

Agincare UK Limited

Agincare UK - Nutfield Extra Care Scheme

Inspection report

Nutfield House
Nutfield Grove, Filton
Bristol
Avon
BS34 7LJ

Tel: 01179636597

Date of inspection visit:
19 April 2018
20 April 2018

Date of publication:
12 July 2018

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 inspection took place on 19 and 20 April 2018. At our last inspection we rated the service good. At this inspection we found evidence the service was now outstanding and because of this the report is in a shorter format.

Agincare UK - Nutfield Extra Care Scheme provides personal care to people living in their own flats across four schemes. It also provided personal care services to those people who were in prison. At the time of our inspection there were 74 people using the service.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe when using this service. Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns. Risks to people's wellbeing were assessed and action taken to reduce these. The service focused on keeping people safe whilst promoting their independence.

There were enough staff to meet people's needs and staffing levels were flexible according to people's changing needs. The registered manager followed safe recruitment practices to ensure that staff were suitable to work with people. Staff were qualified and received training that helped them to deliver a high quality service to people. The registered manager provided support and guidance to staff to ensure they were equipped to carry out their roles. Staff felt valued by the registered manager and supported in their roles.

People's medicines were handled safely.

Where necessary people's nutritional needs were well met. Where required they supported people to access a range of health and social care professionals in the community for advice, treatment and support. Staff monitored people's health and wellbeing and responded quickly to any concerns.

Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005. Staff had a good understanding of people's needs and supported them effectively.

People's achievements were celebrated and their views were sought and acted on. People were supported by staff who were compassionate and treated them with dignity and respect. Without exception, people who used the service spoke highly in their praise about the staff who supported them.

People had assessments of their needs and care was planned and delivered in a person-centred way. The service had creative ways of ensuring people led fulfilling lives and they were supported to make choices and have control of their lives.

People described how their care was delivered and what they told us demonstrated the service was extremely person-centred. Staff echoed that the service was person-centred in their feedback and our own observations and evidence gathered supported this. Every element of the approach of the registered manager and staff was centred around the person who used the service, their abilities, feelings, wishes and goals.

People who used the service accessed a range of community facilities and were involved with activities which were organised by the service.

People's end of life wishes were followed with pride and staff took great comfort when they had supported people to have the end of life they had wished for.

The service had a positive, vibrant and caring culture which people, relatives and staff supported and promoted. People told us they were well supported and well cared for. Staff were exceptional in supporting people to be as independent as possible in their lives. We saw lots of examples where people were striving towards independence.

Staff were highly motivated and reflected pride in their work. They talked about people in a way which demonstrated they wanted to support them as much as possible and provide the best standards of care possible for each person.

The registered manager provided exceptionally strong, clear leadership and ensured an enabling and person centred culture was firmly embedded in the service. People, relatives, professionals and staff spoke very highly of the leadership, and held the registered manager in high regard. There was a clear commitment to put people at the heart of the service, by empowering and working in partnership with health and social care professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe.	Good ●
Is the service effective? The service remained effective.	Good ●
Is the service caring? The service has improved to Outstanding.	Outstanding ☆
Is the service responsive? The service has improved to Outstanding.	Outstanding ☆
Is the service well-led? The service has improved to Outstanding.	Outstanding ☆

Agincare UK - Nutfield Extra Care Scheme

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 was planned to check 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.

The inspection took place on 19 and 20 April 2018 and was announced. We gave notice of our inspection to ensure key people would be available at the service when we visited. The inspection team consisted of one inspector.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide

We looked at the care records of seven people, the recruitment and personnel records of seven staff, staff schedules, training records and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, mental capacity and complaints.

The registered manager asked people if they were willing to speak to us prior to our visit. During the inspection we spoke with six people about the service they received and one relative. We spoke with six care staff, one care coordinator, the deputy manager and the registered manager.

Six health and social care professionals were contacted in order to gain their views about the service. Two of them provided feedback about the service and this has been included in the main body of the report.

Is the service safe?

Our findings

People told us they felt safe. People told us, "I have fallen over in my flat before and pressed my pendent. The staff were quick to come to help me" and "Yes I feel safe as the staff are very attentive". Another person told us, "I feel safe as my tablets are given to me when I need them. I could not manage this myself. I can also go out and not lock my door as it is very safe".

