

Sanctuary Home Care Limited

Clover Court

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This service provides care and support to people living in 20 'supported living' flats, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service was meeting the requirements 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; the policies and systems in the service supported this practice.

People and their relatives told us they felt safe being supported by the service and that staff made them feel safe. Risks to people were appropriately planned for and managed. Medicines were stored, managed and administered safely.

People and their relatives told us there were enough suitably knowledgeable staff to provide people with the care they required. Staff had received appropriate training and support to carry out their role effectively.

People received appropriate support to maintain healthy nutrition and hydration. They were supported to participate in preparing their meals according to their abilities.

The service was exceptionally caring. People told us staff were nice to them. The service and all staff were heavily committed to promoting independent living. People's lives had been enhanced by the support provided by the service. The service utilised technology to enable people to live more independently than they had been able to in their previous lives.

The service put people at the heart of what they did, ensuring they led the development and shaping of the future service. People had been fully involved in the process of planning the building of Clover Court and their individual flats. The service continued to fully involve people and listen to their views. People told us they knew how to complain and complaints had been acted on by the service.

The service provided people with care that was exceptionally person centred. People received personalised care that met their individual needs and preferences. People and their representatives were actively involved in the planning of their care. People were supported to live fuller lives and access meaningful engagement.

The provider and management team created a culture of openness and transparency within the service. Staff told us that the management team was visible in the service and led by example. The service had a clear vision and set of values which were demonstrated by all staff.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to

improve the service.

Further information is in the detailed findings below.

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.

Risks to people were identified, monitored and managed.

Medicines were managed and administered safely.

There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

The service was complying with the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to eat and drink sufficient amounts.

Staff had the training and support to deliver effective care to people.

People were supported to have contact with external health professionals such as doctors.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Staff were kind and caring towards people.

People were supported to be involved in the process of their care planning.

The service enabled people to be independent in ways they had been unable to be before.

People's dignity and right to privacy was respected by the service.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People were supported to live fuller and more active lives. Technology and support from staff enabled them to access meaningful engagement and activity.

The service provided people with exceptionally person-centred care.

People knew how to complain and complaints were acted on.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

People were placed at the heart of the service and were supported to input into shaping the future of the service and how it was run.

People's voice was heard and their views acted on.

The service had a robust and effective quality assurance system in place capable of identifying areas for improvement.

The service had a clear vision and set of values which were shared by all staff.

Clover Court

Detailed findings

Background to this inspection

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

This comprehensive inspection was carried out by one inspector on 10 January 2019 and was unannounced.

Prior to the inspection we reviewed the contents of notifications received from the service. Services have to notify us of certain incidents that occur in the service, these are called notifications.

We spoke with three people using the service, three relatives, three care staff, two healthcare professionals, the area manager, registered manager and deputy manager.

We reviewed four care records, two staff personnel files and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe being supported by the service. One person said, "It's safe, secure. I don't worry." Another person told us, "I feel safe." A relative said, "I have no concerns about safety, it's all very secure." Another relative commented, "[Person] is completely safe, I don't have to worry about them and if anything happens I get a call straight away." A healthcare professional told us, "The service seems very safe and secure. There's staff there 24 hours so they can attend to people if they have an accident or need help."

Risks were managed well by the service. Each person had a set of individualised risk assessments. These assessed the level of risk to the person in areas such as pressure care, malnutrition, falls, choking and accessing the community. Where people were identified as at risk, there were clear instructions that staff could refer to in order to minimise the risk to people with a focus around not limiting people's independence. Staff we spoke with were aware of the risks to individuals and how they could be supported to minimise these risks. Staff, the registered manager and the staff had an understanding of 'positive risk' and care records assessed the benefits of taking some risks, such as promoting independence by supporting people to live more independently with less staff support.

There were appropriate processes and procedures in place to protect people from the risk of potential abuse. Staff were aware of safeguarding people from abuse and had been provided with booklets to keep with them which advised them of the service's safeguarding processes and of where to report concerns.

