The ExtraCare Charitable Trust

Shenley Wood Village

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?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 17 and 18 April 2018 and was announced. At our last inspection, on 17 March 2016 the service was rated Good.

At this inspection, we found the service remained Good in Safe, Caring and Responsive. The service had progressed to Outstanding in Effective and Well-led giving it an overall rating of Outstanding.

Shenley Wood Village provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing. This inspection looked at people's personal care and support service. Not everyone living at Shenley Wood Village was receiving personal care. 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, receive personal care we also take into account any wider social care provided.

Shenley Wood Village has 300 homes on site. Dependent on individual circumstances they can support people from housekeeping to personal care, including supporting people with dementia. At the time of our inspection there were 42 people receiving support with personal care.

The service did not have a registered manager. However, there was a manager who had applied to register with CQC to become 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 and associated Regulations about how the service is run.

There was an all-inclusive approach to assessing, planning and delivering care and support. The service looked for innovative approaches to care and support, and how it should be delivered. New evidence-based approaches were used to support the delivery of high-quality care and support. Training was tailored to meet people's individual needs and the provider recognised that the on-going development of staff skills, competence and knowledge was central to ensuring high-quality care and support.

People experienced extremely positive outcomes regarding their health and wellbeing. A well-being advisor was available to support people with anything that could affect their health and wellbeing and action was taken quickly to address this. There were champions within the service who actively supported staff to make sure people experienced good healthcare outcomes leading to an exceptional quality of life.

The provider and the management team were highly committed to ensuring people lived fulfilling lives and were protected from social isolation. The whole focus of people's care was individualised and focused on

promoting people's independence as well as their physical and mental well-being. People were empowered to make their own choices and staff were highly motivated with a 'can do' approach which meant they were able to achieve very positive outcomes for people.

The management team demonstrated an excellent understanding of the importance of effective governance processes. There were excellent quality monitoring systems in place to enable checks of the service provided to people and to ensure they were able to express their views so improvements could be made. There was a high level of satisfaction with the service. There was strong leadership that put people first and set high expectations for staff. There was an open culture and a clear vision and values, which were put into practice. Staff were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

People continued to receive safe care. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Effective recruitment processes were in place and followed by the service. There were enough staff to meet people's needs but some people expressed dissatisfaction with the use of agency staff at the service.

Staff were trained in infection control, and had the appropriate personal protective equipment to perform their roles safely. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring and had built open and honest relationships with people. They were knowledgeable about how best to communicate with people and to advocate for them and ensure their views were heard. People spoke of the family atmosphere at the service and the genuine interest staff took in their well-being. There was a strong culture within the service of treating people with dignity and respect and staff spent time getting to know people and their specific needs before they provided them with care and support.

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 remained safe.

Is the service effective?

Outstanding

The service was very effective.

There was a very comprehensive approach to assessing, planning and delivering peoples care and support. The service contributed to the development of best practice and good leadership. The service has innovative and creative ways of training and developing their staff that makes sure they put their learning into practice to deliver outstanding care that meet people's individual needs.

There were champions within the service who actively supported staff to make sure people experienced good healthcare outcomes. The service empowered people to make choices about their health and how it should be monitored and managed.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive

Is the service well-led?

Outstanding

The service was very well-led.

The leadership, management and governance of the organisation assured the delivery of high quality, person-centred care. There was a culture of fairness, support and transparency. The staff understood the vision and values of the service and these made sure people were at the heart of the service. There was a focus on continuous improvement through regular assessment and monitoring of the quality of service provided.

Staff were highly motivated, they worked as a team and were dedicated to supporting people to maximise and achieve independence. Staff told us they were proud to work for the organisation and felt valued. They felt they could make suggestions about improving the service and these would be listened to.

Shenley Wood Village

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 17 and 18 April 2018 and was announced. We gave the provider 48 hours' notice of the inspection. We did this we needed to be sure that a senior member of staff would be available to assist with our inspection.

One inspector carried out the inspection and an inspection manager.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised.