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Staff attended safeguarding training regularly. This training included information on how staff could raise issues with the registered manager and other agencies if they were concerned about the risk of abuse. Staff told us the training helped them in identifying different types of abuse and they would not hesitate to inform the management if they had any concerns about anyone's safety. The registered manager notified us when they made referrals to the local authority safeguarding team where an investigation was required. They kept us informed of the outcome of the referral and any actions they had taken which ensured people were protected.

Suitable arrangements were in place to manage risks appropriately. People had an assessment of their care needs completed at the start of the service which identified any potential risks to providing their care and support. For example, one person who was at risk of falling had a risk assessment in place for managing their mobility. Care records informed staff on how the person should be moved safely. People who were at risk of falling were offered a personal alarm. This was either worn around the person's neck as a pendent or on their wrist. This was in case they should have a fall in their own flat or felt unwell. One person had a sensor mat in place on their chair to alert staff if the person had left their chair for a certain period of time. This was connected to the call system and an alert was generated. This was due to the person being at high risk of falling.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records were clearly written and demonstrated that appropriate actions had been taken. This minimised future risk and reduced the likelihood of reoccurrence. The registered manager undertook regular audits of accidents and incidents to identify any trends or avoidable risks.

There were sufficient numbers of staff available to keep people safe. People told us there were enough staff to provide them with the support they needed. There were sufficient staff to provide people with care that was consistent. We did not see evidence of any missed or regularly late visits. The service regularly reviewed people's contracted support hours and liaised with the local authority where they believed people may benefit from additional support. The registered manager told us recruitment was very much on going to ensure staff numbers were kept at a safe level. At the time of our inspection the registered manager told us there were enough staff to cover annual leave and sickness.

Administration of medicines was safely managed. Medicines were given to people by staff who had been trained. Their competency had been assessed to ensure they had the correct skills and knowledge to administer medicines safely. People's medicines were mostly supplied in a dosage box. There was a system

was in place to ensure these medicines were checked by staff before administering. We looked at medication administration records (MAR) which were completed and showed people received their medicines as prescribed. For example, staff we spoke to were aware which medicines required to be taken before food. This showed that people received their medicines at the times they needed them.

We looked at staff recruitment records and spoke with staff about their recruitment experience. Staff confirmed their recruitment to the service was robust and they did not start work until all necessary checks had been completed. We found recruitment practices were safe and the relevant checks were completed before staff worked in the service. A minimum of two references had been requested and checked. Disclosure and Barring Service (DBS) checks had been completed and evidence of people's identification and medical fitness had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people.

Is the service effective?

Our findings

People told us they were supported by well trained and competent staff. Comments included "All the staff are well trained and skilled at their jobs", "Staff know what they are doing and do everything well" and "The staff are good at what they do and know what they are doing". Several people told us staff went the extra mile to support them in many ways which they said made a big difference to the quality of their lives.

New staff received a thorough induction programme which gave them the skills and confidence to carry out their role and responsibilities effectively. This meant people had their needs met and experienced a good quality of life. Staff told us this gave them the skills, knowledge and confidence to meet people's needs. Newly appointed staff then completed the new care certificate. The care certificate is a set of minimum standards that social care and health workers work within their daily working life. These standards gave staff a good basis from which they can further develop their knowledge and skills.

Newly recruited staff did not work alone unsupervised until they and the registered manager were confident they can do so. The service made sure that people were introduced to staff who were going to provide their care. They allocated staff effectively focusing on their skills, experience and compatibility with the person they were to support. Staff shadowed experienced staff until they demonstrated they were competent in their role. Records demonstrated regular reviews of new staff had taken place throughout the induction period to ensure the staff were competent and also felt supported.

Staff were supported to achieve nationally recognised vocational qualifications. The service had established links with external providers who provided courses for their staff. The service supported staff to achieve these qualifications. This encouraged staff to take part in training designed to help them improve their knowledge. It also helped staff to develop a clear understanding of their specific roles and responsibilities and have their achievements acknowledged. It had been identified from one person's review meeting that staff would benefit from undertaking a course in BSL (British Sign Language). One member of staff had signed up to start a BSL training course. They planned to teach other staff after they had completed this course.

