

Community Integrated Care Eliot Gardens

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 15, 26 and 29 November 2018. This was the first inspection since the service had registered in December 2017. Eliot Gardens provides extra care housing to older people, some of whom may also have; learning disabilities, physical disabilities or mental health needs. The service also supports people under 55 if, following assessment, they were felt likely to benefit from the service.

People who were living in Eliot Gardens were identified as person supported, we have therefore used this term throughout this report. There were 35 people supported, living in the service. Not everyone received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection there were 18 people in receipt of a regulated activity. 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 service.

Eliot Gardens consists of 35 ground floor apartments ranging in size from studios, to one or two bedrooms each with their own bathroom and kitchenette. There were five units each consisting of a lounge area with seven apartments adjacent to each one. Each unit had a small kitchen which people could use if they wished to prepare their own meals. There was a communal dining area, laundry facilities and accessible bathrooms. There were large accessible secure gardens.

There was 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.

Without exception, people living in Eliot Gardens and their relatives told us they felt the service was safe.

Safeguarding policies and procedures were in place and had been followed which ensured people were protected from the risk of harm and abuse. Staff were knowledgeable about what might indicate a person was experiencing harm or abuse.

The amount of support people needed was commissioned on an individual basis staffing levels fluctuated according to the level of need people had. Supported people and staff felt there was enough time to provide safe levels of support.

The staff team supported people to manage the risks in their daily lives in exceptional ways which had empowered them to achieve their goals and increase their independence through the use of positive risk taking strategies.

The service had robust recruitment practices in place. All staff had been newly appointed following the

service registering in December 2017. We found all necessary documentation was in place.

Medicines had been managed safely. There was a medicines champion who provided additional guidance and support.

Infection control policies and procedures were in place. Staff were observed to use gloves and aprons when supporting people with personal care.

Accidents and incidents had been recorded and we saw how the service investigated each event to establish the cause and avoid reoccurrence.

The building was very well maintained and decorated and furnished to a high standard.

The service supported people to develop their own personal emergency evacuation plans, (PEEPS). These provided specific information about the support the person would need to evacuate, for example, in a fire.

People and their relatives had been involved in the initial assessments of their needs and preferences prior to moving in to the service. Assessments were thorough and addressed all areas of the person's health and social care needs. Other professionals input had also been included.

The service were working within the principles of the Mental Capacity Act (MCA). People were supported to make decisions about their care staff ensured people had consented to care and support.

Staff received comprehensive training which ensured they had the skills and knowledge to support people effectively. Supported people and their relatives praised the skills of the staff team and identified how they had achieved exceptional outcomes for their relatives.

People had been supported to maintain their nutritional needs. At the time of this inspection there was no one who needed a modified diet.

Wi fi was available throughout the building. The service were using technology to enhance people's support and increase their independence.

The service had been innovative in it's approach to supporting people to live healthier lives. They had addressed this holistically by understanding how people's lifestyles and feelings had impacted on their health and wellbeing. This had resulted in positive outcomes for people.

People's emotional needs had been carefully considered as part of their holistic assessment and care plan. The service saw supporting people emotionally as an essential part of their role. By supporting people to build their confidence we could see evidence of people becoming more independent and more confident.

Everyone we spoke with praised the kindness and the caring support provided by the staff. We observed staff throughout the inspection and saw they were polite and respectful to the people living in the service and to each other. Visiting professionals had also praised the calm and caring atmosphere in the service.

People had been fully involved in making decisions about their care and support. Staff understood the importance of maintaining people's dignity and respect. People we spoke with said staff followed their wishes. One of the relatives we spoke with told us the staff really went the extra mile and were extremely caring.

The service had developed an activities programme in response to people's interests and wishes. People who lived in the service were encouraged to share their skills and were organising and leading activities which they had been interested in prior to moving into the service.

People's care plans were exceptionally person centred and responsive to their needs. A visiting professional told us the staff really knew every one very well and this had resulted in very positive outcomes. Care plans were reviewed and updated at regular intervals. We saw people had been referred to other professionals when required.

Compliments had been shared with staff in team meetings and through a secure internal social media platform. In addition supported people and staff were nominated internally for awards which celebrated their achievements.