During the inspection, we spoke with 12 people who used the service, two relatives and received feedback from one healthcare professional. In addition, we had discussions with eleven members of staff that included the manager, the care manager, the well-being advisor and activities coordinator and seven care and support staff.

We reviewed the care records of four people who used the service, six staff files and two medication records. We also looked at other records relating to the management of the service, such as quality audits.

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Good

Is the service safe?

Our findings

People told us they felt safe when staff provided them with care and support. One person said, "There is always someone around and I speak with people every day. The staff always check to see I'm alright." Another person told us, "I am very safe here because there is always someone you can go to if you have a problem." Staff told us and records confirmed that they had completed training about safeguarding people from abuse and understood the signs of abuse and how to report any concerns they might have. One commented, "I have completed safeguarding training several times. I know the signs to look for and would have no hesitation in reporting anything." All staff we spoke with understood the service's whistleblowing and safeguarding policies and procedures. Records showed the provider reported safeguarding concerns as required to the relevant agencies.

People had detailed risk assessments in place so staff had the information they needed to keep people safe. For example, if people needed support with their personal care or mobility, staff had instructions to follow on how to assist them safely. Risk assessments also covered people's mental health needs and advised staff how best to communicate with people to help ensure they were supported in the way they wanted. Risk assessments were updated when care plans were reviewed or when people's needs changed. Risk assessments addressed people's diverse needs. For example, one person's stated they were only to have female staff for their personal care, as male staff might cause them to become anxious. People confirmed they were asked their preference in relation to the gender of the staff providing their care. Some people were encouraged to wear pendant alarms so they could call staff in an emergency. One person told us, "I feel a lot safer with my pendant. It gives me an extra sense of security. It doesn't matter where I am in the building I can press the button and staff will come straight away."

People said there were enough staff available to meet their needs, however some expressed dissatisfaction with agency staff who were being used to cover various staff leave. One person told us, "The regular carers are absolutely brilliant. You cannot fault them. The agency staff are not as good. You have to tell them what to do." Another person commented, "I have regular carers and they are the best. They are very efficient and know exactly what I need. I don't like having agency staff. They don't know what to do." However, one person told us, "I've had agency staff and they were okay. I didn't have any problems." We spoke with the management team about the comments. They informed us they were using agency staff to cover substantial hours of maternity leave. However, some staff were due back from leave imminently and they always tried to use the same agency staff to provide some consistency.

Staff told us that although the service was sometimes reliant upon agency staff to ensure there were sufficient numbers of staff, they felt people received the care they needed. One member of staff told us, "We have the same, regular agency staff. I don't feel rushed or under pressure at all." Another commented, "Staffing is pretty good. We all work together and help each other." Staff rotas confirmed there were sufficient numbers of staff to meet people's needs and keep them safe. Staffing levels had been organised for each person dependent on their assessed needs and support plans described the support they needed.

Staff were safely recruited. Recruitment files contained the required documentation to show staff were safe

to work at the service including proof of identity, a satisfactory DBS (criminal records check), a full employment history, and a health declaration. The provider had obtained references to provide satisfactory evidence of staff conduct in previous employment concerned with the provision of health or social care. This helped to ensure that only suitable staff were employed.

Some people told us staff supported them with their medicines. One person said, "Yes the girls help me with me tablets. They make sure I get them when I need them." People's medication needs were assessed when they first came to the service and written instructions given to staff on how to support them with these. People had medicines risk assessments to ensure staff were aware of any issues concerning people's medicines, for example allergies and side effects. Staff told us and records confirmed that they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. The staff we spoke with understood the importance of safe medicines administration and what to do if they thought a mistake had been made. People's individual MARs (medicines administration records) were audited monthly by a manager and action taken if any improvements were needed. If people wanted staff to manage all or some of their medicines they signed consent forms, which showed they were involved in the process of safe medicines administration.