Staff told us they received the training and support they needed to do their job well. There was a training matrix in place which showed staff had undertaken training courses in key areas to enable them to carry out their role. These included for example, moving and handling, safeguarding, medicines, fire safety, challenging behaviour, infection control and prevention, dementia, dignity and respect. Other training included end of life care, Parkinson's awareness and first aid. Staff also had undertaken additional courses for specific areas of within their role. An example being the staff who worked within the prison were required to complete prison resilience training.

Supervision and appraisal were used to develop and motivate staff. Staff told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Supervision of staff included face to face meetings and observations of their work performance. The registered manager kept a matrix of when staff supervision had been completed and was next due.

Staff had undertaken equality and diversity training which discussed types of discrimination which staff needed to be aware of. Staff understood the importance of supporting people's individual needs and preferences. This included their understanding of people's needs related to their gender and sexual orientation, cultural and religious needs. The deputy manager told us how the service cared for some people who were in prison. Staff told us about the importance of treating people equally despite their background or the crime they had previously committed.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005 (MCA). Staff had received training in the MCA. The Act 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 were 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. Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point.

People were always asked to give their consent to their care and support. Staff sought verbal consent from people and gave them time to respond before care was provided. One person told us, "The staff always ask permission before they do anything. They will always knock on my door and ask if it was ok to come in". Another person said, "Staff always ask me if I am happy to have my tablets during the visit".

People were supported to eat a balanced diet which promoted healthy eating. At lunch time people had the option to purchase a meal from the restaurant within the extra care housing scheme they lived in. The restaurant offered a choice of freshly prepared hot meals. Some people chose to cook their own meals in their flat or were given assistance from staff. People were encouraged to have involvement in preparing and cooking their own meals if this is what they chose. Within one person's care records it was recorded that staff were to encourage the person to make drinks and help staff to prepare meals. Some people shopped independently for their own groceries, other people were supported by the service with grocery shopping.

The service engaged proactively with health and social care professionals and acted on their recommendations and guidance to meet people's best interests. Care records detailed any support people needed to manage and maintain their health. Staff had completed training and had access to information about various health conditions, such as ataxia. Care records detailed any healthcare professionals who were involved in people's care so that staff could contact them if they had any concerns about a person's health. Staff monitored and recorded any changes which they noted in people's health and wellbeing and were confident about what to do if a person was unwell.

Is the service caring?

Our findings

People and relatives were very complimentary about the care they received. One person told us, "The staff here are genuine and very caring. They all seem to have so much energy". Another person told us, "The staff are very caring. I cannot fault the care they have given me. Nothing is ever too much trouble for them". One professional told us, "In general I have found them all quite helpful and the residents seem to be happy with them". The service had received an array of compliments. Comments included, "X is very good at delivering my care", "Thank you for all of the love you gave to my mum".

The people we spoke with felt they really mattered to the staff caring for them. One person said, "I have lived here for a while and the staff know me well". When we spoke to staff we found they were highly committed and motivated to improve care for people using the service. One staff member told us, "I always care for people the way in which I would like myself or my loved ones cared for". Positive and trusting relationships had been built up between staff and people living in the service. Some staff had worked there for many years, and knew people well. We observed staff handing over information to their colleagues about people using the service, and we noted that the language they used was always dignified, respectful and caring. The registered manager told us that the management team continually strived to develop the approach of their staff team, for example, staff were encouraged to be attentive and ensure a compassionate and respectful approach was maintained.

Staff were exceptional in enabling people to remain independent. One person told us how they had previously not required personal care and lived independently at the scheme. Due to a fall they were admitted to hospital with a serious injury. The registered manager had arranged with the person to have visits throughout the day so they could return home from hospital. The person's goal was to become independent again as soon as possible after having some rehabilitation. The person spoke highly of the staff. They told us, "The staff are marvellous and have given me back my independence", "They got me to do little bits at a time to keep me active and this worked wonders". Due to the exceptional work from the staff this person no longer required personal care and visits had been changed to welfare calls only.

