

Norse Care (Services) Limited

The Lawns

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Lawns is a housing with care scheme. People live on site in their own flats and have secure tenancies with a housing provider. Nurse Care provides care and support over a twenty-four-hour period. At the time of the inspection, 28 people were receiving 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

The service was exceptional in placing people at the heart of the service with a strong person centred, caring and responsive ethos. People consistently told us how they were treated with exceptional kindness, compassion and respect. We received many accounts of people's views of their support. Comments included, "This is my home from home. The staff are absolutely wonderful. They're always there when you need them and they're always cheerful", and, "The staff couldn't be nicer. There's nothing I can think of that could be better."

People's needs and wishes were fully supported by staff that knew them well. People were respected and valued as individuals and empowered as partners in their care.

People received personalised care and support specific to their needs and preferences. People's needs were considered and reviewed, and changes made where improvements were needed. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs.

The management of the service had instilled a culture of care and support. Excellent teamwork was embedded in the service to ensure that people received continuity of care. Staff considered themselves, people using the service and their visitors as family and this ensured that people were cared for in a way that provided them with a happy, meaningful and enjoyable lifestyle.

The registered manager was passionate about the quality of service delivery and led by example. They followed best practice and pursued opportunities to improve care and people's experiences to attain better outcomes. This was often over and above the regulated activity of providing personal care to people.

Staff were skilled, motivated and knowledgeable. They provided flexible care and support in line with a person's needs and wishes. The stability of the staff team helped to ensure people felt cared for, understood and supported to achieve positive outcomes.

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.

Staff provided a safe environment and people's independence was not compromised. Risks were assessed to encourage people to do as much for themselves as they could.

Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.

Rating at last inspection: The last rating for this service was Good (published 16 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was very caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was very responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was very well-led.

Details are in our well-led findings below.

Outstanding ☆

The Lawns

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

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

This service 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 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the regional director, registered manager, deputy manager, team leader, activity co-ordinator, and care workers. We also spoke with two visiting health professionals.

We reviewed a range of records. This included three people's care records and five medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. They sent us additional quality reports to review. We made contact with one other health professional.

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.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety were well managed. Risks to people's well-being were assessed, recorded and updated when people's needs changed.
- Risks which affected people's daily lives, such as mobility, environment, communication, skin integrity and nutrition were clearly documented.
- People were safely supported by equipment that was serviced and checked on a regular basis.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- Staffing levels were determined using a dependency tool to ensure adequate staff were on each shift in the service.
- People and staff told us there were enough staff. One person told us, "The carers are around all the time. I fell recently and they came straight away when I pressed the buzzer. They're always asking me if I want anything and they can usually tell if I'm not feeling too good." A staff member told us, "There is enough staff. If someone is poorly or we need extra help, [registered manager] will sort that out, or will come on the floor themselves to help."
- The provider minimised the risks of abuse to people by ensuring all new staff were thoroughly checked before they began to work with people.
- People were further protected because all staff received training on how to recognise and report signs of abuse. Staff told us they would not hesitate to report any concerns and were confident the registered manager would take action to make sure people were protected.

Using medicines safely

- People received their medicines safely and as they needed them. Staff were trained in how to administer medicines safely. Staff stored medicines securely to prevent them from being misused.
- There was a team leader who was the lead for managing medicines procedures. They were passionate about their role and the importance of ensuring records were accurate and that staff understood their responsibilities.
- The registered manager carried out checks on medicines and medicines records. These helped to check people had received their medicines as prescribed.
- People's medicine support needs were recorded in their care plans for staff guidance. One person told us, "I came in here because I didn't feel safe at home, I misused my medications, but here I don't have to worry about that. They look after my medications and they're very thorough. I feel safe in here with them."

Preventing and controlling infection

- Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection.
- The provider made sure staff had access to personal protective equipment such as disposable gloves, aprons and alcohol gel.

Learning lessons when things go wrong

- Incidents and accidents were, reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Learning identified through such investigations was shared with staff and used to prevent similar incidents occurring in future.
- The registered manager and provider had systems to learn lessons from incidents or near misses. These systems monitored incidents and near misses to ensure a response could be provided throughout the organisations they operated.