Information about how to complain was displayed in the communal areas and included in the service user guide. Everyone we spoke with said they had nothing to complain about and could not identify anything that could be improved.

The home was exceptionally well led. People supported, their relatives and staff praised the management and leadership. They identified the innovative and positive impact they had on the service and the significant improvements that had been achieved.

Effective governance systems ensured the registered manager had clear oversight of the service. Regular audits had been completed and action plans developed which ensured any identified concerns had been addressed.

The home continued to work in partnership with several organisations and attended forums where knowledge and experience were shared. There were clear examples of these partnerships resulting in positive outcomes for supported people.

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.

People had been protected from the risk of harm and abuse. Staff were knowledgeable about what might indicate a concern and how to respond to this.

People had been supported to manage the risk in their lives in innovative ways which embraced positive risk taking and empowered people to have more choice and control in their life.

Medicines were managed safely. The service ensured people were supported as far as possible to manage their own medicines with varying levels of support as appropriate.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

People had been involved in assessments of their needs which had been holistically considered to include all elements of their health and social care needs.

People had opportunities to improve their health and wellbeing through a series of innovations, positive outcomes had been achieved.

Professionals who visited people who needed support with their mental health had reported an improvement in people's ability to express themselves and engage with the support offered.

Is the service caring?

Good ●

The service was very caring.

People had been supported to maintain and promote their dignity and self esteem, by staff who were passionate about supporting people to improve the quality of their lives.

People had been supported to communicate and express themselves. Staff understood the different ways supported people might communicate including the impact of the tone of

their voice or non verbal signals.

People's independence had been respected and promoted in a variety of ways which encouraged people to achieve positive outcomes.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

People had person centred plans which contained detailed information and ensured they were supported as they preferred in ways which they valued.

People were empowered to lead on activities and had arranged several groups. People told us they felt they had got their purpose back and life was worth living again.

People were involved in reviews of their needs and care plans on a regular basis and had been referred to appropriate professionals when required.

Is the service well-led?

Outstanding 

The service was exceptionally well led.

The registered manager and the team had clear values and a commitment to supporting people to achieve positive outcomes by empowering people to have purpose and control.

Governance systems were highly effective in identifying what was going well and what could be improved.

Everyone felt engaged with the service and told us their views were valued. People and their relatives praised how the service had engaged with them and sought their views.

Eliot Gardens

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 inspection took place on 15, 26 and 29 November 2018. The first and third day was on site, the second day involved making telephone calls to relatives and service commissioners.

The inspection was announced 24 hours in advance because the service is small and we wanted to be sure the registered manager was present to support us with our inspection.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Before the inspection we reviewed information we held about the service in the form of notifications. Statutory notifications are notifications that registered persons must send us by law in relation to significant events such as safeguarding, serious injuries, deaths and police incidents.

We used information contained in the provider information return (PIR) submitted by the service to help plan the 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 spoke with commissioners and the quality assurance team from Wigan. This would indicate if there were any particular areas to focus on during the inspection. No concerns had been identified.

During the inspection we spoke with a wide range of people, including; the registered manager, the area manager, the activities coordinator, four care staff and four people who received care and support. We telephoned the relatives of two people using the service.

Records looked at included four care plans and medicine administration records (MAR), additional information relating to the person-centred plans of three further people. We reviewed three staff personnel

files which included staff who had been employed since the service registered in December 2017. We checked; training records, and any relevant quality assurance documentation. This helped inform our inspection judgements.

Is the service safe?

Our findings

Without exception, people supported in Eliot Gardens, and their relatives, told us they felt safe. Comments included; "I feel safe, the building is secure. Staff keep an eye on me and I tell them when I am going out." and "I feel really safe here I can't think of anything that is wrong with it." and "My relative is so much safer now, they have support around them and the staff really understand how to keep them safe."

Safeguarding policies and procedures were in place and had been followed which ensured people were protected from the risk of harm and abuse. Staff were knowledgeable about what might indicate a person was experiencing harm or abuse. All staff spoken to were able to describe how they would raise a concern. Information about safeguarding and whistleblowing was displayed in public areas and included in the guide given to people when they moved in.

