

Excel Living Limited

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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?

Good 

Summary of findings

Overall summary

About the service

Excel Living Limited is a domiciliary care agency providing personal care to people living in their own homes. There were five people using the service at the time of the inspection who had a learning disability or mental health illness. The service supported a further four people that were not receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and or autism to live meaningful lives that include control, choice and independence.

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

People received a high level of individualised care and were supported by staff that were kind, caring and compassionate. Staff valued people as individuals and had formed supportive relationships with people. Staff knew how people preferred their care and support to be provided. People were placed at the centre of the service and were consulted on every level. Respect for privacy and dignity was at the heart of culture and values of the service.

People continued to receive exceptional, person-centred care from the outset. Their wishes were understood and close relationships between people, staff and families had developed. Family members told us the care their relatives received was exceptional and had far exceeded their expectations. There was a high quality, bespoke and flexible approach towards people's changing needs and preferences. The service was responsive to people's needs and was able to accommodate sudden changes in people's needs. People were empowered to achieve their goals. Activities were promoted by staff to prevent social isolation.

People showed they felt safe with staff who were highly motivated, knowledgeable and skilled to provide each person with the support they needed. Staff were fully aware of policies and procedures to keep people as safe as possible and rigorously followed risk assessment guidelines to ensure nobody was put at risk. Staff supported people 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. The provider followed their recruitment procedure which ensured all staff were safely employed. Induction training was thorough and the training for staff was kept up to date which meant they could provide effective care. People received medicines from staff that had been trained and their competency assessed.

Staff had received training to meet the needs of people using the service. They had also received regular supervision and an appraisal of their work performance. People's health needs were identified, and they

were supported to maintain regular appointments and screening. People were supported to eat and drink. Specialists were involved when required for people who were nutritionally at risk.

The staff team were passionate at promoting people's independence and ensuring people's homes and facilities were appropriate to meet people's needs. The staff team had taken steps to support people to make the appropriate adaptations to their homes. This included air conditioning being installed and a garden area adapted which had improved people's wellbeing.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People benefitted from a service that was well led by a committed and skilled management team who led by example. The management promoted a positive culture that was open and transparent. They used effective checks and audits of care to provide high quality, person-centred care. There was an ongoing plan of development for the service. The staff team were well trained and supported, and communication was good. Staff were motivated and reflected pride in their work. They talked about people in a way which demonstrated they wanted to support them as much as possible and provide the best standards of care.

Why we inspected

This was a planned inspection based on the previous

Rating at last inspection

The last rating for this service was good (published 09 March 2017).

Follow up

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Excel Living Limited on our 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Excel Living Limited

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

The inspection of Excel Living Limited was carried out by one Adult Social Care Inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. At the time of the inspection, the provider was supporting five people to live in their own homes.

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. The registered manager was also one of the directors of the service.

Notice of inspection

This inspection was announced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. 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 this information to plan our inspection.

During the inspection

During the inspection we visited two people who received care and support from the service. We spent a period of time observing the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. We spoke with three members of staff, as well as the registered manager and director.

We looked at two people's care records, together with other records relating to their care and the running of the service. This included three staff employment records, policies and procedures, complaints, audits and quality assurance reports.

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 had remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the potential risk of abuse. Safeguarding referrals had been made where necessary.
- Records confirmed the service had liaised with local authority safeguarding teams and provided staff with support and guidance on safeguarding issues.
- Staff were aware of the different types of abuse and the signs to look out for and who they would report their concerns to. One staff member told us they would report their concerns to the management and were confident they would act upon the concerns
- People told us they felt in safe hands when the staff were supporting them. They told us, "Yes I feel safe around the staff. One person we visited was not able to verbally communicate with us. We observed the person appeared happy in the presence of staff. The staff were passionate in ensuring the person received good care.
- People were protected from abuse as the service had put steps in place to minimise the risk to people and others. For example, if a contractor of the opposite gender was to undergo work in a particular person's house a staff member was to be present. This was to help make the person feel safe.