Staff were trained in infection control and wore PPE (personal protective equipment) to reduce the risk of the spread of infection or illness. If people were at risk of infection, staff worked in partnership with healthcare professionals and followed their guidance to keep the risk of infection to a minimum. The provider had infection control policies and procedure in place based on NICE (National Institute of Clinical Excellence) guidance. These covered areas such as the handling and disposal of clinical and soiled waste, the cleaning of spillages, hand-washing, outbreaks of communicable diseases, and the use of protective clothing. Staff had access to these policies and procedures, which were kept for reference in the office and discussed during training and at staff meetings.

The provider and managers took action to bring about improvements to the service when necessary. If people were involved in any accidents or incidents staff kept detailed records and informed the relevant authorities including the local authority and the Care Quality Commission (CQC). Accident and incident records were audited to identify if there were any patterns or trends that needed addressing. Records showed that following accidents or incidents staff took action to help reduce risk.

Outstanding ☆

Is the service effective?

Our findings

People received the care and support they required because their needs and choices had been thoroughly assessed and met in line with relevant guidance. The assessment process included a very detailed ability profile that looked at people's medical conditions, their mobility and sensory needs, communication and functions of daily living. It also covered the support people needed to take their medicines and what support they might need during the night.

In addition to this people also received a well-being assessment that was completed by a well-being advisor, who was a registered nurse. This assessment tool looked comprehensively at people's health and medical conditions, but also took into account their social care needs, loneliness, social networks and their family history. In conjunction with the well-being assessment, the well-being advisor completed an anxiety and depression assessment and undertook a memory check. The well-being advisor worked collaboratively with other healthcare professionals such as occupational therapists, district nurses and GP's, speech and language therapist and hearing services. This meant that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice.

The provider also took into account the need for a 'balanced community' to make sure there was a diverse range of people with different care and support needs using the service. The provider completed a financial assessment to determine if the person would need extra support to access additional benefits or advice that could be available to them. Housing related support workers were involved in the assessment process to identify where there could be a need for assistance with housing benefit/mobility scooters or other housing related queries that they may have. Altogether, this demonstrated a robust and very comprehensive assessment process to ensure people's physical, mental health, social and financial needs were holistically assessed.

The service used technology and equipment creatively to enhance the delivery of care and support, and to promote people's independence. For example, one person using the service who used a wheelchair had speech difficulties and often found it difficult to make themselves understood. Staff worked with this person to look at various assistive technology tools that could aid their communication. They sourced a tablet that the person used to write things down and make their wishes known and this was kept within close reach at all times. In addition to this, the provider installed an electronic devise that allowed the person to open their front door, activate their TV and change channels and use their telephone independently.

The provider valued staff and supported them to be the best they could be. People were wholeheartedly positive about the competency and knowledge of the staff. One told us, "I know the staff go on lots of courses. They know how to look after me in the best way possible." Another person said, "My [relative] was receiving end of life care a while ago. The staff were all trained in the best way to look after them. We couldn't have asked for better care." A relative commented, "I am very happy with the way [relative] is looked after. The care they get is exactly what they need. No complaints." We saw a recent compliment from a person using the service that read, "Please give sincere thanks to [name of two staff] who responded to my

emergency call. They were extremely kind and professional in their approach. When your helpless, sitting on the bathroom floor and unable to get up it is extremely comforting to receive such efficient help. Knowing that emergency care is available is reassuring and one of the benefits of living in ExtraCare."

Staff told us they were very satisfied with the training they received and felt the provider really valued them and was willing to invest time and effort into their training. One said, "The training is excellent. We have really good support." New staff were required to complete a comprehensive induction and were not allowed to work alone until assessed as competent in practice. Staff told us there was a buddy system in place that ensured new staff had support from a consistent member of staff. The manager told us that the provider had an 'Extracare University' where staff could request any specialist or additional courses that might benefit them.

Staff received regular, useful and engaging supervision from the manager, care manager or a senior support worker. Supervision included an opportunity to discuss training and development opportunities and review practice. Staff told us they felt supported by this process and they had individual goals they were working towards. These were based on the providers objectives and staff goals contributed to achieving these objectives. The manager informed us that the four core values of the charity; empowering, compassionate, collaborative and transparency were instilled during the induction process and included and reminded in all corporate training. The staff appraisal system was based around the core values and objectives set that ensured all staff were working within these values.