There was a safeguarding champion who had completed additional training with the local authority and had enhanced knowledge which they shared with the team and supported people. In addition they promoted awareness of how people could raise concerns outside of the service. This empowered people and increased the potential for improved protection from harm. We spoke with the safeguarding champion and noted their commitment and enthusiasm for their role.

The amount of support people needed was commissioned individually based on their assessed needs. This varied between people from seven to eighteen hours each week. Staffing levels fluctuated according to the level of support commissioned. Staff we spoke with reported they were able to support people safely at all times, though, it was quite busy in the mornings. The staff team worked flexibly with people to maximise the quality and efficiency of their care, for example, if a person wanted support to attend an event they would reorganise their care to ensure this could be achieved.

Risk assessments had been completed in relation to all aspects of people's health and social care needs. Management plans had been developed to minimise the potential for harm. The staff team supported people to manage the risks in their daily lives in exceptional ways which had empowered them to achieve their goals and increase their independence through the use of positive risk taking strategies. The outcomes achieved for the people we reviewed had been extremely positive. We have discussed this in more detail in the caring and responsive domains of this report.

The provider organisation had robust recruitment practices in place. All staff had been newly appointed following the service registering in December 2017. We reviewed four recruitment files and found all necessary documentation was in place, this included; application forms, interview notes, references and disclosure and barring service (DBS) checks. A DBS would let an employer know if a person had any cautions or convictions which might prevent them from working with vulnerable adults. Checks had been completed prior to staff starting employment. There was a probationary period which ensured the provider organisation could manage any issues in a timely way.

Medicines had been managed safely. People's medicines were stored securely in each person's flat.

Medicine management risk assessments had been completed to assess the level of support people needed. People had been supported to manage their own medicines if they preferred to. We looked at the medication administration records (MAR) and saw they had been completed correctly without any gaps in signatures. There was a medicines champion who had received enhanced training. They had obtained a medicines practice kit which they could use with new staff to practice administering medicines without the risk of mistakes.

Infection control policies and procedures were in place. Staff were observed to use gloves and aprons when supporting people with personal care. Stocks of gloves, aprons and hand gel were available throughout the building, in communal bathrooms and people's flats where required.

Accidents and incidents had been recorded and we saw how each event had been investigated to establish the cause and avoid reoccurrence. An example of this had been when they had noticed a spike in falls. The positioning and handling champion attended additional training with the local authority called 'a day in the life of falls'. As a consequence the service was prescribed a lifting aid which could support people to get up safely. This ensured people received support in a timely way and reduced the need to contact the paramedics for support.

The management and staff team worked in close cooperation with the housing provider who was responsible for the maintenance of the building and the cleaning of the communal areas. The building was very well maintained and decorated and furnished to a high standard. There were effective systems in place to report any maintenance issues with the landlord.

The staff team supported people to develop their own personal emergency evacuation plans, (PEEPS). These provided specific information about the support the person would need to evacuate, for example, in a fire.

Is the service effective?

Our findings

The staff team had been innovative in their approach to supporting people to live healthier lives. They had achieved this by taking time to understand how a person's feelings and lifestyle had affected their health and wellbeing and looked at any obstacles there had been to accessing healthier choices. Staff had identified most people were shopping at a local convenience store which had been costly and had limited choice. To improve choice people were provided with the option to complete their shopping on line.

At the same time the registered provider ensured staff had training in supporting people with healthy diets and negotiated with the local authority for additional hours for individuals to ensure people had the time to shop and prepare meals from scratch. This had directly led to improvements in people's health and wellbeing, examples include; reduced cholesterol levels, weight loss and improved knowledge and confidence around food choices. Staff had also assisted some people to set up raised beds in the garden and had grown vegetables and fruit which they had prepared and eaten in group cooking sessions. In addition, they had used their own strawberries in sugar free cake making which they sold, to raise funds for an Alzheimer's charity, while at the same time increased their knowledge around food and diabetes.