Assessing risk, safety monitoring and management

- The provider was responsible for managing small amounts of money for people. We saw people were encouraged to be part of the monitoring and recording of their spending. People's financial records were also regularly audited.
- Risks associated with people's health and wellbeing had been identified, assessed and documented in care plans. For example, the risks around managing people's behaviour and the identified triggers that staff should be aware of.
- Staff told us how they assessed risks, and records showed that assessments were undertaken, and action plans put in place to manage known risks safely.
- Staff regularly assessed the environment people lived in to ensure they were safe. At a recent staff meeting the staff were concerned that a person had started to want to stay at home more. It was suggested that their garden could be made safer and adapted. The garden was uneven with stones and concrete and was not safe for the person to use.. With the support from staff the person's garden was transformed into a safe place which they could use independently. Stones and concrete were replaced with artificial grass and various sensory items purchased including sand and a water tray and a trampoline. We were told since the garden was made safe that the person enjoyed their sensory garden.
- The staff at the service supported people to take positive risks which enabled them to live their life how they wished. An example included that one person enjoyed trampolining. The staff went with the person

regularly to a local trampoline centre. Plans were in place for the person to have a trampoline in their own garden. Risks were to be minimised with a safety enclosure fitted.

Staffing and recruitment

- There were enough staff employed to keep people safe. Each person received a minimum number of hours for support with personal care and additional hours dependent on their specific needs.
- Some people the service supported required 24 hour care whilst others required day to day support.
- People were cared for by a consistent staff team that knew people well. For example, those people who required 24 hour care were cared for by a team of regular staff. The staff team helped to plan the persons care and their annual leave and days off were covered by the staff team.
- People told us the staff team arrived on time. One person told us, "Yes they arrive on time and sometimes slightly earlier. I do not mind though".
- The service followed safe recruitment practices. We saw that appropriate recruitment checks such as references and Disclosure and Barring Service (DBS) checks had been carried out. A DBS check is a record of a person's criminal convictions and cautions, carried out by the Disclosure and Barring Service.

Using medicines safely

- Medicines systems were organised, and people received their medicines as prescribed.
- Protocols were in place for the administration of medicines taken on an 'as required' basis. Staff used this medication when people were unwell or in relation to people's behaviour only if absolutely necessary. An example included one person required medicines for planned trips out. This was prescribed to help ease their anxiety, so they could enjoy going out.
- Staff were trained to administer medication and regular competency checks were carried out to ensure they remained safe to do this.
- The registered manager looked to move over to a computerised recording system for medicines.
- The management team completed audits of medicines, for example, stock counts, to ensure this remained safe.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks, such as wearing personal protective equipment.

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. Accidents and incidents were analysed so any trends or patterns could be identified. Staff said that after any issues had occurred these were discussed in team meetings to ensure any improvements could be implemented.

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 had 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

- Before people's support commenced, experienced staff met with them to assess their support needs and wishes. This helped ensure that support staff were able to meet people's individual needs and provide support that was appropriate for them.
- During the assessment, people's goals and what they wanted to gain from their support was identified; this information was used to put together an agreed support plan.
- After the assessment had been carried out the registered manager checked that they had a suitable staff team in place to support the person. An example included a female or male only team of staff if this had been identified.
- People's needs continued to be assessed and reviewed to ensure the care they received met their needs and helped them to achieve good outcomes.

Staff support: induction, training, skills and experience

- New staff continued to be supported by existing staff and a detailed induction programme was followed.
- Staff told us they felt supported by the management team. One staff member said, "I work in a very supportive team of staff and managers. I meet with the managers regularly and will also phone them if needed".
- People were supported by staff who received ongoing training. Staff told us they received good training and it was relevant to their role with one staff member telling us, "We do get quite a lot of training which is really good".
- Staff continued to receive training which enabled them to care for people who had a specific need or diagnosis. Training was very much tailored to the person being supported. An example included diabetes training which was specific to the staff team that supported one person.
- Since the last inspection the service had begun to support people who had a mental health diagnosis. Mental health training was given to the staff along with behaviours that challenge training.

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

- People were supported to have their healthcare needs met. People had access to a range of healthcare professionals. This included GPs, behaviour support teams, mental health professionals, and dieticians.
- Records showed health and social care professionals had provided input in developing people's support plans and reviewing their care and support needs. Staff told us that visiting health professionals were responsive which meant staff were supported to keep people well, in line with current best practice.

