniting the long-lost family of a person. The person had not seen their two family members for 50 years. The registered manager and staff team went above and beyond their expected duties to locate and contact the relatives and arrange a reunion. Staff described the moment the family met as emotional and outstanding and the person gained tremendous personal and emotional pleasure from the meeting.

●The registered manager told us how they had creatively rearranged the home to ensure that a person could stay with them and still have their needs met after their mobility was reduced. Staff had relocated an office upstairs which enabled the person's bedroom to be moved downstairs. The provider then built en-suite bathroom access into the room to accommodate the person's wheelchair. The room had a grab rail above the bed and space to mobilise with walking aids or wheelchair. This helped to maintain the person's independence, reduce risk and ensure they could remain at a service they were familiar and comfortable with and where they had existing relationships with staff and other people.

●The registered manager had taken an innovative approach to providing social activities. People were encouraged to identify a 'dream' which they wanted to achieve. People told us about their dreams. One person wanted to go to Lapland to see Santa, staff took them to Lapland UK, we were told the person had been in tears of happiness when they got a letter from Santa. For other dreams, one person had been on a cruise and had holidayed in America. We saw photographs of the events.

●Management told us that since the closure of day centres, they had made every effort to ensure people maintained contact with external groups and had various activities available. They had established a 'fun and friends weekly group', this involved social activities with people from three other care homes to promote friendships outside the home, develop independence and it gave people a regular event to see friends and have fun.

●Staff were passionate about the activities on offer. There were numerous daily events in the home, weekly trips out on a Friday, or guest visitors. For example, there were regular visits by organisations bringing in different animals to meet one person's needs, who gained great pleasure from this. People undertook activities on their own with one to one support, or in groups as they preferred.

●There were lots of activities on offer in house and out, personalised to the individual. People led fulfilled lives and were embedded in the community – accessing local facilities and engaging with local groups. Staff told us the swimming pool they used did not really suit the needs of people, so they researched a better facility that had sessions for people with disabilities which were quieter, with gentle lighting and warmer

water to enhance enjoyment.
●A member of the public had seen resident's art work and had express an interest in buying the art. This led to staff and the art volunteer becoming involved in and exhibiting people's work at the local Sherwood Art festival, copies of which were then sold. People had gone to the shop to see their work. Staff told us people's faces lit up when they saw their work displayed, and they felt very proud.
●One person had gone to a local social group to talk to children about what it was like to live with a disability, we were told that they and the children got a lot out of the experience.
● We observed a calm atmosphere and good social interactions between staff and service users. We saw activity plans which supported independence.
●One person did all their own washing and other people did certain items of washing to promote independence. Another person cleaned reading glasses for people and staff. Staff reported the person was engaging in something meaningful that they enjoyed and reacted positively to praise given by the staff. Cleaning the glasses of the other people they lived with gave the opportunity for positive interaction with peers. One person had a small job outside the home, staff described how they managed the risk of this to ensure the person was safely getting to the work environment. When the job stopped, rather than allow a negative situation, staff describe to us how they went out of their way to ensure the person felt valued to continue with a different role, by celebrating their new job in a very positive way.
●A relative told us that a person's mother used to speak for them, and although the person could understand things they did not speak up to make their own decisions. In the last three years the staff had worked on this and encouraged the person to speak for them self. Standing back to let the person make their own decisions and choices when they can. The relative told us they had seen a big improvement in the person's communication skills and they felt this was a very positive thing for the person.
●Staff told us, one person who was prone to low moods needed to be continually offered different activities. Staff had identified, not undertaking social activities increased their risk of low moods. This was supported by their care plan which gave good detail of the activities they enjoyed.
●Staff held monthly cultural themed events with different food to encourage people to experience choice in a fun way, this was linked to art and activities and staff dressed up to match the countries food. One person said, "I like it when everyone sits round together for dinner". A volunteer commented, "I am amazed how much people have learnt and remembered from these nights, they talk about it for ages afterwards."

Improving care quality in response to complaints or concerns
● People told us they knew who the registered manager was and were confident they could complain about things to them and these would be acted on. The service had regular meetings with service users and we saw evidence that issues were followed up. The complaints policy was displayed prominently and there was an easy read notice up for service users.
●A relative told us they knew who to contact if they had a complaint and all relatives received an information sheet with complaints information.
●Staff we spoke to could describe their role and responsibilities in relation to recording and managing complaints.

End of life care and support
● People were supported by staff to make decisions about end of life wishes. Next of kin details were recorded and relatives were involved in the plans. Evidence of peoples wishes for their funeral plans was discussed in their care plans, we saw music and flower choices, religious and cultural preferences.
●The registered manager had recognised that training for end of life care may go out of date before it was of use, so organised a 'drop in training package' which could be accessed quickly if it was needed suddenly, providing staff with up to date information.

Outstanding ☆

Is the service well-led?

Our findings

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

●There was evidence of exceptional leadership. The culture of the organisation was embedded across the service to deliver high quality care.