For some people, obstacles to healthier choices around food had been associated with not being engaged with the support available. The staff team had identified these obstacles and found an answer for the individual. Examples included; Identifying a person living with dementia did not eat due to feeling anxious eating alone, by building rapport and encouraging them to use the dining room this changed over time and had been effective to the point the person longer required medically prescribed dietary supplements. Another person had not left their flat for many months, as a result they had become isolated, they had eaten whatever had been taken to them, again by building rapport and providing step by step support, the person felt able to leave their flat and choose their meal.

People told us they enjoyed the food. At the time of this inspection there was no one who needed a modified diet, however staff had received training on supporting people who might need this. There was a nutrition and hydration champion available to offer support and guidance when required.

Without exception people we spoke with praised the knowledge and skills of the staff team. One person told us, "The best thing here is the quality of the staff." A relative told us, "Staff really seem to understand how [name] is feeling and how to support them." Staff received comprehensive training which ensured they had the skills and knowledge needed to support people effectively. Training was delivered in a variety of ways including; face to face, on line and during one to one sessions. Training had been tailored in response to people's identified needs for example healthy eating and diabetes and self managing medicines. In addition staff received guidance and support which reflected their individual learning needs. Examples of this included identifying champions within the team focussed on their specific interests, these included; medicines, nutrition, dementia, safeguarding, moving and handling . Champions received additional training, which reflected best practice guidelines; and resources to enable them to provide training to others including ad hoc and informally. This ensured staff had a point of contact and regular access to support and guidance around key areas of practice and also empowered staff who took on the champion role to learn

and share their knowledge and skills. The additional benefits for supported people were; staff had appropriate and optimum skills and confidence to provide increased support in key areas. Staff received regular supervision which supported them in their development and identified what had worked well and any areas which could be better.

There had been similar innovation supporting people to engage in exercise and physical activities. The staff team made good effort to engage with people who had disengaged to create meaningful opportunities to become more physically active. Building rapport and taking time to understand any obstacles to engagement a person had, was central to their approach. Daily walks around the grounds had been implemented, which though short had led to people exercising further and encouraged people to exercise routinely. Introduction of 'oomph' exercise sessions three times a week, which encouraged people to exercise regardless of their mobility needs. For some people engaging in exercise had resulted in significant weight loss which had improved their overall quality of life and motivated them to reduce unhealthy choices. Another person had improved their mobility and had begun sleeping better which had significantly improved their health and increased their motivation and pride in themselves.

Another innovation had been people were supported to engage with 'Healthier Heroes' which provided health and wellbeing activity opportunities for ex forces personnel and their families. Three people were involved and had reengaged in past interests including running and motorbike maintenance, they were considering further activities and events which showed an increased motivation and optimism for the future. Another example had been people were supported to attend 'Wigan warblers' a singing group to promote improved breathing for people living with lung disease. Smoking cessation support had been sought which had led to a person stopping smoking. This evidenced the different ways the staff team sought to encourage and support people to improve their health and wellbeing.

People's emotional needs had been carefully considered as part of their holistic assessment and care plan. The staff team saw supporting people emotionally as an essential part of improving their wellbeing. By supporting people to build their confidence we saw evidence of people becoming more independent and more confident. One person had been empowered to take on more responsibility for themselves which meant they no longer needed formal care, something they expressed pride and satisfaction in. Another person had been supported to manage the ways they responded to their feelings which had directly reduced episodes of harm, again this had involved building rapport with the person and understanding what was important to them and how they might express themselves in less harmful ways. A third person had been able to engage with support and had begun to verbally communicate and venture out of their flat again. The team were working effectively with mental health professionals. They reported there had been a significant improvement in people's ability to engage with them and communicate their feelings more accurately. This had increased the effectiveness of their treatment and support and contributed to improved mental health.

The provider organisation provided technology which had been used to enhance people's independence and control. Some people independently used tablets to maintain contact with others. One person had difficulty spelling and had been supported to compose shopping lists using a home hub. Another person used the same technology to remind them to drink more regularly which had enhanced their independence. Wi-fi was available throughout the building which everyone was able to access.

People had been fully involved in the initial assessments of their needs and preferences prior to moving in to the service. This meant people were at the centre of their care plans and had control over what was included and which areas were prioritised. Relatives had been involved where the supported person wanted them to be. Other professionals input had been included where appropriate, for example from; community

psychiatric nurses, therapists, social workers and other community based health services.