Another example how the service promoted a person's independence was that one person was dependent on staff to help them to read personal and official letters during visits. The person was unable to read and therefore they felt isolated as they were dependent on staff. The person had developed a good relationship with one particular staff member. The person asked the staff member if they could help them to read and write as this was their goal and would greatly enhance their independence. The staff member spoke to the registered manager who agreed the service could fund some hours each week. Weekly reading sessions were organised along with ordering reading aids which helped teach the person. The staff member spoke to us with great emotion as the person was now able to read on their own. This had enhanced the person's independence and had empowered them. The person had recently narrated a pantomime play which was performed at their local scheme. They were now able to read letters addressed to them and were thankful for the input from the staff member.

Five office staff were Dignity champions. Dignity champions are staff who believe that being treated with

dignity is a basic human right and not an optional extra. Staff had completed dignity training and had a good understanding about ensuring people were treated with dignity and respect. Each year the service took part in celebrating dignity day and involved people.

The service had a strong, visible person centred culture. The service used creative ways to ensure that people had accessible, tailored and inclusive methods of communication. The registered manager was able to tell us how one person they supported was not able to speak English. They were able to understand some words and gestures. The staff had worked hard to find effective ways in communicating with the person. This included the use of language cards with pictures which were used as the person was able to respond to them. The service had looked at innovative ways in writing the person's care plan with them. They were able to use assistive technology to write their care plan in the person's first language. The person was then able to make amendments. The person attended another service where a translator worked who supported them. They were able to translate letters and shopping lists into English for the person and the service. The registered manager had contacted the local authority and were looking into the person having 24 hour access to a translator using a telephone system.

Other people's care records were tailored to people's individual needs. People who lived with sight impairment were offered their support plan and other documentation in larger print.

Staff were highly motivated and inspired to offer care that was kind, compassionate determined and creative in overcoming any obstacles to achieving this. The service supported one person to live independently. The person's mental health had deteriorated, they had gone out in their car and later returned without it. They were unable to remember where they had left the car and were distressed. The staff were kind and considerate towards the person and went out of their way to help. The staff were creative in their thinking and made numerous calls to garages and other services and were faced with many obstacles. Due to the endless hard work the staff found the person's car. The person was overjoyed when they heard the news as this was their only form of transport.

The service were able to care for people if they needed palliative or end of life care. The registered manager was able to tell us how they had supported a person with end of life care. The person had expressed their wish to be cared for at their home with the staff providing their care. A professionals meeting was held to discuss this and a package of care was put into place which included increased visits to support the person. Health professionals supported the person and the service.

Is the service responsive?

Our findings

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. The service were able to increase the number of visits to people at short notice if this was required. The registered manager told us they had to increase the number of visits to one person when they became much frailer, confused and were at risk of falls. This enabled the person to remain living at the scheme. Another example was an increased package of care was put in place for one person as they had become end of life care. One relative had complimented the service for being responsive towards the needs of their loved one. Their mum had returned to one of the schemes late evening after spending a short time in hospital. The staff on duty late in the evening helped to assist the person back to their flat and provided personal care to them. One comment made included, "By the time I got to the flat, they had got X into her nightdress, made her a cup of tea and ensured that she was comfortable in bed". The registered manager told us the service was able to be flexible. The service had an agreement with the local authority which gave them the authorisation to provide extra hours. These hours were then claimed back by the service. One professional told us, "The service users within the scheme are assessed within care bands, Agincare are flexible in their approach and never seem to have a problem providing increased levels of support at short notice".

There was an innovative approach to the range of activities provided to people. Activities were an extra service which Agincare UK - Nutfield Extra Care Scheme provided to people. The registered manager told us that activities used to be provided by each housing provider. Staff had liaised with the local authority and extra hours were agreed to enable the service to offer people a range of activities and outings at each scheme. We were shown an array of activities that had taken place. One event organised included a pantomime play for people called 'The True Story of Christmas, Gainsborough Court Style'. Staff were able to tell us how one person worked extremely hard to support staff in organising this. Some people with low self-confidence and self-esteem had taken the main parts in the pantomime which was a boost to their confidence. One staff member told us, "The confidence of the group grew; you could see how they beamed with pride at the applause and at being congratulated afterwards".