People told us there were enough staff to meet their needs and help them live their life. One person said, "I get lots of time with [staff], if I want to go somewhere with them they can always sort that. If I need someone outside of my usual times I can use my call bell." One other person said, "I get enough time. If I need anything they would be there." A relative told us, "Even though they have scheduled care time now the staff are still there if they need anything at other times. [Person] had a bit of an accident and [person] said the staff kept popping over to see [them] to check if they needed anything." Another relative commented, "[Person] gets more time with staff now on a one to one basis than [person] did before. [Person] really enjoys this." The provider assessed people's dependency and used this to calculate the time the staff required to meet their needs. Scheduled times for staff to visit people were agreed with them so they knew when staff would arrive. The service ensured they allocated people enough staff time to engage them in activity and support them to live full and active lives. Staff told us they felt people had the time they required from staff. One staff member told us that the registered manager was open to suggestions if they felt people required more time. They told us they felt one person who they were key worker for needed more dedicated time with staff to go out and that this request was accommodated by the manager. The staff member told us they felt this had improved further enriched the life of this person.

Medicines were managed and administered safely. Staff kept clear records of when they had supported people to take their medication. There was an appropriate system in place to identify any shortfalls in medicines administration and a shortfall that had been identified earlier in the year had been resolved by the time of our visit.

The service practiced safe recruitment procedures to ensure those employed were of suitable character to work with vulnerable people.

Is the service effective?

Our findings

Care records demonstrated that people's needs were assessed and care planned taking into account best practice guidance.

Our observations and discussions with staff demonstrated they had the training and support to deliver effective care to people. Staff received training in subjects such as the Mental Capacity Act, safeguarding, food hygiene, health and safety, first aid, challenging behaviour, fire safety, infection control, care planning, medicines, manual handling and equality and diversity. The providers training matrix confirmed that all staff were up to date with the providers mandatory training. Staff told us they felt the training they received was very good, particularly the face to face training. They told us the trainer who delivered face to face sessions was very accommodating and that staff could telephone or email them if they ever had any queries. Staff also told us they had access to an online system where they could browse and book onto extra training that interested them. One staff member we spoke with had recently completed a management training course and told us they were being supported by the service to complete their NVQ 3. They told us the service was always driving the staff to complete more training and broaden their knowledge base. The service's commitment to offering staff the opportunity and support to book onto additional courses demonstrated their commitment to excellence in staff practice.

Staff were required to carry out an induction before starting work at the service. This included starting the care certificate and carrying out all their mandatory training. Staff were also given time to get to know the people they would be supporting. On the day of our visit a staff member had just completed their face to face interview, which they had been successful in. As part of the process we observed they were taken to meet people who they would be supporting if employed to ensure they displayed the right attitudes and behaviours when meeting people.

Staff told us the registered manager, deputy manager and other senior staff were approachable, open and they could go to them with concerns or issues. Staff told us they felt able to discuss anything with the management team and that their views and feelings were acted on. They told us they felt valued and listened to by the service. Staff were offered yearly appraisals where they could set goals or objectives for the coming year. Progress with their objectives were reviewed six months into the year. This demonstrated the service was committed to developing the staff team, identifying and driving future growth and supporting its staff. Staff also had the opportunity to have regular one to one sessions with their manager where they could discuss any issues.

People were supported to eat and drink sufficient amounts. The support people required with eating and drinking was clearly set out within their care plans. Staff were aware of people's specific diets and supported them to prepare their meals based on their abilities. People were supported by staff to go out and purchase their own food, giving them greater autonomy over when and what they ate.

People were enabled and encouraged to access support from external health professionals such as doctors, dentists, opticians, psychologists and specialist consultants. Care records clearly set out whether people

required support to arrange or attend appointments. Records were kept of the contact people had with health professionals and the outcome of this contact. Any guidance or advice provided was transferred into care planning. There were personalised hospital passports in place for people so that hospital staff could better understand their requirements if they needed to be admitted to hospital. A healthcare professional told us, "They work with us very well. We are in most days to see one person with a complex wound and the senior on duty always comes with us to see what treatment we are delivering to have a better understanding of it. If there are any issues they always get in touch with us promptly."

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.

People told us staff supported them to make decisions. One person said, "I can do what I want. I come and go." Another said, "Where I lived before I couldn't do as I pleased but now I am my own person and can do as I please." A relative told us, "[Person] makes all the decisions and has become better at directing the staff to what [they] want doing. Staff have encouraged [person] to become more forthcoming in saying what they want from them." Another relative commented, "[Person] is able to make all their own choices, there's no restrictions. Where [person] lived before [they] felt very restricted but here [they] have a lot more freedom." A healthcare professional said, "The staff are very respectful of people's rights. They check with people first that they can talk with us about their needs, they seem to run everything by people first before doing anything. Staff, the registered manager and provider had a clear understanding of their responsibilities under the MCA. They were committed to promoting independence and in encouraging people to make their own choices. Observations demonstrated that people were enabled to make day to day decisions by staff. Staff had been provided with booklets to keep on their person with quick reference information about the MCA and their responsibilities with regard to upholding people's rights and promoting their independence. All staff demonstrated a commitment to this."