- Each person the service supported had a health action plan in place. This contained information about people's needs, diagnosis, medicines and regarding the medical check-ups the person had had with professionals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager told us one person was under court protection. An application had been submitted to the local authority for court protection of another person requiring 24 hours care and support.
- Discussions with management and information recorded within people's care records showed the service they had a good understanding.
- Staff were able to demonstrate that they understood the principles of the MCA. Staff were able to give examples of how they gained consent from people.
- People's care records contained evidence that professionals were included when best interest decisions were made.

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

- People were supported to access meals in line with their needs and choices. Some people were supported to shop at local supermarkets. Other people had fresh meals delivered or ordered their shopping online.
- Staff supported people with healthy eating if they wished. The staff were supporting one person to lose weight. With the staff teams support and person's consent their house had been made into a healthy eating only space. Only healthy options were purchased and kept in the person's home. The person wanted to only eat treats on the odd occasions when they were out of their house. This was because the person found it difficult to make healthy choices at home. The registered manager told us this had a huge impact on the person as their health and wellbeing had improved.
- Specific dietary needs were catered for and risks managed, for example one person who was at risk of choking had their fluids thickened and followed a mashed diet. The staff were aware of what the person could and could not eat.

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 this key question had remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

We found there were key characteristics that continued to make the service exceptional and distinctive in their caring role. There were many examples where this was demonstrated, and we have included a small selection for the purpose of this report.

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

- People continued to receive outstanding care and support from Excel Care Limited. One person told us, "The staff are excellent and have really helped to support. They have helped to keep my illness controlled and I have not relapsed.
- The provider maintained an array of letters, cards and text messages sent to the service. We looked through these and made a note of a few of the compliments made: "I am pleased to see how well x (person) is doing these days, the last few times we've met up he has been smiling and cheery", You have been a constant support during my darkest day moments, and I can't say how grateful I am. Thank you".
- The service continued their caring approach when supporting people through bereavements. An example included that staff had been exceptionally caring and supportive towards one person who's loved one had died suddenly. The registered manager told us the staff had spent a lot of time talking to the person about their loved one and what had happened. They helped to put into place some coping strategies to support the person. This included supporting them to process what had happened through using effective communication, showing empathy and valuing memories.
- Prior to the funeral the staff had helped prepare the person emotionally for the day. They also helped the person to choose an outfit and to dress appropriately for the funeral. After the funeral the care and support continued to be in place from the whole team of staff that cared for the person. The registered manager said this had had a huge impact on the person. They felt by using this caring approach the person was able to grieve for their loved one and process what had happened.

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

- The service was very effective at helping people to express their views so that staff and the managers at all levels understood their views.
- People continued to be very much involved with reviews which took place around the care and support they received. One person we spoke with told us they met regularly with their staff team and the registered manager. The person was able to express their views during the meetings. They had previously commented during a review that a staff member who supported them was too fast paced for them. The registered manager was able to look into this and change the staff member to accommodate their wishes. The person told us, "This was just what I wanted. I like to just sit down, have a cup of tea and chat to the staff when they arrive". This meant people's views were valued and they were listened to.