If people had specific needs that were not covered by the service's training programme, managers arranged for external training to be provided. For example, extra training sourced had included training through district nurses, stoma care nurses, dementia friends, Alzheimer's society, a reading service and hearing dogs for the deaf. This was sourced by request through the University of ExtraCare. The manager informed us that one of the carers had asked to attend specialist dementia training so that they were able to work with the village Locksmith (dementia specialist) and this had been facilitated. The manager said that all staff as part of their one to one process were encouraged to think of additional training and would be supported to apply for funding as long as it had a benefit to the village and the people using the service.
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There was a restaurant in the complex that served a variety of meals and the atmosphere was relaxed and pleasant. One person told us, "The food is lovely. I go to the restaurant every day." We saw that staff were available to assist people to eat and drink. This was done discreetly and staff socialised with people while supporting them and joined in conversations and banter. Some people preferred to prepare their own meals in their apartments with staff assistance where necessary. If people needed this assistance, they had care plans in place setting out the support they needed to help ensure they maintained an appropriate diet. For example, some people were on soft diets. The restaurant catered for these and if people did their own cooking staff assisted them to prepare soft diets using a blender. Care plans we looked at recorded detailed instructions to staff to leave drinks and snacks within people's reach.

Staff worked with people's families, housing and social workers, and health care professionals to ensure people had effective care and support. People were empowered to make informed decisions about their lifestyle and health. They were extremely well supported to live healthy lives and have access to healthcare services to meet their needs. The organisation employed a well-being advisor who acted as the link between people using the service, care staff and healthcare professionals. Their key role was to offer numerous screening and health promotion sessions, to develop self-help groups and access both traditional and complimentary therapies. In addition, they were able to link into fitness/exercise programmes provided at the gym on site and the restaurant to promote informed choices about exercise and diet. One person told us, "[Name of well-being adviser] is very quick to get us the help we need, whether it's a doctor's

appointment or an eye check." We spoke with the well-being advisor who told us, "It is my role to promote the health and well-being of the people that live in the village. I offer annual health checks, provide a drop in centre and am a point of contact for people if they are concerned about their health."

People told us there was a well-being drop in centre three days a week where they could go and discuss concerns and seek advice regarding their health. We saw that the well-being advisor was able to undertake numerous health-screening tests and offer health advice. For many people this had reduced their anxiety levels and provided them with reassurance. One person told us, "It's very reassuring that they are there and you can just pop along." The provider had been working in collaboration, over a three-year period, with the Aston Research Centre for Healthy Ageing, to look at how this service benefited people. They found that unplanned hospital stays had reduced significantly and there was a reduction of 46% in routine and regular GP visits, whilst drop-ins to the well-being service had increased. Every three months the well-being advisor attended clinical meetings with other well-being advisors and health professionals to look at best practice, any changes in legislation and new practices.

We saw health promotion leaflets around the village about various subjects such as falls, asthma, diet, hearing, vision and sleeping. The well-being advisor told us they organised monthly presentations about various health topics that people were encouraged to attend. These had recently included a talk about special shoes for people living with oedema, vision and hearing impairments and thyroid conditions. One person told us, "I went to the meeting about the hearing aids. It was very useful and I got my hearing aid working properly." The well-being advisor also told us they organised an annual well-being day where different health professionals visited the village so that people could talk with different professionals about any health conditions.

People could receive an annual well-being assessment if they wished. This looked at people's lifestyles, medication, any changes to their health, falls and mobility, and an osteoporosis and diabetes assessment. The well-being advisor organised monthly well-being meetings with people to discuss different health topics. The well-being advisor told us they had attended clinical training in relation to sepsis, falls awareness, asthma and inhalers, dementia and managing long term conditions such as Huntington's and Parkinson's disease.

The Mental Capacity Act (MCA) 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

Good

Is the service caring?