Other activities offered to people at each scheme for example included bingo taster sessions, arts and crafts, quizzes and Zumba. Dignity day was celebrated by holding party's at each of the schemes. Valentine's day was celebrated with a tea and dance party. The onsite chef at one of the schemes made sponge cakes and provided drinks. The registered manager told us of a success story with the activity Zumba. One person previously would not engage with anyone or join in with any activity. However, they were encouraged to leave their flat to try this exercise. We were told at first when they went downstairs they would not participate but enjoyed watching everyone else. The registered manager told us "He grew to love coming down, and the music seemed to relax him. Week by week he slowly started to tap a toe, then clap his hands, and then start to do the proper moves with a massive smile on his face. He then started to remember some of the dances and started doing the moves before the instructor had got to them". We were told the Zumba instructor became so proud of the person's achievements that they made them their Zumba star in their newsletter.

Reminiscence taster afternoons had taken place with staff using objects which created conversations about the past. The registered manager told us that one person who had dementia attended a reminiscence afternoon with their family member. One object which was carbolic soap brought back memories to the person because they remembered sitting in a cold bath in front of the fire and washing with carbolic soap when they were younger. This led to discussions about people's childhoods sharing stories and the person was able to join in to. The registered manager told, "This was unusual because the person did not interact with others, but the smell of the soap triggered something in her". The person's relative commented, "It was like having a glimpse of Mum again".

People's care and support was planned proactively in partnership with them. The registered manager told us how the service had supported a person who lived with anxiety. For some time they were unable to go out to local shops. Due to their anxiety they had cancelled medical appointments as they told staff they "panicked" when going out. A staff member spoke to the registered manager and extra support was agreed so the staff could offer to go to medical appointments with them. This proved to be hugely successful and the person attended many appointments with staff. Due to the staffs commitment the person was able to have an invasive medical procedure carried out which they had previously cancelled. The person told staff that they felt proud of themselves. They had since made small steps in returning to the local shops again.

Another example was the service worked with community occupational therapist and had liaised with them for advice. The staff had found that using the manual handling techniques previously put in place challenging. The service worked closely with the occupational therapist team to overcome hurdles. A number of staff attended a specialised training session relating to the manual handling techniques for one particular person. They were able to show the occupational therapist the difficulties they had been having and suggestions were explored in how best to support the person.

People's care records confirmed a pre-admission assessment had been completed and support plans developed which provided staff with clear and detailed information of what was important to people, including their routines and preferences. Staff told us they found information provided helpful and supportive. People received opportunities to participate in review meetings that included a review of their needs. Following this staff supported people further in the action required to achieve their goals. Staff spoken with demonstrated a great understanding of what was important to the people they supported.

The service had taken a key role in the local community and was actively involved in building further links. Support networks were encouraged and sustained. The registered manager told us that they placed leaflets through the doors of elderly people who lived nearby. This was to encourage people to become involved with the activities within the schemes and to reduce the risk of social isolation. Some people had not left their homes locally for many years and attended activities and events at schemes. People who lived within the community made the following comments, "I really like coming up because it gets me out of my house as I spend most of my time on my own "and "If I didn't come here, I wouldn't go anywhere". Staff had worked hard to plan events throughout the year with the help from people who used the service. This included a summer fete, carnival day and Christmas party. Walking for health groups were also organised by the service with the staff facilitating this. This was to ensure people remained active and engaged with the local community. One scheme had a social group called the 'nutcrackers' who regularly met up with each other for a knit and natter. They took part in arts and crafts sessions to make objects to sale at summer fayres and Christmas bazaars. All of the network meeting groups and parties were opened up to the local community.

The service worked with a number of professionals which included the mental health team, social workers and the police. On some occasions the service had taken responsive action to report concerns about

people's welfare.

People were actively encouraged to give their views and raise concerns or complaints. People received a copy of the complaints procedure, explaining how to make a complaint if they needed to. People using the service told us they were aware of the formal complaint procedure and that they were confident that the registered manager would address concerns if they had any. Records showed that complaints were taken seriously, investigated, and responded to quickly and professionally within a timely manner.

Is the service well-led?