- One person we visited was not able to verbally communicate with us. We observed the staff caring for the person and speaking in a gentle tone of voice. It was clear the staff knew the person very well. The staff member knew the person's likes and dislikes. This included using humour in which we observed the person smiling and making noises. The staff explained the person loved going out. Although the person could not communicate, the staff collected objects of every place they visited. They put this in a box and would use objects for the person to choose where they wanted to go each time. The staff member told us this was an effective way in involving the person to make decisions. This meant the person was able to visit the places of their choice with a staff team that knew the person well.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did.
- People were cared for by staff that were respectful of people's wishes. Some people had chosen to have female or male only staff to support them which was respected. This meant people individual choices were respected. For one person it was evident that having a female only team had a positive impact on their wellbeing. The person had built up a trusted relationship with their female team.
- Staff were proud of their approach towards people. We were given various examples where people's dignity and respect had been promoted. It was apparent that staff continued to be exceptionally kind and committed to the people they supported at the service.
- People were encouraged to maintain their religious faith. One person the service cared for was supported to find a church that they felt comfortable to attend. The person's wish was to be confirmed at church as this was something they had wanted to do for a while. With the staffs support the person achieved this. This had a positive impact on the person as it meant a lot to the person to be confirmed. The person was supported by the staff to access the church whenever they wished.
- The staff team supported people to make their homes as private as possible. An example included that the registered manager looked at innovative ways to respect one person's wishes. Film was applied to windows to stop neighbours looking into the house. This meant the person was able to walk around freely how they wished in the privacy of their own home.
- The service supported a person whose garden area was not safe. It had many different levels and surfaces and raised concrete borders which the person used to climb. They were not able to access the garden alone which restricted their independence. The registered manager spoke to the person's appointed person to request funds for the garden to be revamped. This was so the person could use the garden independently. A gardener was appointed to undertake the work who levelled this out and laid artificial grass. The person was involved in the process and helped make decisions on how they wanted the garden. This was a huge benefit for the person as they were able to use the garden and open space independently without any restrictions in place.
- The service supported a person that liked to drink water. The person had always relied on staff to turn the tap on for them. The service looked at ways they could promote the person's independence. They looked into getting the style of tap changed to one which they were able to use independently. From the service helping to make this change, the person was able to run the tap independently to get a drink without the need for staff to turn the tap on for them. This helped to promote the person's independence.
- Another person's independence was promoted as previously the staff supported the person to walk up and down the steps outside their house. The service supported the person to look at ways their independence could be promoted. A handrail was fitted outside of the house. This meant the person was able to hold on to this to walk up and down the steps without any staff assistance.
- The service supported a person that preferred to have a shower rather than a bath. Whilst having baths the person required assistance with personal care from staff. The service helped the person to get quotes to have a shower installed. This was successfully installed, and we were told the person now enjoys taking

showers. Since the shower was in place the person's mobility had improved and they were now able to carry out personal care tasks independently.

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 improved to outstanding. This meant 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

- The service was exceptionally responsive to people's needs and were able to change people's support times at short notice to accommodate their needs. An example included that one person was taken into hospital as they were unwell and required to stay in hospital. As the person was refusing to stay in hospital for treatment the staff team that supported the person took it in turns to stay with the person.
- As a result, from the illness the person was left with life changing needs. As they were not engaging with the hospital staff, the service quickly put a large package of care together for them, so they could come home. The next day the person returned home to find their house had already been prepared by the staff for their return. A delivery of equipment to support their needs had been organised by the service. Due to the responsiveness of the service the person was able to be cared for in the comfort of their own home. This helped with the person's reablement as since being at home the person engaged well.
- People received personalised care which was tailored to meet their individual needs and goals. An example included that one person had mentioned to the staff they had not been on holiday in a caravan for a number of years. We were told the staff team carried out lots of research with the person to ensure the appropriate holiday was found. A small staff team supported the person to fulfil their goal to go away. Small adaptations were made to the caravan to improve the security whilst the person stayed there. This included purchasing window and door alarms to alert staff if the person left the caravan. The registered manager told us the person enjoyed their holiday away with staff and had reached their goal in going away on holiday. The staff told us the person's confidence had improved and they were looking forward to the next holiday.
- The management and staff were passionate about meeting people's needs, providing an excellent service to people and changing people's lives. One person the service supported struggled with the warm weather and how it affected their health. On behalf of the person the registered manager purchased fans to help cool them down. The staff and registered manager were responsive and tried various other methods to help them remain cool. The hot weather triggered a decline in the person's wellbeing which included seizures. The option of having air conditioning fitted throughout was explored. The registered manager liaised with the appointed person with various companies. Since the air conditioning had been fitted a huge benefit was noticed in the person's wellbeing. Their asthma was much better controlled with an absence of seizures.

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.

- The management team and staff understood the Accessible Information Standard. People's communication needs were identified and recorded in their support plans and shared appropriately with others. Information was available in a variety of formats and in a way people could understand. An example included pictorial methods.

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

- The service helped to support people to maintain relationships with their family and friends. For example, one person that received 24 hour care was supported to meet their family weekly. This was an important part of the person's week. The staff told us the person always had a bright smile on their face when seeing their family. The staff also supported the person to remember family birthdays and key events like Christmas. We were told this was very important for the person and their family.

