

# A2Dominion Housing Group Limited

# A2Dominion - Care & Support Chimney Court

## Inspection report

Shilling Close  
Tilehurst  
Reading  
Berkshire  
RG30 4EN

Date of inspection visit:  
05 July 2021

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23 July 2021

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

A2 Dominion Care & Support Chimney Court is a domiciliary care agency. Support is provided to people living in Chimney Court, Beechwood Grove, Charles Clore Court and Cornerstones in Reading. Each complex contains individual flats within buildings which are described as extra care housing. The service also supports people living in their individual homes within the Reading area. The service supports people with a range of needs and operates from an office within each of the housing complexes. At the time of the inspection the service was providing personal care to 35 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People experienced safe care, protected from avoidable harm by trusted staff, who had completed safeguarding training and knew how to recognise and report abuse. Staff effectively identified and assessed risks to people, which were managed safely. Sufficient suitable staff with the right mix of skills were deployed to deliver care and support to meet people's needs. Staff underwent a robust recruitment process to assure their suitability to support people living in their own homes, which explored gaps in their employment history and conduct in previous care roles. People received their prescribed medicines safely from staff, in accordance with recognised guidance. Staff consistently demonstrated high standards of hygiene and cleanliness whilst delivering care and support. Staff followed good food safety and hygiene practice when preparing or handling food.

Staff assessed all aspects of people's physical, emotional and social needs and ensured these were met to achieve good outcomes for them. Staff were supported to develop and maintain the required skills and knowledge to effectively support people. Staff emphasised the importance of eating and drinking well and reflected best practice in how they supported people to maintain a healthy balanced diet. Staff worked together well with community professionals to make sure care and treatment met people's changing needs. Staff supported people to make choices and collaborated effectively with partners, to ensure specialist or adaptive equipment was made available to enable improved care and support.

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

Respect for privacy and dignity was at the heart of the service's culture and values. People experienced caring relationships where staff treated them with kindness and compassion in their day-to-day care. People were supported to make decisions about their care and these choices were respected by staff. Staff encouraged people to maintain and develop their independence, and to direct their own health and care whenever possible.

People experienced personalised care, which consistently achieved good outcomes and had significantly improved the quality and longevity of their lives. People received information in a way they could understand and process, allowing for any sensory impairment. People were enabled to live as full a life as possible and were supported to take part in appropriate activities, which enriched the quality of their lives. People were supported to keep in touch with family and friends, which had a positive impact on their well-being. People knew how to make complaints and were confident the management team would listen and address their concerns. The service worked closely with community professionals and sensitively explored people's end of life care wishes.

The management team promoted a caring, person-centred culture where people and staff felt valued. Staff were passionate about their role and consistently placed people at the heart of the service. The registered manager understood their responsibilities to inform people when things went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent reoccurrences. The governance structure of the service ensured there were robust measures to monitor quality, safety and the experience of people within the service. Quality assurance was embedded within the culture and running of the service, to drive continuous improvement. The registered manager had developed effective partnerships to ensure people experienced the best possible outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (report published 28 February 2018)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# A2Dominion - Care & Support Chimney Court

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection Team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 July 2021 and ended on 12 July 2021. We visited A2Dominion Chimney Court on 5 July 2021.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority and professionals who work with the service. We reviewed the provider's website. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

### During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with eight staff including the head of care who was the registered manager of the service, another supporting registered manager, a senior care coordinator who managed the Beechwood Grove complex on a day to day basis, a care coordinator and four care staff, which included night staff and newly inducted staff.

We reviewed a range of records. This included six people's care records, medication records and daily notes. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures, quality assurance audits, accident and incident reports with associated safeguarding and care quality referrals to the local authority.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with six community professionals who engage with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and community professionals consistently told us people experienced safe care and treatment from staff they trusted. One person told us, "I am very happy here and feel very safe. I have my independence but because I have this buzzer on my arm, I know help is not far away if I need it." A relative told us, "It's mostly the fact that the carers [staff] are regular faces and the consistency of staff makes me feel safe"
- Community professionals said the registered manager was very responsive to people's needs and had a person-centred approach to ensuring people were safe.
- The registered manager had established and effectively operated systems, processes and procedures to protect people from the risk of poor care. People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and knew how to report any concerns, both internally and externally.
- The provider managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. The registered manager completed thorough investigations in response to any allegation of abuse, to keep people safe from harm.