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's needs were fully assessed with ongoing involvement of their close relatives and where necessary, based on their assessed needs from healthcare professionals.
- People had access to information to help them understand their care and treatment and promote a good quality of life with positive outcomes for people.
- Recognised assessment tools were used to assess people's needs. This ensured staff delivered evidence based-practice and followed recognised and approved national guidance.
- People's independence was promoted through the use of technology. People living in the scheme had access to a call bell system which was responded to by care staff who carried a phone which had a two-way speech system. This provided people with the comfort and reassurance they required to live in their own flat.

Staff support: induction, training, skills and experience

- People, relatives and health professionals told us they considered the staff team to be appropriately trained and skilled. One person said, "I feel safe when they're helping me get up. They know what they're doing."
- The registered provider understood the importance of staff training. All staff we spoke with told us they were happy with the training provided. They told us they were provided with training opportunities to meet the needs of the people they supported.
- Staff told us they were supported to develop key skills and experiences at the start of their employment through an induction period. This included completing training and shadowing more experienced members of staff. Staff said they felt suitably prepared for work after the induction period had finished.
- Staff told us support in their role continued through their employment. They told us they received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development. Staff praised the supportive relationship provided by the management team and told us they could be contacted at any time for advice and guidance.

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

- People were supported to eat food in ways that suited their individual needs; some people were independent, and others required support from staff. One person told us, "If I don't feel like getting my own breakfast in the morning they'll [staff] get it for me, and if I don't want to go to the dining room for dinner they'll bring it to me. It's up to me."
- Dietary information was recorded in people's care plans, including their preferred food and drink and how food should be prepared. Where people required it, staff left food and drink for people when they left to

prompt their hydration and nutritional needs.

- Some people had lunch in their rooms or made their own arrangements. Drinks were available for people throughout the day.

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 external professionals to ensure people were supported to access health services and had their health care needs met. One healthcare professional told us, "Staff are very friendly everything is really good here. They manage some very challenging behaviours very well." Another said, "Staff are on the ball here. I know if I leave instructions for follow up care, staff will do it."
- People's health needs were recorded to inform staff on how to support people appropriately. A log of professional visits was in place in people's care plans, so it was clear when people had been seen by external professionals.
- The registered manager told us of examples where staff had noted changes to people's health and acted quickly to ensure people were assessed by relevant healthcare professionals. This enabled people's treatment to be swiftly arranged and helped with their overall wellbeing.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The registered manager and staff had a good understanding the principles of the MCA and how to apply this within the service. Staff had been provided with MCA training and were able to explain the process they were to follow when a person lacked capacity and were unable to make decisions for themselves.
- People told us staff routinely sought consent before they provided any care and treatment. One person told us, "They [staff] don't just come in and get on with it. They'll say something like 'Hello, it's time for your inhaler or your pills. Is that alright with you?'".
- Records had been maintained to show care plans had been discussed with people and consent had been sought.
- The registered manager discussed actions they had taken when they were concerned about people's mental capacity, or if they were at risk. They liaised with healthcare professionals to ensure people's needs were reviewed to ensure their care remained the least restrictive option.
- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were documented in people's care plans, along with the relevant legal documentation.