The provider organisation was working within the principles of the Mental Capacity Act (MCA). People were supported and empowered to make decisions about their care and support. Where people had been assessed as not having capacity to make a specific decision staff had ensured any made, on the person's behalf, had been in their best interests and was the least restrictive option possible. At the time of inspection no-one was subject to restrictive practices which would have needed authorisation by the Court of Protection.

Empowering people was central to the way the staff team sought to operate. Information about advocacy services was displayed and included in the information provided to people when they moved in. The safeguarding champion also sought to protect people's rights by supporting people to self advocate and advocating on behalf of people who had no other person to act for them.

Staff understood the importance of ensuring people gave consent to receive care and support. We saw staff asking people whether they wanted support with tasks. We spoke with staff about how they achieved consent if a person was declining support and they felt this was potentially harmful. Staff said, "I try to tempt people and offer alternatives, if they continue to decline we would discuss this as a team and try to explore with the person what they are feeling."

The building was very spacious and fully accessible. There were additional accessible bathrooms equipped with adjustable bathing facilities which people could use when required. These facilities could also be accessed by people not living in the service who did not have accessible facilities at home. There was a sensory room, which provided a quiet space with softer lighting and music. This room was also used for people to have meetings outside of their flats when they preferred this.

Is the service caring?

Our findings

Everyone we spoke with praised the caring support and kindness provided by the staff. We observed staff throughout the inspection and saw they were polite and respectful to the people living in the service and to each other. We observed the atmosphere was calm but friendly with a lot of interaction and chatting. Visiting professionals had also praised the calm and caring atmosphere in the service. People told us, "The staff are wonderful, they are considerate and they are more like my family." and "Carers help me, they are kind and if I need anything I only have to ask.", and "We always have a laugh and a joke, the carer always gives me a hug at night time, it has made such a big change in my life."

People had been fully involved in making decisions about their care and support. Communication plans were detailed and identified the most effective way for people to express themselves. For example, one care plan included descriptions of the change in one person's voice as a likely indication of pain. Another described the tone and delivery a person was best able to respond to. The staff team were also innovative and had explored different ways for people to be expressive. There was a wishing tree which people could attach a leaf with a wish written on it. This had generated conversation and led to some wishes being achieved. This had included trips to Blackpool and spending time with animals.

There was a dignity and wellbeing champion who worked holistically with the team to develop ways of communicating with people to enhance their engagement and understand what was important to them. Equality diversity and human rights (EDHR) was at the centre of what the provider organisation and staff team strived to achieve. People's identity and lifestyle choices had been recognised and respected.

Staff understood the importance of maintaining people's dignity and respect. What each person felt was important, in relation to how they were supported, had been recorded in detail. For one person privacy was essential to feeling their dignity had been respected. They had been supported to develop their independence to the extent they no longer needed formal support, they said, "I have got my dignity back because no-one needs to know everything about me." People we spoke with said staff respected their wishes. One person told us, "The staff are lovely, really considerate." A relative we spoke with told us the staff really went the extra mile and were extremely caring particularly when their relative was distressed and expressing this through their behaviours.

Maintaining and promoting people's independence was a common theme throughout the staff team's approach. People had been involved in setting up and managing some activities which had boosted their esteem and view of themselves. One person told us, "This is the best thing to have happened to me, I used to live in a nursing home. Here I get to be involved and can contribute."

Is the service responsive?

Our findings

People had been empowered and encouraged to share their skills and experience with each other. This had not been possible without the support of the service. People had been fully involved in the development of an activities programme which reflected their expressed interests and wishes. There were several examples of activity groups which people had taken a leading role in, including; a baking group, a sewing group, knit and natter, a manicure and pamper group and a gardening group which had grown enough fruit and vegetables for people to enjoy. Everyone we spoke with praised the variety and availability of activities. We saw there were regular activities planned throughout the week. During the inspection a group of people had been making Christmas wreaths. There was a wishing tree on which people had written what they most wanted to do. The staff team had responded to these wishes, one person had been supported to trace their ancestry, another had re-engaged with animals and a trip to Blackpool illuminations had been arranged.