Assessing risk, safety monitoring and management

- The service effectively assessed and managed risks to people, which were reviewed regularly in response to people's changing needs, to ensure they were met safely.
- People experienced safe care from staff who were aware of people's individual risks. The management team ensured people's care plans provided staff with the necessary information and guidance to enable them to mitigate identified risks, such as choking, malnutrition, moving and positioning and developing pressure area breakdown.
- Staff actively promoted people's independence, whilst ensuring they were safe. Staff worked closely with people and their families to understand how to manage their risks safely, in the least restrictive way. People and relatives consistently told us the registered manager had fully involved them in the needs and risk assessment process. One relative told us, "I think having the carers [staff] with her [person] has made a big difference, she communicates much more and has become far more confident"
- Staff were knowledgeable about people and could explain how they supported people to minimise risks to their health and wellbeing.
- People and relatives consistently told us the management team had supported them to be fully involved in the needs and risk assessment process. One person told us, "The carers [staff] are very good; they are conscientious and keep updating my care plan as things change." Another person said, "My care plan is regularly reviewed so everyone knows exactly what I need help with."

## Staffing and recruitment

- The provider had completed relevant pre-employment checks to ensure staff were suitable and had the necessary skills and character to support people living in their own homes. These checks included prospective staff's conduct in previous care roles, gaps in their employment histories and their right to work in the UK.
- Rotas demonstrated the service deployed enough staff, with the right mix of skills, to support people safely in accordance with their support plans. The registered manager told us they refused to compromise on the quality and safety of people's care. Documents demonstrated how the registered manager had declined care packages, where they could not guarantee enough suitable staff to meet people's needs.
- People told us they experienced good continuity and consistency of care from regular staff who knew them well. The provider effectively recruited and retained staff, who were able to develop meaningful relationships and nurture trust in people. A person told us, "I like the fact that they [staff] are consistent and I know who they are. It makes such a difference." A relative told us, "I think the staff turnover is extremely low, which is great because it allows continuity and we can be reassured then because we know all the staff are great."

## Using medicines safely

- People received their prescribed medicines safely from staff who had completed the required training and had their competency to do so checked every six months by supervisors. One person told us, "I do have help with my medication and they [staff] never forget to give it to me." Another person told us, "They [staff] do administer my medication and the medicine chart is always updated."
- Staff worked closely with people and relatives to involve them in the management and administration of their medicines. People consistently told us they were treated with dignity when supported with their prescribed medicines.
- Staff were enabled with clear guidance about how to manage people's medicines safely.
- The registered manager and care coordinators completed regular observations to ensure staff managed medicines in practice, in accordance with their training, current guidance and regulations.
- The management team completed regular audits to check staff administered medicines safely and clearly identified any issues or actions to be taken when deficiencies were identified.
- Staff were able to demonstrate they understood the action to take if a mistake happened, to ensure any potential harm to a person and any future recurrence was minimised.

## Preventing and controlling infection

- People and staff consistently praised the registered manager for keeping them fully informed regarding changes in government guidance relating to infection control during the pandemic.
- Staff adhered to the provider's infection control policy and procedures and told us the registered manager had ensured there were ample supplies of personal protective equipment (PPE). People and relatives were reassured by staff, who used personal protective equipment in line with government guidance.
- People and relatives told us that staff demonstrated the required standards of hygiene and cleanliness whilst delivering care and support.
- Staff had completed relevant training in relation to infection control and consistently followed good food safety and hygiene practice when preparing or handling food.
- Whilst acknowledging people were living in their own homes, the provider implemented recognised infection prevention and control practice in relation to people visiting the different complexes, including temperature checks. Highly visible posters detailed questions to ensure visitors had no COVID-19 symptoms before entering.