Is the service caring?

Our findings

All staff working for the service and the provider demonstrated a strong person-centred culture. The visions and aspirations of the service were made clear to staff who demonstrated these shared values in discussions with us, these values were aimed towards ensuring people received exceptionally personalised, kind, caring and compassionate care which enriched their lives. Staff were highly motivated to provide exceptional care and support.

People told us staff were kind to them. One person said, "We are so friendly together, they know me so well and I look forward to them coming. I know they care about me and they listen." Another person told us, "They are so nice to me. They couldn't be nicer." A relative said, "The staff are so kind and genuinely friendly. [Person] has built up a great rapport with the staff, [person] has [their] favourites but all of them are very nice. Everyone is very accommodating of us too as we stay in the flat with [person] when we visit. My impressions of them are very good." Another relative commented, "They are very friendly and they chat away to us. They take an interest in us as well as [person] and know them inside out." Another relative said, "They're always very friendly and polite to us when we visit." A healthcare professional told us, "I couldn't fault the staff. They're very sweet and kind to people. They greet everyone with a friendly face and seem to have very strong positive relationships with [people]."

Our observations demonstrated that staff had a deep empathy for people and treated them with kindness and compassion. Staff showed a genuine interest in people's daily lives and the activities they had engaged in, as well as their health and wellbeing. A healthcare professional said, "The staff are very attentive to people and show concern for them when they're unwell." A relative said, "[Person] had a bit of an accident and they were so caring to [person] and concerned."

The service ensured that staff focused on building and maintaining positive, open and honest relationships with people. Care was taken to match people with staff who shared similar interests and met people's individual preferences. For example, one person had decided they preferred having support from staff that were older, and the service had accommodated this request. Another person had been matched with a keyworker who enjoyed fishing, which was something the person had always wanted to do. This enabled the person to go fishing regularly with this staff member.

The service was exceptionally driven towards promoting independence and assisting people to be as independent as possible. The majority of people using the service had previously been accommodated in a care home owned by the provider. In consultation with people, the provider had Clover Court built to enable people to live more independently in their own flats. This significant investment demonstrates the commitment of the provider to promoting and enabling independent living. Care had been taken to ensure that the site for Clover Court was convenient for people, being close to public transport, shops and supermarkets. In the care home setting people had been unable to access transport, shops and other places without full staff support because of the location of the home but were now able to visit places independently. The registered manager told us that they had just sold their minibus because since the move to Clover Court it was never used. They felt this was a positive thing, as people were now able to access the

town independently or travel to other locations on public transport. One person using the service told us, "Everything you need is right here. I like to do my shopping at [local supermarket] just around the corner. I go get my clothes at [clothing shop]. Everything is close." During our visit we saw people coming and going freely, with one person telling us they were going out to get some garlic bread for their dinner. A relative said, "Being near the town has done [person] the world of good, they can do their own shopping now, which we used to do for them. They're much more independent. [Person] uses the train and goes all over quite regularly. The staff are going to help [person] to start using the busses as then it's easier to get to other places." Another relative told us, "The location couldn't be better. I know [person] really enjoys how they can just go out and get their own bits and pieces. Everything they need is there, it was such a walk before to get to the town or the staff had to take them but now it's a lot easier for them to go on their own." Another relative commented, "Being in the town centre has helped with [person] doing more for themselves. We have to do a lot less now."