Our findings

All of the feedback from people was very complimentary about the staff providing the service and the way they delivered the care and support. One person said, "The staff are absolutely lovely. They are very kind and patient. They never make me feel like I'm a nuisance." Another person told us, "The girls chat and have a laugh with me. They brighten up my day. They are like friends." A relative commented, "I have total peace of mind and don't feel that I have to visit every day because [relative] is happy and very well cared for. I know the staff genuinely care for [relative]."

During our inspection visit, we saw staff in the communal areas of the premises chatting to people, gently putting arms round people if people wanted this and addressing them directly and with eye contact. It was evident that staff knew the people they supported well and had developed good relationships with them. We also saw staff greeting people's relatives and friends and making them welcome.

The manager gave an example of staff 'going the extra' mile when she told us about a person who had been left with very few belongings. Staff had rallied round and donated furniture, bedding and equipment for the person's apartment, and clothes for the person themselves. The manager told us, "We have a very caring and compassionate team of staff. If someone needs help or extra care the staff will provide it with no hesitation."

The service had a very strong, visible person centred culture. This was reflected in discussions with the management, staff, people who used the service, relatives and health care professionals involved in the service. The care plans contained information about preferences for care support including the gender of care support workers and how people wished to be cared for. Care plans described how people communicated their needs. Daily communication records demonstrated a very kind and sensitive approach from the care staff in the care delivery and support. The manager explained how the service prided itself on the provision of innovative and inclusive care and that the care provision was dependent on relationships built on trust, choice and control and absolute respect.

People told us staff treated them with dignity. One person told us, "I feel at very much at ease when staff help me with personal care.'' Another person told us, "They try really hard to make sure I'm not in a position where I feel embarrassed. They cover me up and give me as much privacy as they can." If people preferred a staff member of a particular gender, the service tried to accommodate this. One person said, "I've been told that if I prefer personal care from a female carer I can have that. I don't mind though. They are all good."

Care plans stressed the importance of staff respecting people and supporting them to make choices. For example, one person's stated, "[Person] should be treated with dignity and respect always. They should be offered choices daily with drinks, meals and personal care." All the staff we spoke with understood this. People's personal information was kept securely. Staff were trained in data protection and signed confidentiality agreements to show they understood their responsibility to protect data about people and keep it securely.

Good

Is the service responsive?

Our findings

People and relatives told us that every aspect of their care was provided in partnership with them. It was adaptable and spontaneous and in line with any changing needs. One person said, "I had a fall and my care had to be changed. It was all done smoothly with no problems." People said the service was very responsive to their individual needs and they were consulted about the care they needed. People felt they had been listened to and their needs were central to this process. One person said, "I get the best care and couldn't ask for any better. I have been listened to and as a result I have made big improvements since living here." Another person told us, "The girls are so lovely they will always sort out anything I need. If I have a worry they listen to me and help me straight away. None of this, 'I'll come back later then they never do."

People told us that staff spent time with them before and on admission to fully identify their care preferences and future wishes. The assessment process was very thorough and ensured all areas of a person's life were considered so their needs could be fully met. Care plans were written in conjunction with the person themselves and others involved in their care. They focussed on the individual and contained information such as their past life history, how they preferred to receive their care and how they communicated their everyday care needs. Care plans were highly detailed and provided step-by-step guidance for staff when working with each individual. One staff member told us, "The care plans are very good; they are a very good guide to what people want and how they want it." We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs; with detailed guidance for staff on how people liked their care to be given.

We found that the service had a strong commitment to falls prevention. People were assessed to see if they were at risk of falls. If they were deemed to be at risk they were encouraged to attend an 'Otago' exercise programme' which was specifically designed to help reduce falls in older people. Every ExtraCare gym instructor had been trained in giving the classes. The well-being advisor met weekly with the care team to look and monitor people's falls. We found the staff we spoke with were highly motivated and had a 'can do' approach which meant they were able to achieve very positive outcomes for people. For example, we spoke with one person who told us that staff were supporting them to do an indoor sky dive because they wanted to raise funds for the village. They told us, "I know I'm in a wheelchair but there are no limits or restrictions put on you. If it's difficult the staff will say, "How can we do this, not we can't do this."