## Learning lessons when things go wrong

- The registered manager had developed an open culture, where staff felt confident to report incidents. Staff told us they had no concerns reporting any incidents that took place and these were treated as a learning opportunity in order to improve people's care.
- Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.
- Staff received feedback about incidents and events in team meetings and handovers and were kept up to date with information relevant to their role, such as changes in people's support plans.
- The management team analysed and investigated all incidents and accidents thoroughly, to identify and implement measures to reduce the risk of further incidents and accidents.

# Is the service effective?

## Our findings

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

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

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

- People consistently told us they were confident that their care was very effective, promoted their independence and improved their quality of life.
- The management team assessed people holistically and their needs assessments were person-centred, considered all aspects of their lives and were regularly, reviewed and updated.
- Staff ensured these were met during the delivery of people's care to achieve good outcomes and quality of life for them.
- Staff effectively used recognised assessment tools to anticipate people's risks and needs, to support them to maintain their health and wellbeing. The service arranged specialist equipment and accessed support to manage risks to people's skin integrity and to support them to mobilise and transfer safely.
- People consistently told us that staff were very conscious to make sure appropriate pressure relieving cushions and pads were used effectively. One relative told us, "She [person] did have sore heels but these are healed now. They [staff] are very conscious that they don't return and make sure she [person] always has her special moon boots on to prevent any further problems."
- Relatives told us they had been actively involved in creating and developing people's care plans. When people's needs changed, care plans were amended immediately, to ensure people received the care they required.

Staff support: induction, training, skills and experience

- The registered manager operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- Staff consistently told us their training fully prepared them to meet the needs of people. New staff completed a thorough induction process that equipped them with the necessary skills and confidence to carry out their role effectively. A new staff member told us their comprehensive training made them feel confident they were ready and able to meet people's needs.
- The registered manager ensured that staff delivered care in accordance with their training, through a framework of observed spot-checks and one to one supervision.
- Supervision and appraisal were used to develop and motivate staff, whilst assessing and monitoring their performance and practice during delivery of everyday care and support. Staff consistently told us they received effective supervision, appraisal, training and support, which prepared and enabled them to carry out their roles effectively.

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

- The registered manager placed strong emphasis on the importance of eating and drinking well to maintain people's health and well-being.
- People were supported to have enough to eat and drink to remain healthy. Staff knew about people's specific diets and personal preferences. One person told us, "They are very good at making sure my special diet is adhered to." A person's relative told us, "She [person] has a low salt diet and with eating more variety she has also lost weight, which has improved her mobility."
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff consistently followed guidance from relevant healthcare professionals. For example, another relative told us "She is involved in her food choices and they make sure that the food is easy to swallow as this has been requested by her doctor."