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 'Outstanding'. At this inspection we found the rating remained outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Without exception, all of the people and relatives we spoke with told us of how staff made people feel that they mattered. One person said, "They're [staff] always respectful in the way they talk to me. You feel you're a person when they talk to you and help you. I think the best thing they do is to treat us as individuals and care for us as individuals." Another said, "They're my friends; they're all my friends. I've been here for two years and there hasn't been one who hasn't been nice to me. I'm very happy here and really like living here."
- There was a strong and visible person-centred culture in the service. We observed staff were highly motivated offering care and support that was exceptionally compassionate and kind. This positive culture was helped as staff had built trusting and positive relationships with those they supported. During our visit we witnessed lots of laughter and banter. People were actively encouraged and supported to express themselves freely and encourage independence. Staff had developed caring, respectful and empathic relationships with people. One member of staff said, "We work as a team with the tenants, I feel that very strongly. We care about them, and they care about us."
- People spoke fondly about the staff who supported them, and the relationships they had formed. Staff were repeatedly described as 'family' or 'friends' by people. Care provided to people often exceeded their expectations. People and staff told us of several examples of how staff went the extra mile to ensure people still experienced positive life experiences and how they supported people to achieve their goals. Staff had worked outside of their contracted hours to support people with projects and help support them to feel at home.
- People told us examples where staff had made an impact on their mental health, confidence, well-being and ability to participate in activities they would never have had the confidence to do. This included going out into the community independently, entertaining other residents with their skills, and giving people hope and belief in themselves.
- The service respected people's diversity and adapted their practice to accommodate any emotional or physical impairments. Staff ensured that nobody was excluded in any outings, activities, or plans for the service.

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

- People had a voice in shaping the service and wider planning for the organisation. As well as tenants meetings, there was a tenants committee and annual forum. One person was the nominated chairman for the forum. They consulted with other people living in the service to collate people's views and pass them on at the meetings. This gave people a sense of responsibility and that their contributions were important to the wider development of services.

- People and family members had been involved in care planning and had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. Care plans took into account people's disability, age, gender, religion and cultural needs. This enabled staff to really get to know people and respond to their personalities as well as their physical needs. One relative told us, "They know what type of person [relative] is. [Relative] loves a laugh and they all have a laugh and joke with [relative]. It's exactly what [relative] likes. They've got to know [relative's] personality and they're on [relative's] wavelength."

Respecting and promoting people's privacy, dignity and independence

- There were 'dignity champions' working in the service [staff with additional knowledge in how to deliver dignified care]. Their role was to oversee good practice by other staff, and also speak at team meetings to share knowledge and promote good practice. We observed very dignified and respectful interactions from staff, which demonstrated the effectiveness of the champions work and sharing of knowledge.
- People's privacy and dignity was respected. Care plans made reference to ensuring people had privacy if family members visited. A relative told us, "They always knock on the door before coming in. If [relative] wants to change in a different room they always make sure they close the curtains."
- People's independence was also referred to and the importance of staff supporting people to remain as independent as possible. Care plans were specific on tasks people could still manage for themselves and how staff should support this. Tasks also included helping people to retain their independence with domestic tasks. One care plan said to not close the lid on the washing up liquid, so the person could wash up independently.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

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 now improved to Outstanding. Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 received exceptional personalised and individualised personal care and support that was highly responsive to their individual needs and preferences. Each person had an individualised plan of their care and support, which outlined their individual preferences in relation to their personal care needs. People and their relatives confirmed they were involved in the development of the care plans and could contribute. One relative said, "They check out [relative's] care plan with me and if I have any concerns I can talk to any of the staff here. When [relative] was in hospital they rang me every day to update me on what was happening."
- Staff were passionate about delivering high quality care. For example, the 'champions' [staff with increased knowledge in a subject] working in the scheme were keen to tell us about changes they had made to improve processes. Staff were proud of how they delivered people's personal care needs to ensure it was person centred. One staff member said, "[Person] loves jewellery, so we make sure they always have that on. It's important to them."
- People's support was holistic and based on what was important to them as an individual. Staff were highly responsive in recognising and supporting this individuality. For instance, people were supported to make a valuable contribution in their community, undertaking activities to raise money for local charities of their choice. This helped to maintain and improve people's self-worth.
- The service had developed a successful intergenerational activity initiative through the introduction of a weekly lunch club and after school club involving local school children. People and relatives commented on how much they enjoyed and benefitted from this initiative. One person told us, "We're each assigned a child and we talk to each other. They come in and look around. We played sitting down football last week; we had two teams Dragons and Bulls and it was great fun." Another said, "It takes you back to being a child again when you're doing things with them. It's really great fun when they come in, it makes you feel good being with young people." A relative told us, "[Relative] loves every minute of it. It's stimulating for [relative] and brings back memories of when she was young"
- We heard examples of where staff had gone the extra mile to support people to fulfil their goals. This included staff [and their families] decorating a person's flat in their own time to make them feel welcome and at home, and taking people into the city to build their confidence. This resulted in the person now going out independently to shop in the community and visit the hairdresser.
- There was a dedicated activity co-ordinator working in the service who was employed by Norse Care. People told us of the impact it had had on their lives and how it made them feel. One person told us, "The activities lady is second to none. I was depressed when I came in here and [activity co-ordinator] first asked me if I wanted to try [activity] and then got me on to [progression with activity] and I've just carried on. It's