The service ensured they reached out to everyone. They had engaged with Community Circles supported by the local authority to improve the impact of social isolation for some people. Volunteers were matched with people to explore their experience and build more social interaction based on the person's wishes. We reviewed three people's journey's in Community Circles. We found people had been supported to achieve positive outcomes. For some people this had involved reengaging with previously important activities such as animal care. For others it had been about developing a reason to get up and out each day. People told us; "It feels like I've got my purpose in life back." and "They are making me smile, I feel my life is worth living again."

People's care plans were exceptionally person centred and responsive to their needs. The detail included in the care plans went above and beyond to capture very detailed description of people's needs and how they preferred them to be met. In addition to identifying people's needs, wishes and preferences there was a section titled, 'A good week for me' This included a breakdown of the supported person's routine. In addition there were sections titled, 'How I like to start my day', comments in this section included; 'please knock enter and introduce yourself. It is very important you do not switch the main light on. There were then step by step descriptions of how the person preferred things. Subsequent sections; 'getting the most out of my day' and 'how I like to end my day' were equally detailed and person centred. People we spoke with told us they felt the staff understood how they preferred things. Staff we spoke with told us the information in the care plans provided them with clear ideas about what was important and how they should support people.

The accessible information standard (AIS) was introduced by government to ensure people with disabilities received information in ways which were accessible for them. We found the service had met this standard. The service had made information available in different formats and produced easy read versions of their literature. Care plans included the use of symbols and pictures to support people to be involved and make choices.

The service had also considered people's cultural backgrounds and how they needed to adapt their approach to maximise people's capacity to respond. For one person, staff had established appropriate methods of communication which had resulted in a significant improvement in their quality of life and a

reduction in harm.

The service focussed on empowerment by understanding individual need and motivation and building on people's goals and strengths. A relative told us how well the staff understood everything about their relative, what was important to them, what might indicate a deterioration and how to respond to ensure the person could accept the support available. Care plans were reviewed and updated at regular intervals. Monthly progress reports were completed with the person. We saw people had been referred to other professionals when required.

Compliments had been shared with staff in team meetings and through a secure internal social media platform. Awards and trophies had been given to people to celebrate their achievements and contributions.

There was a complaints policy in place which described the complaints process. Information about how to complain was displayed in the communal areas and included in the service user guide. The service had received two complaints in January 2018. Both had been responded to promptly following the services procedure and the outcome recorded. Everyone we spoke with said they had nothing to complain about and could not identify anything that could be improved. They also reported feeling able to raise their concerns if they had them with the staff and the registered manager, and felt confident they would be responded to.

The staff team had supported people to consider their end of life needs, people's preferences and religious needs had been included in their care plan. Where people had not wanted to discuss this aspect of their care this had been respected. At the time of inspection there was no one identified as being at the end of their life. The provider organisation had a policy which sought to support people as far as possible in an extra care setting.

Is the service well-led?

Our findings

The service was exceptionally well led. The registered manager promoted best practice in person centred care, which included developing and supporting champions in key areas of practice, discussed earlier in this report. There was a clear culture based on empowerment, respect and inclusion. The provider organisation was central to supporting the registered manager to establish and promote best practice principles. Quality assurance visits by the regional manager with regular support and supervision for the registered manager reinforced this. To maximise the potential for success in achieving their aims and objectives, all staff were newly recruited at the time the organisation assumed management of the service from the local authority, this ensured the provider organisation could be confident all staff were committed to the shared values of the organisation.

The staff team had gone above and beyond their service specification to explore every option to engage with supported people and understand their experience. This had led to the significant improvements in people's lives also identified earlier in this report. It was evident people, their relatives and staff felt fully engaged and involved in the development of both a high quality service; focussed on person centred support and on achieving positive outcomes, which people had significant ownership of. The staff team clearly shared these values and were fully committed to the culture of empowerment. A visiting professional described the team as passionate and focussed. For the people they supported this meant they were included and their input was valued.

People and their relatives praised the management and leadership. Comments included, "The manager is superb, I only have to ask and they will help." and "The manager is marvellous, always making sure they get things right." Staff said "Management is lovely, very responsive and well organised, they always help when it's needed." and "The manager is really helpful and approachable."