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

- Staff worked well with other agencies to ensure people had access to the support they needed for their healthcare and wellbeing needs. The service made prompt referrals and liaised with other healthcare professionals when the need arose.
- Visiting community professionals told us that people they supported consistently experienced successful outcomes, due to the diligent way staff had followed their guidance. For example, a visiting healthcare professional told us they were impressed in the way staff had implemented their instructions, which had significantly improved a person's strength and mobility.
- People and relatives consistently told us staff had supported them to mobilise safely and independently. For example, one person told us, "They [staff] have to use the hoist and always have two people to do this. I am impressed that staff are trained by the OT [occupational therapist] and have to be competent before using any equipment." A relative told us, "We are very pleased with how [person] has become more mobile since moving here. They [staff] have really encouraged and motivated her and she has made amazing progress. We are very grateful to them [staff]."
- Staff collaborated effectively with community professionals to reduce the risk of people falling. One relative told us, "I am very happy with all safety aspects here. They [provider] have installed all necessary equipment such as handrails and raised seats and make sure [person] uses her walker, so [person] has had no falls."
- People's care plans contained detailed information about their healthcare needs, and the support they required to access healthcare services. Staff maintained detailed records of people's healthcare appointments and confirmed information was shared between staff during handovers and through communication books. Staff were able to explain how they supported people to engage with healthcare professionals.
- Staff ensured that people received consistent, coordinated, person-centred care and support when they were referred to, or moved between different services, for example; admissions and discharges from hospital.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager had a sound understanding of the principles of the MCA and the culture of the service was to provide people with positive experiences, which promoted their independence and enabled them to lead a fulfilling life.
- Staff were able to demonstrate their understanding of mental capacity and how this impacted people. People's capacity to consent to their care had been assessed and accurately recorded. Where people lacked capacity to make decisions, staff followed effective best interest decision making processes.
- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were highly motivated and consistently told us they were inspired by the registered manager to deliver support that was caring and compassionate.
- People experienced meaningful relationships with staff who treated them with kindness in their everyday care. One person told us, "They are lovely and very supportive, especially if I am having a down day." Relatives consistently made positive comments such as, "The staff are very good and seem to genuinely care" and, "The staff are really very kind and considerate."
- People received good continuity of care from regular designated staff, with whom they shared a strong personal bond. People and relatives consistently reported staff were focused on caring for them and were not task driven. One person told us, "The staff are extremely friendly and many have been here from the start, so I know them very well." A relative told us, "All the staff have been amazing and [person] regards them as family."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures and protected them from discrimination. Staff understood that racism, homophobia, transphobia and ageism were forms of abuse and would not be tolerated within the service.
- People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith. The registered manager allocated staff in line with people's preferred choice of gender.
- All staff were able to tell us in detail about people's needs and how they promoted people's dignity and independence, for example; how they encouraged people to do everything they were able to themselves.
- Visiting health and social care professionals told us that they observed sensitive staff interactions with people, which were consistently kind and gentle.
- The management team assessed and monitored the delivery of care and support by staff to ensure it was delivered in a kind and caring manner.
- Staff responded in a compassionate, timely and appropriate way when people experienced physical pain, discomfort or emotional distress.

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

- People and their representatives could make decisions about all aspects of their care and their choices were respected by staff. Care plans were developed with people, their relatives, where appropriate, relevant professionals and staff knowledge gained from working closely with them.
- Care plans and risk assessments were reviewed regularly, which ensured people and relatives were assured they were accurate and reflected people's current needs and preferences.

- Relatives consistently told us they were fully involved in decisions about all aspects of people's care and support. One relative told us, "We feel fully involved in [person's] care." Relatives told us the staff were good at explaining options in a way people could understand and their preferences and choices were respected.
- People received quality assurance visits and surveys where they were able to share their experience about the quality of their care and suggest areas for improvement.

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

- People received care which promoted their independence and respected their privacy. Care plans were written using respectful language, promoting people's dignity and choice. People's needs were regularly reviewed and any change in their independence was noted. People and relatives consistently told us staff encouraged them to be as independent as they could be.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people to make meals or helping them to choose and dress themselves.
- People's needs were regularly reviewed and focused on any change in their independence. People told us staff encouraged them to be as independent as possible.
- Care plans contained information about respecting and promoting people's dignity and staff described how they supported people to maintain their privacy, whilst ensuring they remained safe.
- Staff had completed training and understood their responsibility to maintain the confidentiality of people's care records to protect their privacy. Staff gave examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information.
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People experienced person-centred care, which was responsive to their needs and consistently achieved good outcomes. People and relatives consistently praised the safety and quality of care provided by staff, which they felt had significantly enriched the quality and increased the longevity of their lives.
- Staff planned and promoted person-centred care to deliver high quality care for people. This covered the physical, emotional and social aspects of a person's life and provided opportunities for people to enhance their social lives.
- People told us that they felt staff listened to them and supported them in the way they wanted, which made them feel valued. The personalised care and support plans we reviewed contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. Each care and support plan was organised in a consistent format and included people's likes and dislikes and any particular communication methods they used.
- Staff told us that they felt there was enough detailed information within people's written plans to support them in the way they chose.
- Support plans clearly reflected things that were important to people, as well as their support needs and clearly demonstrated effective engagement with other organisations. Staff supported people to take part in activities according to their wishes and abilities.
- When people's needs changed staff quickly liaised with health and social care professionals to seek their guidance, which they implemented effectively.
- People and relatives consistently reported that staff constantly made pro-active suggestions and recommendations to ensure their care was tailored to meet their individual needs and wishes. Staff told us they were encouraged to listen to people and feedback ideas discussed to the management team.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided care in accordance with the AIS. People's communication needs had been assessed and communication support plans detailed what support they required to communicate effectively.
- People and relatives confirmed that staff knew how different people expressed themselves and took time to listen and engage with people. People were provided with information in a way they could understand which helped them make decisions about their care.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them.
- Staff encouraged social contact and supported people to engage in social activities, which helped protect them from the risk of loneliness.
- Care plans contained comprehensive details about people's life histories, hobbies and interests. This enabled staff to learn about them and informed the registered manager as to which staff may have interests in common with people using the service.