stopped me thinking about myself and it's been really good for me." Staff had taken an interest in the person's abilities which in turn had made considerable improvements to their happiness and wellbeing.

- In 2018 the activity co-ordinator was successful in being presented with the Norse Care award for Social Engagement. This was out of 29 services who were nominated for the award. The activity co-ordinator told us, "Generally it's a pleasure to come to work I really enjoy my job. I tailor activity around people's abilities, so no one is excluded. One lady can only answer yes or no. Another lady can't see, so I print off a care plan that is on a black background everyone needs different things, I try to find ways of including everyone. You just have to find that 'part' in the person."

- People were supported to take part in activities and interests alongside other tenants in the communal areas of the service, or if they preferred, to remain in their own flat to do things alone.

End of life care and support

- The registered manager and provider understood the importance of retaining people's individuality and dignity at the end of people's lives. In 2016 the service was 'highly commended' for their end of life care at the Norfolk and Suffolk care awards. They told us the learning from this was embedded in staff practice, and staff continued to receive training in this area.

- People's care plans included a section on advance care decisions. As well as practical information, such as the person's chosen funeral director, there were also personal wishes and preferences, such as which angle they would like the bed to face, whether they wanted background music on, and how they wanted to be presented. For example, one person wanted their hairdresser to continue to visit. These were important details for staff to know and helped to deliver person centred care when the person could no longer communicate their wishes.

- Staff told us they were proud of the end of life care they provided. One staff member said, "Our end of life care, it's amazing."

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.

- People's communication needs were known and understood by staff. Care plans identified people's communication needs and the registered manager ensured people had access to the information they needed in a format they could understand.

- Staff told us of how they communicated with people. One staff member said, "We use pictorial cards for one person if staff or people don't know [person] well, we ask [person] to point at things. We know them well, so we understand what they are trying to say. We write down things in large print and read out correspondence if needed." The registered manager told us of one person (who no longer lived at the service) who was deaf and unable to speak. They told us how members of the staff team learnt basic sign language to support them.

Improving care quality in response to complaints or concerns

- Everyone praised the scheme very highly and had no complaints to share with us. People told us they had no reason to complain, as matters were always dealt with very quickly if they made any comments or suggestions. One person said, "If I had any problems or complaints I'd certainly go to [registered manager]." A relative told us, "If I have any worries about something I can just ask one of the staff or the manager. Everyone is very accessible."

- The scheme was keen to use any feedback as an opportunity to learn and ensure any complaints were not repeated. The scheme provided a range of ways to do this through regular meetings, surveys, and other

meetings held with people and relatives.

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 has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- In addition to delivering people's personal care needs, staff enhanced people's lives by facilitating their independence and maximising their mental and physical health. Staff were skilled at identifying how people could progress with other aspects of their lives to achieve better outcomes. People told us how staff had supported them to achieve their goals and develop interests that they otherwise may never have considered.
- The registered manager was an excellent role model who actively sought and acted on the views of people. We found all staff were very positive in their attitude to the organisation and their role and said they were committed to the support and care of people.
- The registered manager told us of their vision and values. They told us, "I like to say, it's a place where people love to live, and love to work". The registered manager had highly effective oversight of what was happening with people's care, and when asked questions they were able to respond immediately, demonstrating an in-depth knowledge in all areas.
- Staff spoke proudly of the way the organisation operated and how people received positive outcomes. One staff member said, "I am proud to work here. We care well for people. We had three people who were quite poorly at the same time. We kept their re-positioning to the minute. Not one of them got a pressure ulcer. I'm proud of that." Another said, "The person-centred care we give people is the thing I think we excel at, it's so person centred, we know people so well."
- The intergenerational work undertaken in the scheme had developed since our last inspection and had promoted a greater understanding and respect between generations and contributed to building more cohesive communities. We saw comments from children who had visited and how this had helped them to learn how to talk to the older generation and find out about subjects such as the war.
- The provider shared learning across its locations to improve practice. The registered manager welcomed open and transparent working both internally and externally to the organisation. Professionals we spoke with praised the staff and management team in how they supported people with their personal care needs and how they always followed their advice which ultimately produced better outcomes for people.
- People told us their views of the registered manager. One person told us, "[Registered manager] is wonderful. She's always talking to you and she has a lovely way with her. I'd always be able to talk to her. When I was feeling down she stayed for ages talking with me and encouraging me. She's very good at this job." Another said, "I think this is a very good [place to live]. The caring and the activities are second to none; it's friendly and it's well organised and I'm very happy living here". A relative said, "I can't stress how brilliant