The service was proactive in ensuring that people were protected from the risk of social isolation. The provider ensured that a wide range of social opportunities and activities were available to people. A few examples of these included trips out to places of interest, ballroom dancing, darts, choir practice, sewing and crafts, Pilates, bridge, silk painting and folk and square dancing. All the people we spoke with told us the activities provided at the service were varied and meaningful and provided them with a sense of well-being. One person said, "I need to get out every day or I would go stir crazy and get depressed. There is so much to do here. It keeps my mind and my body active." Another person told us, "I have a busy social life here. It keeps me sane and I have made a lot of friends."

We saw that two people had been spending more and more time in their apartments and less time visiting

communal areas and socialising. The staff had recognised this and worked with them to come up with strategies to support them. For example, one person who had a visual impairment had started to spend more time in bed and had stopped attending social events and activities. Staff purchased a radio/tape player from the RNIB (Royal National Institute of Blind People) and dictated all the ExtraCare newsletters and upcoming social activities onto speaking tapes so the person was aware of events happening at the village. The manager informed us that this meant they were able to make informed decisions about what activities they wanted to attend and this had made a difference. They also informed us that this person enjoyed listening to the news on their radio and was able to chat with people and staff about current affairs that they enjoyed.

There were strong links to the local community. We saw volunteers from the local community at the service to support people with activities. There were links with the local churches and people accessed the local shopping areas. The manager told us that people from the local community were able to use the facilities at the service such as the gym. People at risk of social isolation could be provided with a buddy to provide support and when people were new to the service a coffee morning was organised so they could meet other people using the service. The provider had set up various self-help and support groups for people that included a carers group called the Healthy Minds Group. This was aimed at carers of people living with dementia to attend and chat with others in the same situation for morale support. This was run by the Locksmith service in the village. There was a reading service that attended the village monthly to help people with letters or post and staff also supported people to attend a Church group on a Sunday. One person told us, "My faith is very important to me and staff help me with that."

The provider had developed inventive and innovative ways to support people living with dementia. There was an enriched opportunities programme that supported people with dementia-related conditions or other mental health issues. This was managed by a specially trained staff member known as a Locksmith. Their role was described as 'The Locksmith is named to describe a role that finds the key, unlocks people's potential and unpicks issues in their present experience of life.' The programme offered tailored activities for people living with dementia-related issues. They attended reviews and formulated care plans. They also ran a memory group that was in a café style with drinks and snacks to improve people's mental well-being.

The Locksmith used several techniques to engage with people that included music therapy and songs, exercise and dance classes. One person had a specific condition with significant memory loss and was becoming very socially isolated, staying in their apartment. They had concerns about others not understanding them and forgetting what they were saying. This person enjoyed music and was supported to join the groups run by the Locksmith where music was played. This had given them a huge sense of well-being as they were able to join in with others and did not feel they were being judged. It proved to be a positive experience for the person who went on to join in other social events organised in the village, especially if any music was involved. They had grown in confidence and had become more involved with village events.

The Locksmith worked with outside agencies to support people living with dementia. This included the Alzheimer's Society that attended the service once a month and held support meetings for people and Dementia Friends. They worked with the Locksmith to ensure people living with dementia maintained their independence and good mental health. The Locksmith also worked to promote awareness about dementia and other mental health issues and provided advice and supervision for staff members.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of

NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that one person had their documents translated in their first language. The registered manager said that every attempt would be made to make all information accessible in a format needed by people using the service.

If people had any concerns or complaints, they could use the complaints procedure in the 'welcome pack' they received when they began using the service. Records showed that if a person made a complaint they were listened to and their concerns taken seriously. The managers carried out a thorough investigation, involving the complainant, and shared the resolution with them. This meant that a person making the complaint could be confident that the managers would take action to resolve it and make improvements to the service where necessary. All complaints were logged and tracked so managers could identify any trends and see if improvements were needed. We looked at the complaints log that showed that any issues people had were addressed and resolved.