Improving care quality in response to complaints or concerns

- People and their relatives had the opportunity to provide feedback about the quality of the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided. For example, one person wrote, "Thank you for the loving and practical care provided when [person] suffered with infections and on antibiotics." Another one read, "You helped her maintain her independence and supported her with sensitivity when needed."
- The service had an effective complaints procedure in place. The registered manager treated any complaint or concern as a learning opportunity to drive continuous improvement. Complaints had been dealt with in accordance with the provider's policy and regulations.
- Most people knew how to raise a complaint or concern and told us when they had, these had been resolved swiftly by the registered manager and staff. People and relatives consistently told us that staff encouraged and supported them to express their views if they had a problem or were unhappy about the service. Where two relatives had raised concerns regarding building maintenance, the registered manager had interceded effectively to ensure repairs were expedited.

End of life care and support

- People had been given the opportunity to discuss their wishes in relation to end of life care and their preferences, wishes and advanced decisions had been recorded. People's wishes were reviewed regularly.
- At the time of inspection, the service was not supporting anyone with end of life care. However, when the service had supported people at the end of their life, staff had worked closely with family members and relevant healthcare professionals.
- Testimonials consistently demonstrated that people had received compassionate care from staff, which respected their wishes and ensured they experienced a comfortable, dignified and pain-free death. Correspondence from family members consistently referred to the kindness and compassion shown to them by staff whilst their loved one was receiving end of life care and after their passing.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently well-managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised. The registered manager had cultivated a strong, person-centred culture, which was reflected in the approach of all staff.
- People and relatives consistently reported that staff treated people like members of their own family. People experienced personalised care from a stable staff team who knew them well and were committed to delivering high quality care, which was individual to them. The registered manager and staff were focused on ensuring people came first and experienced good outcomes.
- People trusted the registered manager because they responded quickly if they contacted them. They consistently described the service as well managed. People and relatives consistently praised the management team for being responsive and empathetic, whenever they required support or were anxious.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's policy clearly identified the actions the registered manager and staff should take, in situations where the duty of candour applied.
- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had established effective systems and processes for reviewing the quality and safety of the service. The registered manager used feedback from people and their families to identify necessary learning and areas for improvement.
- Designated staff completed regular audits and reviews of care records and developed action plans to address any areas for improvement identified. The registered manager held daily meetings with the management team, where significant events were discussed to identify required improvement and ensure necessary action was taken.
- There was a clear management structure within the service. The registered manager was highly visible and provided clear and direct leadership, which inspired staff. The registered manager had the skills, knowledge, and experience to lead effectively.
- Staff told us they felt respected, valued and well supported. People and staff consistently praised the

management team and described them as excellent role models.

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

- The registered manager engaged in meaningful conversations with people and staff. This enabled them to seek people's views on a regular basis and involve people in any changes. The registered manager told us whilst they had plans to expand, they would not compromise on the quality of care being provided by the service.
- People and relatives told us they felt fully involved in care decisions and that they experienced good communication with the registered manager and staff.

Continuous learning and improving care

- Community professionals consistently told us the registered manager was open to their guidance and welcomed constructive advice.
- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.

Working in partnership with others

- The registered manager and staff worked well in collaboration with external agencies to help ensure people received high quality, well-coordinated and consistent care.
- Community professionals consistently told us they were impressed by the person-centred approach of the registered manager and had confidence in the staff's willingness and ability to follow their guidance to meet people's needs.