●The management team ensured that the culture of the organisation was embedded by regularly seeking the views of people, relatives and staff via surveys and feedback questionnaires and being open to challenge. This involvement supported the whole team to deliver highly person-centred care.

●The manager engaged staff, people using the service and relatives in implementing and sharing change. For example, recent infection control changes were reviewed by the management team and communicated to staff via the weekly briefing. This included amending the dress code for staff around removing jewellery when hand washing and not to wear it at all. Further to this, information was updated to educate relatives about their role in preventing risk and spread of infection. The impact on people was regularly assessed and handwashing facilities in people's rooms were modified as a result. In addition to this, the registered manager told us that people had monthly meetings where they could discuss house rules and change things, the impact of these meetings was clear from talking with people using the service and our observations.

●People were empowered to voice their opinions by accessible information in different forms. The management team always responded to comments put forward. A relative had commented that they did not know what [their relative] had been doing on a daily basis. In response to this feedback, the management team created a private Facebook page, which was carefully implemented and moderated by the management team. The Facebook page had been very well received by relatives and people and had a real impact on people's lives, connecting them with their relatives and giving them things to talk about when relatives phoned or visited them. People said they liked their family seeing what they were doing. Staff told us people enjoyed being involved in deciding what photos and comments were posted. A relative told us that the Facebook page gave them reassurance that [their relative] was getting out and doing things and kept them in touch with their relative's life, as due to the distance between them they were only able to visit infrequently. They told us they spoke on the phone and being able to use different types of social media to keep in touch, was really reassuring.

● The registered manager maintained an overview of the staff allocated to support people using the service to ensure their personal needs were met in a way that was meaningful and creative. For example, she matched interests of staff and residents, so they could enjoy shared activities together.

● The registered manager created and drove high quality individualised care, making sure people felt valued by creating a sense of self-worth. For example, staff told us the management team had introduced befrienders that visited people at the service and that without befrienders some service users would have no visitors. One person said, "It is so nice to meet up and be their friend, I would be upset if they were not in my life". Staff told us it made them feel special when they had someone to invite to parties, they became like family members to those service users.

Planning and promoting person-centred, high quality care and support; and how the provider understands and acts on duty of candour responsibility.

●People were supported by an exceptional management team who worked consistently to ensure positive outcomes for people. Evidence of this started with the way staff were recruited. Before an interview, potential staff met people living at the home as part of the interview, to assess how they communicated and interacted with people. This allowed people direct involvement in the recruitment process in their home, rather than by sitting on a recruitment panel. The registered manager said," The staff we recruit have the right attitude and approach which no amount of training can replicate."
●A Volunteer told us the registered manager and deputy manager were exceptional and constantly striving to provide an outstanding service. It was an amazing place to work, better than anywhere they had worked before. Staff told us the management team worked well together coming up with new ideas like the Facebook page and then working together to implement the idea.
●The management team told us they treated staff how they would like to be treated and they used various methods to feedback praise to staff. The registered manager said, "It is not them and us, we want to ensure they all feel valued".
●The registered manager told us staff were valued in different ways. The registered manager made great effort to ensure staff were supported to fulfil their role.
●A relative we spoke with, who lived some distance away from the service told us they had built up a very strong rapport with the registered manager and her team. They said, "The team have a passion for what they are doing".
●The registered manager was clear about duty of candour responsibilities and notified us of significant events. They had been open about a safeguarding incident showing how they had managed the situation, assessed the future risk and adapted the building accordingly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
●There was exceptional leadership, and robust governance. The management team and staff were clear about their roles and understood quality performance risks and regulatory requirements.
●The management team had highly effective oversight of what was happening in the service, and when asked questions, were able to respond immediately, demonstrating an in-depth knowledge in areas such as incidents, accidents and safeguarding.
●Staffing was consistent, and staff told us there was an excellent relationship between staff and the management team. Staff told us, both the registered and deputy manager were available, supportive and tried their best to meet people's needs to make them feel valued. This culture was evident across all members of staff we spoke with. The registered manager told us they were well supported by the provider's senior management team.
●The registered manager knew people extremely well, including relatives, this was clear when we heard them chatting on the phone to one relative.

●Care was high quality, passionately person-centred with good outcomes. This was evident by the effort the management team put into delivering peoples 'dreams'.
●People and relatives were encouraged to give their views in different ways, by regular meetings, surveys and feedback forms. This resulted in people, relatives and staff being actively involved with the development of the service and contributing to decisions on how to improve the quality of the service they received. One example was, people commented on how much they liked days out and holidays and wanted them to continue. The management team told us that due to funding cuts they had contacted local supermarkets to fundraise to ensure this happened. Holidays were tailored to people's financial budget, their likes and interests. Additional charitable donations from a local company covered staff costs if required. People told us how happy this made them, knowing holidays and days out were being planned.
●Managers told us about a culture survey they had just completed with staff to give them a vision of how to

shape the future of the service. Annual anonymous, staff surveys were also in place, the registered manager said feedback had only been positive so far.