Our findings

People and professionals were positive about the provider, registered manager and their personal experiences. One professional told us, "The schemes are well run. The registered manager is our contact, she is approachable and knowledgeable regarding the services that are required and will contact the council's support desk or commissioning team with any queries, concerns or safeguarding issues". People told us, "It is very well run. The boss is approachable and we get on well", "Yes, I would say this is well led here. It seems to be well organised and the staff are caring". Another person told us, "I think it is run very well. The staff and the managers are always around during the day. I often pop and see them to say hello".

Staff consistently spoke highly of the registered manager, who they found approachable, committed to providing high quality care and supported staff to achieve this. The open culture was supportive of staff being able to voice their opinions and raise concerns. Staff told us, "She (registered manager) is always pushing us to achieve. She has high expectations of the staff", "The managers are all very nice and nothing is too much trouble. I really do love my job", "I managed to achieve a qualification with the support from the managers. It gave me a confidence boost". Another staff member told us, "I like the fact that the manager is open to our suggestions. Everything we do is for the people we look after". One member of staff told us the service had been flexible and supportive with their working hours. They were able to help out the service at short notice by picking up shifts due to the flexibility they had.

The registered manager was supported by an area manager who was on hand to provide guidance and support. We were told the area manager was a regular visitor to the schemes and also attended monitoring visits and other meetings with the local authority. The area manager facilitated bi-monthly managers' meetings to enable peer to peer support and learning and development. There were clear lines of communication between the registered manager, Operations Director, Chief Operating Officer and Chief Executive which enabled them to manage the service pro-actively.

The senior management team at Agincare UK - Nutfield Extra Care Scheme were visible which enabled the registered manager to contact them without hesitation. Both the Operations Director and Chief Operating Officer were regular attendees at the schemes care worker meetings. The registered manager told us, "This gave them the opportunity to get a feel for the service and monitor the wants, needs and wishes of our wonderful care team". As well as supporting staff the Chief Operating Officer had attended the last two pantomimes at one of the schemes. We were told that this meant a lot to both the staff and people who used the service. The senior management team were highly supportive of the registered manager. The registered manager was given the freedom within their role to manage the service and drive improvements. The registered manager told us they felt supported and valued within their role. On one occasion they had met with the Chief Executive Director to discuss concerns they had about their workload. The registered manager told us, "He listened and took on board my comments, and then made the arrangements to safely transfer the home care to another branch. It meant a lot to me that I was listened to and my wishes granted".

The provider ensured that all policies and procedures were reviewed annually by a committee made up of

representatives from across the service and the provider's other services. The registered manager and staff could provide suggestions for improvements via a dedicated internal e-mail system. This was reviewed by the group quality manager and forwarded to the committee each month for consideration. The registered manager told us this helped them to keep up to date with best practice. The same committee also led the provider's data security and protection toolkit. This replaced the information governance toolkit in April 2018. The data security and protection toolkit is an online self-assessment tool that enabled organisations to measure and publish their performance against the national data guardian's ten data security standards. The provider was rated satisfactory using the online self-assessment tool. This is a tool which all service's must use if they have access to NHS patient data and systems. The provider told us when they were first rated satisfactory they were the first provider to achieve this rating.

The provider employed a trained nurse who supported the registered manager and the service. The main reason for contacting the nurse was to gain advice on issues relating to dementia care. They also offered support to people's relatives. The registered manager had contacted the nurse on occasions for advice and support. This was to discuss the option of having lifting equipment within the schemes when people were at risk of falls. The nurse had provided care plan training to senior staff and scheme supervisors, which also focused on dementia care. We were told that if the service had a complex package of care the nurse would provide advice and support to staff. The registered manager told us the nurse would also visit the scheme to support staff and relatives.

The registered manager was able to tell us about how they learned from adverse incidents and adverts that had occurred from within the provider's services. They told us about a distressing case of financial abuse which happened at one of the services. The Chief Executive Officer met with the family of the person and they were invited to share their story at a managers' meeting. The registered manager was present during the meeting where they reflected on the case and used it as a learning opportunity with the family present. The family subsequently recommended Agincare for recognition at a skills for care leadership recognition award.