It was clear that being supported in the service had widened people's horizons and given them opportunities to experience things they hadn't before. A healthcare professional told us, "Seeing how independent [Clover Court] makes people is really special to see. The staff are really encouraging of people." One person told us about how they felt restricted living in a nursing home previously but that they felt free and empowered living at Clover Court. They told us they "loved" living at Clover Court and the independence it gave them. During our visit we saw them come back from a trip to the town centre, which they had been able to do independently. They told us they were "very happy" because they "were allowed to do what they can." We spoke with this person's parents who said, "It is brilliant. [Relative] is a different person. Before they never wanted to get out of bed or do anything and weren't really living life. Now they're always up and about and forever going out. It's the independence they never had. [Person] was very restricted before and being at Clover Court has brought them out of their shell." Another person told us, "Here I can do as I please. Before I always had to wait for staff to make me a cup of tea because I can only use one arm but here they got me a one cup maker so I can make my own. I like to make everyone else drinks too. My family come round and we can sit in my lounge and I'll make them all drinks." They also said, "I do all my own shopping now, my washing, keep my flat all nice." The registered manager told us that prior to acquiring their brain injury, the person had run a household and cared for their children, so it was important to them to be able to manage as many of these tasks as possible. We were told the person had recently requested to manage their own medicines and had been supported by senior staff over time to gradually start becoming independent with this which promoted their independence further. A relative of another person told us about how they had developed new life skills such as cooking when being supported by the service. They said, "At first [person] was a bit overwhelmed by all the new tasks they had to learn, like doing the washing and cooking. Now [person] absolutely loves cooking and is a great cook. The staff have to physically do the cooking but I was so surprised to see how good [person] was. They give all the instructions, tell the staff what ingredients to put in, how to cook it. They're enjoying their food a lot more now they have more control over how it's made. [Person] really enjoys being able to go out and buy their own food too."

Staff were enthusiastic about the changes they had seen in people since they moved to Clover Court. They spoke about how 'proud' they were of people and how 'special' it was to see them live independently. A staff member told us about one person who had previously required a wheelchair to mobilise and said they were now able to mobilise independently with a mobility aid and lived with minimal staff support. The staff member told us about how the person had recently got a gym membership, was going out by themselves to attend social groups and was also looking to find a romantic partner. They also told us that the person had a child and that having their own flat meant they had privacy when they visited. One of their goals was to be able to dine with their child and staff were supporting them to reach this goal. The staff member proudly told us, "They went from being the [person] in the bed to being almost completely independent, I think that is so special to see."

Whilst everyone had chosen to move to Clover Court, we were told some people had been anxious about the change to their environment. The service was exceptional in finding person centred and individualised ways to support people to reduce distress and anxiety. Staff and the registered manager told us about one person who had required support to better understand the process of creating their new home. The registered manager and staff told us that the person was supported to visit the site of the new building regularly, sometimes daily and that they gradually became excited about moving in. A relative told us, "[Person] was certainly very anxious about moving in and doesn't like change. The staff were very good with that and very supportive and understanding."

The service was exceptional at resolving communication difficulties and ensuring people received information in ways they could process. We met one person using the service who was deaf, the registered manager was fluent in sign language and staff also learned sign language to better communicate with them. They were also assisted to communicate their needs via writing and picture boards. The service had come up with creative ways of communicating with people which changed dependent on how they were feeling that day. For example, one person was often able to communicate verbally but on some day's would struggle to express their thoughts so they had been provided with a picture board to aid their communication at these times. This meant staff were able to support people effectively to make choices and have their views heard.

The service was outstandingly focused on promoting people's privacy and dignity. People were empowered because they decided when and who provided their care and support. One person said, "I chose when I want them to come in. When they turn up they ask if it's still okay for them to visit me." Another person told us, "I have my privacy now, alone time." We saw that staff rang people's doorbells and waited for them to answer the door before entering. We requested one person's care plan which was kept in their flat but staff told us they could not get it for us as the person had not answered the door. This demonstrated staff's understanding of upholding people's right to privacy in their own home. People were asked for their preferences around whether they would like male or female carers to support them. We saw a letter from one person stating they had changed their mind and would only like female carers now, and this request had been promptly met by the service. A healthcare professional told us, "The staff are very aware of people's privacy. They're careful to only share the information people are happy with." A relative said, "The manager calls us if there's a problem but she often won't tell us much because it's up to [person] if they want to tell us. They might just tell us to give [person] a call but they'll say no more than that to respect [person's] privacy."

The service empowered people as partners in their care, ensuring they were involved in its planning and making decisions about its delivery. Care records clearly reflected people's views on their care. People had been supported to sign their care plans in creative ways. Some people had been provided with a personalised stamp for this purpose. People's care records were kept in their individual flats so they had ownership over these. People told us they knew what was in their care plans. One said, "I was there when [staff] wrote them and then we have meetings a lot to check I am still okay with everything." Staff asked people if they consented to us looking at their records. A relative said, "We are asked if we have any views on [person's] care but only if [person] is okay with that. If [person] wants we will attend the care reviews."