Staff supported people who were at the end of their lives so they remained comfortable, dignified and pain-free. The manager told us that a small team of staff had received end of life care training at the local hospice. This meant the same experienced staff team could work with the person and their relative to ensure they received the care they needed. One person told us about their experience when their relative had received end of life care. They said, "[Name of relative] was in hospital and they wanted [name of relative] to go to a hospice. We both wanted [relative] to come back home. The manager and the care manager fought for us and we were able to bring them home. That was really important to us. The staff were amazing but what mattered most was that they listened to us. [Name of relative] was becoming distressed about how often they had to be turned to stop pressure sores developing. We asked if this could be done less often and the staff did what we asked. They were so gentle, we could not have asked for better care. Overall it was a positive experience and [relative] had a dignified and peaceful death." They also continued to tell us, "Sometimes in the evening I forget and think I will make [relative] a cup of coffee, then I realise they are not there. All I have to do is get in the lift and go down to the bar. Someone will always say, "Would you like a drink come and join us" and that has really helped me, knowing I'm not alone."

Staff had worked closely with district nurses and staff from a local hospice to ensure people's needs were met if they had reached the end of their lives. Staff welcomed and supported the relatives and friends of people at the end of their lives.

Outstanding ☆

Is the service well-led?

Our findings

There was a new manager in post who had taken over from the previous registered manager. They were in the process of registering with the Care Quality Commission. We found a clear management structure that passionately promoted person-centred values and a strong commitment to promoting independence and social inclusion. The provider had embedded four main core values in all roles within the charity and all staff were expected to work with these values at the core of everything they did; irrespective of what that role that may be. We found these values had been embedded into staff practice and demonstrated the providers commitment to ensuring a focus on good practice.

All the feedback we received about the service was very positive and each person, without exception, told us how valuable the service was them. One person said, "This has been my life saver. I can honestly say that I would not be here today if it wasn't for this place. Everything about it is excellent. I feel like I'm on a new adventure." A second person commented, "We chose to come here because my [relative] was ill. I was really worried about what sort of care they would get. It's been second to none."

We found there was exceptional communication throughout the service and records showed that regular street meetings took place where people could air their views and bring forward new ideas. In addition the provider had introduced mini street meetings to encourage people to have their say in these smaller meeting in case they were not confident to speak out in the larger meeting. There was an active residents association and a care focus group. These both fed into the management meetings and the street meetings. There were other various focus groups that people could join if they wanted to have an input into the running of the service. For example, the provider had decided to replace furniture in the main foyer area called the Piazza. A focus group was made up of people using the service and they prepared a mood board with two options of colour schemes and fabrics. Everyone living at the service was invited to view the board and vote on their preference. People told us these meetings gave them a voice, made them feel like they mattered and were a way to raise areas of common concern and aid communication.

There was an extremely positive and open culture that ensured people were at the centre of everything the service did. People were empowered to be as independent as possible. The activities co-ordinator told us, "It's my job to empower people to organise events and activities. Many of the classes and groups we run are organised by the residents. We don't want people to live in a bubble but to let them try new things and to take control about the things that really matter to them." They told us about one person who had a background and an interest in technology. They were asked to design an in-house information service that would be displayed on TV screens throughout the village and which each person would be able to access via their TV. We saw this person on the day of our visit at reception looking at the screen they had devised. It provided people with information about events and upcoming activities at the village.

The manager said that having staff with the right values and skills was essential and people using the service were involved in the recruitment process. This was to ensure they matched the values that were at the heart of the service. Potential staff attended an interview with one person using the service with a staff member observing. The person was asked to provide feedback on how they felt the potential staff member had

performed and if they felt they were suitable for the role. One person told us how staff had held a panel interview with several people where they did a role-play exercise with the candidate to increase their confidence when interviewing.