[registered manager] has been. If she has any worries about [relative] she 'll call and say, 'can you pop in?'. I have no concerns and if I had any I'd talk to [registered manager]. She's very approachable and you can talk to her about anything."

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were 'champions' [staff with increased knowledge in a subject] who had developed and improved systems such as medication management and pressure area care. They shared their knowledge with the whole staff team to ensure that care being delivered was consistent and of high quality.
- The management team and provider placed a very strong emphasis on continuously learning new ways of doing things. There was a new dementia and well-being strategy being rolled out across the organisation to better support people living with dementia and also to ensure that all aspects of people's lives were considered when planning their care. The registered manager was positive about this, and staff we spoke with were also aware of it.
- The registered manager had recently supported a research project with the University of East Anglia. Representatives from the university had visited people to ask them their views on, "What the future holds for older people". The registered manager told us that the representatives spoke with people to get their views on what they feel the future should look like. Many people spoke of the benefits of 'housing with care' schemes and that there should be more of these schemes available to maintain people's independence for as long as possible.
- The registered manager was in the process of implementing a 'wish tree'. People will be given a tag to place on the tree with their wish. Staff will then support them to achieve this wish. We saw that people's goals and wishes were already being achieved with the support of staff, however, implementing the tree in the service will remind people that they can keep reaching for new goals.
- The whole staff team understood and shared the culture, vision and values of the organisation in its main objective to provide high quality care and continued positive life experiences to those who used it. The management team had developed and embedded a positive culture which ensured that people were placed at the centre.
- The registered manager and provider completed regular audits to ensure the quality of the care delivered. Any learning was shared across the providers locations. They kept up to date with changes through working with the local authority and links with other professionals and organisations.

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

- The service respected people's diversity. They used people's diverse needs to enhance activities and opportunities for people; staff did not see disability or impairment as a barrier to any goals or wishes people may have.
- People were an important part of the community. The registered manager regularly supported fund raising events organised by people, such as auctions and jumble sales to raise money for local charities. They had also recently raised money for a tenant's family. This gave people a sense of achievement and on-going contribution to society.
- The provider empowered people and placed them in control of shaping the service they received, for example, encouraging people to be involved in the interviewing and recruitment of staff. There was a commitment to working in partnership with people, which ensured their views were valued.
- There were systems for gathering people's views and opinions and acting upon them to help improve the care further. The organisation also used a research company to conduct independent customer surveys and analyse the results by formalising a report. This helped the management team to see at a glance where people were happy with their care, and where further improvements could be made. The report for 2018/19

showed very positive outcomes. The registered manager had taken part in a workshop to help tailor the questions so they aligned better for people living in 'housing with care' schemes.

Working in partnership with others

- The registered manager worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure development. The management worked in close partnership with the housing providers to ensure people's homes were maintained safely
- The registered manager had broadened their links with the community to include schools, universities, and scout groups.
- The registered manager had recently made contact with the RSPCA (Royal Society for the Prevention of Cruelty to Animals) to ask them to attend the scheme and bring in their rescue pets and conduct a talk. This may result in the tenants adopting an animal if this is what they wish.