Is the service responsive?

Our findings

The service provided people with outstandingly responsive, flexible and individualised care which provided them with choice and autonomy.

People were in control of the support they received and this was based on their individual preferences. One person said, "I only get what I want. I chose the staff who visit me. I didn't want one to come anymore so I told [registered manager] and they were fine with it." Another person told us, "[Carers] come in the morning and then after that I do whatever I fancy."

All staff, including the management team, knew people exceptionally well and the service promoted the building of meaningful lasting relationships between people and the staff. One person told us, "[Staff] know exactly what I need. I feel like they know all about me and they care about me." A relative said, "The staff seem to treat [person] as an individual, yes. They have got to know each other very well." Another relative commented, "The staff that see [person] are on a level with them. They listen to [person] and do everything as they wish." The care records for each person were exceptionally individualised and included great detail about the person. There were detailed life histories in place for people, providing staff with information about their past life. This was particularly important for people with acquired brain injuries who may not be able to recall this information independently. The service celebrated people's individuality and people's care records were worded in a way that made clear their strengths, positive characteristics, sense of humour and what people liked about them. As part of the care planning process, people were asked to think about what others liked about them and the service added their own comments about what staff liked about them. These included things like "bubbly personality", "always happy" and "great sense of humour." This helped boost people's self esteem and sense of self worth. A healthcare professional said, "Every time I have visited the staff have been knowledgeable of all the tenants."

There were comprehensive care plans in place detailing the support people required to meet their needs, including their social and emotional needs. These went into great detail about their personal preferences on how care should be delivered. The service came up with creative ways to alleviate anxiety and distress. For example, one person had been anxious about moving into their new flat so they were supported to visit the flat a number of times before they moved in. They were also supported to purchase furnishings for the flat and to place these where they wished and spend time there to help them get used to their new environment. Staff told us the person really enjoyed living in their own flat now. Where people had complex mental health needs, it was clear what support they were receiving from other organisations. Care plans for people who had behaviours staff might find challenging were written in collaboration with other healthcare professionals to ensure that advice and guidance from specialists was consistently implemented by staff. Staff told us one person had found the transition from living with a parent to living in their own flat very difficult. Staff told us about how they had alleviated this person's distress and worked with them to come up with ways to make the transition easier. We spoke briefly with this person who said, "I am very happy here, everyone is so friendly, I am so excited to be here." They displayed visible excitement and happiness when speaking with us.

The service used technology in exceptionally innovative ways in order to enable people to live more

independently. People had been involved in the process of speaking with builders about the kinds of technology they would like installed to assist them in living more independently. We observed how the technology systems that had been installed enabled people to go about their day without requiring staff support. For example, technology enabled people to open all doors and windows independently, operate the lift, operate their lights, change television channels or operate radios. The service had focused on ensuring that the technology in place was accessible to everyone using the service regardless of their ability. We observed that some people operated the technology using buttons on their wheelchair, others were able to operate it by pressing a button around their neck with their chin. This gave people opportunities to be independent in a way they had not been able to before being supported by the service. One person proudly showed us to their flat and demonstrated how they could operate the lift, their front door, their lights and other technology in their flat with the press of a button. They said, "I didn't think I would ever be able to live like this." We visited another person who was deaf. They had been provided with a portable device where a light would illuminate, for example, if someone pressed their doorbell. This meant they could still retain their right to privacy and to choose whether or not they wished to answer their door. A relative told us, "The gadgets they have in there are brilliant. Never thought I'd see the day when [person] would be able to open and close a door themselves. They can use the lift now, go out. The world is their oyster. They can even turn on the lamp, their radio, change the television channels. They can phone us with their technology too, it's really been an eye opener and so brilliant for [person]." Another relative said, "[Person] isn't very technology minded so found it a bit difficult at first but the staff have spent a lot of time teaching them to use it. Slowly they are getting their head around it and it is helpful because they can then do a lot more themselves." A healthcare professional commented, "The technology is amazing really, I haven't seen anything like that before. It really enables people to do things they probably thought they wouldn't be able to do again."