The quality of the service had been recognised at recent regional heats of the National Care Awards, the registered manager had won The Housing with Care category for which they demonstrated; "Their passion and commitment to how person centred care is delivered. Provided individuals who were living full lives with dignity, choice and respect. Supported people to dip in and out of care when needed to empower independence." A support worker won Newcomer of the year category, by demonstrating; 'Knowledge of what was necessary for the health, welfare, maintenance and protection of someone. A determination to take up new opportunities to improve their knowledge and personal development. Nominations had been submitted by the organisations management and by the quality assurance team from Wigan council.

The staff team continued to work in partnership with several organisations and attended forums where knowledge and experience were shared. There were clear examples of these partnerships resulting in positive outcomes for people. In addition to the healthier heroes, oomph exercises, community circles and others, already discussed, they had been proactive in attending events which raised the profile of the extra care service and brought people into contact with them. By reaching out to the community in a positive way we noted someone had recently responded and felt confident enough to have self-referred and had moved in successfully.

In addition they had facilitated an inter-generational choir, each month there was a 'diddy dance' which involved local school children coming in and joining in a dance session. They worked closely with a local residential home to share activities and events. We saw part of a two day Olympic event in progress where teams and individuals competed in a variety of activities. They attended a local dementia café, a service supported by several care providers where people living with dementia and their families can meet, socialise and share experiences. The impact for people had been very positive. By hosting and participating in community events supported people had increased opportunities to contribute, and were proud to share their experiences and skills.

Effective governance systems ensured the registered manager had clear oversight of the extra care service. The registered manager completed a monthly audit of documentation which included all aspects of service delivery, this was checked and countersigned by the regional manager. The aim of the audit was to promote a cycle of continuous improvement. Action plans were developed in response to any issues identified to ensure they were addressed. We saw evidence of actions being taken, including discussion in staff meetings, supervision sessions and in supported people's meetings. Staff told us they were clear what standards were expected of them and were committed to achieving them. In addition the registered manager carried out spot checks on their practice, such as medicines, record keeping, infection control and quality of interactions. This ensured the quality of the service provided was maintained at an optimum level. Without exception everyone we spoke with had said they were happy with all aspects of the service provided. What had been clear at the time of the inspection was how the staff team had learned about what had needed to be improved for people who were accessing the extra care service when they took over. They had endeavoured to address this on all levels. This showed a willingness to learn and overcome challenges to improve and maintain the quality of the service provided.

Systems were in place to ensure continuity of the service in the event of an emergency. There was an automatic call system for staff when working alone which would alert emergency services should they become incapacitated. An on-call system had been produced which advised staff how to triage incidents to ensure they contacted the out of hours service as soon as necessary. Some staff also carried prompt cards which included, emergency contact details, how to guides for the fire alarm system and similar events. Staff who used these told us it had improved their confidence.

We saw people had been empowered to engage with the service at all levels. In addition to promoting people's inclusion and valuing their involvement there were regular meetings. People could raise any concerns through monthly tenant meetings. There were joint housing and care meetings with the landlord. There were service satisfaction surveys which were available in different formats including easy read and with pictures and symbols. Relatives praised the level of engagement and felt able to raise anything at any time.

The registered manager recognised the importance of staff feeling valued. There was a forum where staff could raise any issues in confidence using suggestion cards. On a national level, the provider had responded to concerns about pay and other benefits including reinstating the death in service payment, and the establishment of a culture committee which had been committed to responding to what staff had identified as important to them. Staff working in the extra care scheme had felt increasingly valued and responded to. There were regular staff meetings which covered all aspects of the extra care service. Staff said they could raise anything if they wanted to and felt their suggestions had been respected. The benefits for people were that their support staff felt valued and were therefore committed to achieving positive outcomes.

The manager and provider organisation continued to work closely with commissioners of services and the quality assurance team. Another local authority had arranged to visit in response to learning about the

successes achieved in Eliot Gardens; to support them develop their own extra care services based on the model which had been embedded by the registered manager. This showed they were actively improving and sharing their skills and experiences.