●We saw evidence of regular staff meetings with standing agenda items such as safeguarding, health and safety, and mental capacity assessments. There was good evidence of robust audits and clear pathways to feed information back to staff via the weekly briefing and staff meetings.

Analysis of audits on finance, medicines, quality and health and safety were completed by various external organisations, such as the Local Authority, to ensure compliance and demonstrate continual improvement. Audit results were shared with staff and discussed, feedback included the impact on people using the service.

●Staff had specialist interest roles and leads on specialist areas. The registered manager told us the health and safety specialist lead perform a weekly audit of the property to ensure any concerns are picked up and actioned immediately to protect people. Rather than having an activity coordinator each day, there was a dedicated member of staff, an 'activity specialist' to manage people's activities, so they could support people's individual interests. This ensured that activities were protected and did not get interrupted by other duties, therefore activities did not get cancelled. The registered manager told us this was really important to some people who rely on structure and routine and find sudden change distressing. Staff focused solely on the daily activities.

Continuous learning and improving care

●There was a strong emphasis on continuous learning and improving. The management team followed email alerts from professional organisations such as the National Institute for Clinical Excellence (NICE), the Care Quality Commission, and Skills for Care, to influence best practice. They received alerts from organisations such as the Health and Safety Executive to ensure they were up to date with emerging changes. We saw evidence that this information was discussed at the providers management meetings. The information was then passed on to staff using a feedback form called, 'The experts say…', this circulated up to date evidence to staff.

●One recent topic we saw, was oral health recommendations by NICE. From this the management team implemented oral health assessment using national guidance and best practice. The registered manager had attended training from the local healthcare team and staff were provided with e-learning training to develop their skills. This education was then passed to service users on a World Oral Health day as part of the fun and friends events. This showed us how good practice was shared within the team and its impact on service users. The change was newly implemented at the time of our inspection so formal assessment of its impact had not been completed. However, initial feedback from staff and service users was very positive.

●Staff received continual support in their roles to help them learn and the management team used different feedback methods, one called 'Great interactions' was used to focus staff attention on what they do and how they do it, to ensure interactions with people were great rather than good. Reflective practice was used to give people feedback, to look at what they did well and how they could improve, putting people at the core of change. Specialist roles, empowered staff to develop their roles resulting in continual improvement in the care of people and have a direct impact on change and improvements.

●High quality staff performance was praised in weekly briefings and messages of thanks were sent when appropriate. The registered manager told us of one example when staff received praise. A member of staff was off sick and rather than cancel or postpone the theme night that had been arranged, staff went ahead with the night, because they knew how much it meant to people. The registered manager personally bought all staff a gift at Christmas and the deputy manager left a Christmas stocking for the staff who slept over on Christmas Eve as a thank you.

●More formally, a point scheme allowed staff to nominate points to each other for recognising they had delivered above and beyond what was expected. The registered manager said, "Getting people to engage

with something can be hard work, it is good to reward staff with thanks to show you have noticed the little things they do, really makes a difference to people". The points awarded were linked to values of the service, so it was clear to identify how staff actions had impacted on people's care. Staff received a financial bonus in recognition of their achievements.

● Learning from incidents was embedded throughout the service.

Working in partnership with others.

The provider worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences.

●The registered manager worked in partnership with various external organisations such as the national activity providers association (NAPA) to improve activities for everyone.

The registered manager told us that when national guidelines were changed on 'falls risk' they had worked with SAGA (Society for the Appreciation of the Golden Age) and the local council to change practice.

●The service was an excellent role model for other services. The deputy manager had put a lot of effort into safeguarding around medicines. This had resulted in a very low number of medicines errors. This best practice and robust procedure was shared with the provider group at a medicines working group as best practice for others to copy.

●The registered manager had made links to different local organisations to fundraise. A local charity organisation had agreed to fund an eco-greenhouse for people to grow things in. Other funds raised had been used to provide an attractive outside space for people, with a covered area and a sensory garden with a water feature. Staff told us, this was fantastic for one person who liked to sit outside could now access the covered area all year round. When there were group activities on outside, this person did not like crowds and would have found too many people overwhelming. The covered area meant that they could still enjoy the activity but from the distance and peacefulness of that area.

●The registered manager worked with external agencies to monitor the effectiveness of the service and met with other managers in the provider group to keep updated and to drive and develop best practice. The registered manager worked with external agencies to monitor the effectiveness of the service. A visiting professional had sent very positive feedback. "Claremont was a hugely positive visit. Not only did the audit run smoothly due to great organisation, but this was also due to the great staff you have there".

●The volunteer said, Sherwood Art week had a huge impact on me. The comments you made about my role was amazing and uplifting. We worked together with our different areas of input, to bring together a beautiful display of people's art. Doing this gives my life tremendous meaning.