The service was outstanding in enabling people to engage in meaningful activity and live fuller, more active lives. People were able to schedule staff time for activities such as trips. One person had recently travelled on the bus for the first time to visit an aquarium with a staff member. Staff told us that since moving to Clover Court and having an increased support package, this person was displaying a lot less behaviours that challenged staff and they had seen an improvement in their health and wellbeing. A relative of another person said, "[Person] can go out on their own and used to do that a lot. They get this social time they can schedule now if they want to do things with staff and [person] is really enjoying that, they go out with staff every week now to do different things." Staff told us about one person who had previously been cared for in bed but was now supported to attend clubs in the local area regularly. Staff said the person enjoyed meeting new people and was hoping they would be able to form a meaningful romantic relationship through socialising regularly. Staff support enabled people to take part in a wide range of activities such as swimming, bowling, going to the cinema, shopping, visiting local attractions and going on holidays. We spoke with one person who was visibly excited about going out. They said, "I am so excited about going out, I love going out." When we asked if they didn't used to go out much before they moved to Clover Court they said, "No, never. I used to sit in one room and stare at the four walls. I love it here, I love to go out. I'm off shopping now."

People were supported to attend training classes to learn new skills. One person had been going to a class to learn how to cook so they could do this more independently and reduce the need for staff support. The registered manager told us about another person who had been supported to take up employment in the town centre, which they were able to undertake independently. They said the person enjoyed this and it was helping them build upon their skills. Other people were supported and encouraged to take up training courses at the local college to enable them to live more independently in future.

The service scheduled 'social time' in communal areas of the building where different activities would take place if people wished to attend. We saw that activities scheduled for that week included cake making,

crafts and games. A person using the service took responsibility for running the baking class and another person had created and delivered a quiz to celebrate 'Suffolk Day'. The registered manager told us about how they had adapted the 'social time' to accommodate the needs of one person who required dialysis three times a week. As a result, with the consent of the other people using the service the times of the scheduled times had been changed so the person was always able to attend if they wished. The registered manager also said that they made sure the person was offered the chance to spend an entire day with staff at least once a week taking a trip or engaging in an activity of their choosing so they didn't feel they 'missed out'. The manager told us that this week they were going to Norwich with staff for a meal, to go to the cinema and to go bowling.

The service empowered and encouraged people to set goals and aspirations. The service had created a wishing tree and people had added their individual goals and wishes to this tree. Plans were in place to support people with achieving these goals, including scheduling staff time to undertake the activity. One person's goal was to go swimming and staff had visited the local pool with them to look at how they could best facilitate the person, who had limited mobility, to achieve their goal. The person told us they'd scheduled time with staff to complete this goal. They said, "I always wanted to and I really look forward to it."

The service entered themselves into the Suffolk Care Awards and won the 'Promoting Dignity and Respect in Everyday Life' award. They attended an awards ceremony to be presented with the award, and gave people the opportunity to attend. One person who attended told us, "I loved it, I got all dressed up. I got to go up on the stage with [the staff]. I felt very special."

Whilst no one using the service was coming to the end of their life at the time of our visit, the service had ensured people had opportunities to talk about their wishes at the end of their life. These had been documented in end of life care plans which were reviewed regularly to ensure people could add information if they wished. These care plans reflected best practice guidance around planning for end of life care.

People told us they knew how to complain if they were unhappy. One said, "I would just tell [registered manager]." Another told us, "I would go to [registered manager] or any staff." It was clear people knew how to complain, because three people had made a complaint in 2018. Despite these being minor complaints, they had been recorded and responded to in full. This meant people felt their views were listened to and that they mattered. People had been provided with an easy read copy of the complaints procedure which informed them of how to complain. They also had the opportunity to put anonymous comments or complaints into a suggestion box in the communal hallway.

Is the service well-led?

Our findings

The service was consistently and outstandingly well-led. It was led in a way that focused on enriching and improving the lives of the people using the service. All the feedback we received about the management of the service was positive. One person said, "I like [registered manager]. They are a good person. I come and chat to them often, we get along well." Another person told us, "[Management team] are all really nice. They make it feel like home." A relative said, "[Registered manager] is brilliant. All the staff are very engaging and if there's niggles they sort it out. I've every confidence in them." Another relative commented, "All the staff are really good, [registered manager] cares a lot about [people] and always listens to what you have to say." A healthcare professional told us, "My impression of the manager is excellent. They're very attentive, they clearly run a tight ship and everything seems to run smoothly."