There was effective communication with staff to ensure they always had up to date information. Daily handover meetings took place where staff discussed anything of note. We joined one of the meetings on the first day of our inspection. These involved all heads of departments who gave updates about events, activities and peoples care needs so that all staff had up to date information about all aspects of the service. In addition, staff told us and records confirmed that weekly clinical meetings, staff meetings and management meetings took place. All staff without exception told us they felt supported by the management team and told us how much they enjoyed working at the service. One staff member told us, "I love it here. Following a comment from colleagues and myself, we have improved our archiving system. It was nice that they listened, and took notice. It makes you feel that your opinion matters and you are valued." Another member of staff commented, "I get job satisfaction every day. It's a great job, I love it. It's a great company, they are fabulous." This showed that due to effective communication staff felt supported, respected and valued.

There was a focus and importance placed on ensuring staff had the skills to do their jobs well with opportunities for continued learning and development linked to the needs of people. Extra training had been made available when new areas of expertise had been recognised, such as end of life care. Staff were very positive about the training they received and could also access any training they felt they might need through the ExtraCare University. The provider had achieved Investors in People (IiP) Gold status which is recognition of good practice in how an organisation engages with, enables, develops and supports people (staff and volunteers) to drive performance forward.

The provider had introduced numerous incentives to make staff feel valued and supported. These included a bike to work scheme, vouchers, staff social club and a dedicated staff helpline service that staff could use to go to for advice and support external to the company. The service also relied upon volunteers to support people living at the service. The activities co-ordinator told us that every year the provider held a big party for all the volunteers to thank them for their time and commitment to the service.

There was a diverse range of staff from different backgrounds, cultures and religions. We found exceptional equality and inclusion across the workforce. The service provided culturally appropriate foods to staff and they were supported where possible to take time off for religious holidays and festivals.

The service was forward thinking and responded well to people's needs. There was an enriched opportunities programme that supported people with dementia-related conditions. This was a joint research project between ExtraCare and the University of Bradford and offered tailored activities for people with dementia-related issues, aiming to reduce the disabling effects of the condition. The provider was also a member of the Dementia Action Alliance that brings together organisations and individuals across England committed to improving health and social care outcomes for people living with dementia, and those who care for them. This demonstrated that the provider was committed to sharing best practice and taking action on dementia.

The management team demonstrated that they were highly committed to improving the service they provided and had introduced a number of initiatives to help make improvements. These included introducing champions within the care team for a variety of relevant subjects such as moving and handling, stoma care, dementia and a small team of staff were also working towards taking a lead role in diabetes care. The new end of life care initiative had so far resulted in a reduction of hospital admissions.

The provider produced a quarterly report for their in-house magazine about the activities of the residents' forum. There was an IPAD tablet called a 'feedback ferret' sited in the reception area so people using the service, families, friends and visitors could input their feedback. This would then be fed directly back to the manager. We also saw that feedback forms were sent out annually to enable people to have a say about the care and support they received. This demonstrated that communication was used to ensure a transparent and open culture at the service.

There was a strong emphasis to continually strive to improve and implement innovative systems in order to provide a high quality service. The provider was committed to monitoring, reviewing and using quality assurance systems reflecting aims and outcomes for people that they supported in their own homes. The service had robust quality assurance and quality monitoring systems in place, using outcome based audits and welcoming feedback from everybody involved with the service. For example, we saw a 'You said, we did' poster that showed what people wanted to see change and what actions the service had taken. This showed that the service was committed to creating a culture of trust while emphasising that everyone was invited to identify opportunities for improvement.

There were strong links with the local community and the service worked in partnership with key organisations and agencies to support people's care provision and transform service development. For example, organisations with interests in improving dementia care, and local facilities, including volunteer agencies, local churches and schools. The activities co-ordinator told us the village held two community days where the service worked with schools to encourage young people to get involved. The provider was committed to promoting a person centred ethos for the people it supported. They wanted to ensure that people could develop social, communication and life skills and to make their own life choices. They were supportive of other services and involved in networking to promote best practice and share initiatives.