The registered manager told us that the Chief Operating Officer had heard how concerned people were that an in-house night service at one of the schemes was no longer being funded by the local authority. The Chief Operating Officer invited the local MP to visit the scheme and hear from people about this and to see if they could do anything to help. The MP visited the scheme on a Saturday morning and met with people, the Chief Operating Officer and staff. As a result, the MP had taken up people's concerns with the local authority.

The services Chief Operating Officer was a board member of the UK Home Care Association. They distributed the relevant information from this as well as seeking to support the sector more widely through representation and the services membership. This helped to keep the service up to date with a whole variety of things. The Chief Executive Officer was also part of the department of health task force for social care trying to help improve the departments understanding of the issues it faced and suggested solutions.

The provider ran its own management development programme using the skills for care leadership quality framework as its basis. The registered manager told us they benefited from this as well as they facilitated similar sessions to staff that worked at the service.

The service had creative ways to enable people to be empowered and voice their opinions. Each staff member carried around 'compliment notes' to ensure that they helped capture people's feedback and compliments when they were given. The staff then returned the notes to the main office and pinned this on to a notice board. Comments taken from the notice board included, "He is very kind to me", "X (staff) is reliable, kind and observant". Employee of the month nomination forms were also completed alongside

compliment notes. The staff and people who used the service were very much involved in voting for the employee of the month. A framed certificate was displayed in the office for each month with the name of the staff member who the award had been given to.

Monthly telephone surveys were carried out to capture if people were happy with the service provided. We reviewed the results taken from the March 2018 survey. This showed that results were overall positive and people were satisfied with the service that they received. The service were creative to ensure that information was accessible to people. Annual questionnaires were provided in large print for those people who had sight impairment. They had also been adapted and written in people's preferred language.

The service worked in partnership with other organisations to ensure they followed current practice and provided a high quality service. They strived for excellence and reflective practice. The registered manager worked closely with the local authority and other providers to share good practice. They attended regular 'extra care health and wellbeing groups' where they most recently focused on the prevention of falls within the extra care scheme. Work was being explored around the use of raiser chairs to avoid calls to the ambulance system. The registered manager had shared their good practice after they had met with a representative from the local ambulance service. This was to look at calls made to the ambulance service after people had fallen. The service supported people who were being cared for within the prison. We saw evidence the registered manager attended regular meetings with the prison service. This was to discuss how things were going and the quality of the service provided.

There was a strong emphasis on continually striving to improve. The registered manager recognised, promoted and regularly implemented systems in order to provide a high-quality service. The registered manager told us in their aims and objectives were to ensure the delivery of person-centred and high quality care. They continually strived to improve and embed a culture where people were at the heart of the service. The evidence we gathered throughout our inspection supported what the registered manager told us. The registered manager had been creative and planned ahead for the inspection. They had taken the time to write case study's regarding good practice and events that had occurred. They had reflected on the care and support they had given to people.

One member of staff told us how the registered manager supported them to fund raise for one of the schemes. This was purchase a gazebo for the garden at one of the schemes. The garden was regularly used by people especially during the warm weather. To help raise money to buy this one member of staff was given a challenge to visit a place of worship for every letter of the alphabet. A photograph was to be taken at each place. The member of staff was currently working towards this challenge. They told us a local charity had also supported the service with a donation of money once the challenge had been achieved. Last year the same member of staff raised money for one of the schemes by carrying out a postcard hunt from Bristol to Devon. This involved collecting postcards on the journey which was successfully completed.

Staff received long service awards which began with a one year's service letter and badge. People who used the service also received a thank you letter from Operations Director on their care anniversary thanking them but also asking for feedback.

There were systems in place to regularly assess and monitor the quality of the service This was to help ensure high quality care was delivered. Quality assurance measures included checks of the medication systems, care records, training and supervision, visits times of people and the duration of calls, infection control and health and safety. Spot checks were also carried out on staff to ensure they were providing a high standard of care to people. These systems identified any shortfalls with improvements being made. The quality manager visited the service regularly to undertake quality monitoring audits.

The registered manager appropriately notified the CQC of incidents and events which occurred within the service which they were legally obliged to inform us about. This showed us the registered manager had an understanding of their role and responsibilities. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.