There was excellent leadership in place who promoted a positive, open culture driven by a set of values shared by all staff. The management team and all staff were exceptionally passionate and enthusiastic about improving the lives of people using the service. All staff demonstrated that they lived by the set of values promoted by the provider and management team. These included promoting independence, delivering personalised care and promoting diversity. All staff had been provided with a booklet to keep on their person, and included in this booklet was a list of the values and behaviours staff were expected to demonstrate. The area service manager told us that having a shared set of values was important to the provider and to the service. They said they had recently moved to a values based recruitment model, where prospective staff were expected to demonstrate how they would live by the service's values in order to be successful. The provider has a 'National Resident Scrutiny Panel' which comprises of over 500 people using the providers services nationwide. We were told the purpose of this panel is to hold the provider to account in the delivery of all the services they own. The panel meets with people using services owned by the provider to ensure they are empowered and involved. People had been involved in developing the values, visions and policies used by the service to ensure they remained at the heart of the way services are provided.

There was a strong ethos in involving people without exception in shaping the future of the service. The provider had identified that people who lived in a care home they owned could benefit from the opportunity to live more independently and had made considerable investment into promoting independent living when building Clover Court for this purpose. People were involved in every step of this process, from deciding on the location of the new building, to choosing its name, deciding the technology within it and shaping how the interior would look. People had been involved in meetings with builders to discuss their wishes and requirements, such as being able to open their own doors and windows. These requests had been accommodated by the provider when building Clover Court. People were enabled to express their views in a number of ways. They were provided with the opportunity to take part in regular meetings. We reviewed the minutes of the last meeting and saw that items for discussion included making decisions about Christmas plans, talking about staff training, the recruitment of new staff, discussing activities people would like to take part in and having discussions about the meaning of safeguarding. People had also been provided with the opportunity to complete an easy read survey of their views. Whilst the majority of responses were very positive, the service had identified that people felt they could be more involved in care

planning. As a result they had implemented more frequent care reviews with people's key workers and created a new format for this. During these reviews, people were asked to think about what they would like to change or make better, and people's comments were recorded and evidence demonstrated they had been acted on. A relative told us, "They always seem to be having meetings over there. [Person] likes to go to them all and have [their] say. They are all quite vocal which is good." People told us they felt important and listened to. One said, "They always listen and do as you ask." Another person told us, "They do listen to me and what I have to say."

It was clear through discussions with people, staff and reviewing records that people felt able to voice their views freely. The registered manager made themselves accessible in several different ways so people could contact them if they wished. People had their phone number, could email them and visit them in the office to share their views. People took these opportunities, with one person telling the manager they were anxious because their flat overlooked the pavement and there was no fence. As a result of their concerns, a fence was installed and they were happy with this outcome.

There was a robust, thorough and questioning quality assurance system in place to assess the service provided to people. The registered manager carried out regular internal audits of training, recruitment, care planning, incidents and accidents, medicines, fire safety and complaints. They were required to submit a report to the provider monthly which was reviewed by quality staff at their head office. Any actions arising from these audits were documented in an improvement plan, with every service owned by the provider always having an improvement plan in place, demonstrating a commitment to constant development. The area service manager also carried out regular audits of all aspects of the service, aligned with the Commissions Key Lines of Enquiry. Records demonstrated that an audit in 2018 had identified that medicines management could be improved and that progress with these improvements had been assessed at the next audit. These actions were found to have been completed. In addition to this, the provider had a quality assurance team who also carried out thorough audits on their behalf to ensure that the service was providing high quality care.

The service maintained good links with the local community. People were encouraged to build their own links with the local community by attending clubs, social functions and doing voluntary work in the town. The service had links with the Lowestoft Community Hub, which people could attend to meet new people, be engaged in activity and learn new skills.

The registered manager kept up with best practice by engaging with external organisations and keeping informed with changes to guidance such as from the National Institute For Clinical Excellence. They also attended events held by the Commission to keep up to date with any changes in inspection framework. In addition, with people's consent they sought to raise awareness about the service in the local community by holding an open day. We were told the event was also intended to provide an opportunity for everyone to get to know each other better and develop more meaningful relationships. This open day was attended by people using the service, district councillors, social workers, other healthcare professionals, friends and relatives of people using the service.