- Staff protected people from the risk of social isolation and loneliness. People were very well supported to maintain contact and have meaningful relationships. People had made friends and developed relationships. Staff gave us examples of the positive impact this had on people. Staff also supported people through relationship break downs and helped them to focus on goals they wanted to achieve. One person told us the staff helped to give them relationship advice. They told us without this their anxiety would increase. The staff helped the person to remain calm when things were not so good.

- Staff went the extra mile to ensure people experienced their wishes and dreams. The staff at the service supported people to go away on family holidays and attend weddings. A small staff team supported one person to attend a family wedding abroad. The registered manager told us the staff team worked hard to plan for the holiday to ensure suitable accommodation was chosen. The staff team had to look at the airplane to check this was suitable for the person so that the person could attend. We were told this was the first time the person had been on an airplane so planning ahead for the holiday and wedding was key. We were told the person enjoyed their trip away. By taking the person on holiday meant the person was able to spend time with their family and watch their family member get married.

- The service supported people to undertake voluntary work to avoid social isolation. One person had expressed the wish to do some form of work. The staff team supported the person to find work in an area they were passionate about and would enjoy. We were told the most perfect volunteering job was found at an animal sanctuary. Staff told us the person really enjoyed working there and they gained a real sense of achievement from this activity. As the person received 24 hour care, the staff team went with them. The registered manager told us the person was quite isolated at home prior to starting work and often would not leave the house. The person had made progress since being in their volunteer role.

- Staff supported people to access activities they were interested in. People were able to take part in numerous healthy lifestyle activities. Staff told us when supporting one person they would visit outdoor spaces which the person enjoyed. They carried duck food in their cars along with outdoor games and balls to play with.

- Staff supported people to maintain contact with their local community. One person the service supported wanted to be more involved with their community. The person enjoyed going to cafes with the staff. The staff introduced the person to a local coffee morning group to help them make friends. This proved to be successful as the person attends on a regular basis. The person watched on the television a campaign to raise money for charity by holding a coffee morning. The person was supported by staff to hold a coffee morning at their house, where they sent invites out to people they knew. The staff supported the person to bake homemade cakes. The staff told us the person was proud of what they had achieved and enjoyed socialising with friends and knowing they had raised money for charity.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people were aware of how to raise a concern or complaint. A copy of the complaints procedure was displayed at the back of people's support plan folder.
- One person told us, "No I have no complaints. In the past I spoke up when I did not like a particular staff member. It got sorted though."
- Records showed that people's concerns and complaints were addressed promptly and used to drive improvement.

End of life care and support

- At the time of the inspection the service was not supporting any person with end of life care.
- The registered manager and staff explored people's preferences and choices in relation to end of life care. One person had chosen to have a horse and cart at her funeral if anything happened to them.

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 had remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was also one of the directors. They had managed the service for a number of years alongside another director who also helped manage the service. They had focussed on developing a culture which promoted independence and person-centred care. They told us their aim was to provide a high standard of care to people and to support staff within their role.
- The management team and staff continued to demonstrate a shared responsibility for promoting people's wellbeing and safety.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support. For example, handover meetings were held on a daily basis.

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

- The registered manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong. For example, the registered manager has liaised closely with a person's family when something had gone wrong with a person's care. An explanation was given to the family along with the actions the service had put into place.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- Both managers provided strong leadership and everyone we spoke with told us that both managers were approachable and friendly. The management team had their individual roles to ensure the service was managed effectively.
- The management team provided hands on care to people and helped to cover any shortfalls within people's care. The registered manager told us they stepped in on Saturday late shift, so a staff member could enjoy a night out with their team. Both managers were available out of hours to call upon.
- Staff were proud to be working at the service and spoke highly of the management team. One staff member told us, "Yes I am proud to work here. I have worked for many care services before and this one is the best". Another staff member told us, "They are very good managers and supportive of me. I feel they invest in me".

- Staff had taken the time to compliment the registered manager for the hard work. One comment included, "Thanks for today. You're the best boss a girl could have, have an amazing day".
- The registered manager monitored the quality of care delivered within the service on a regular basis. They had developed a rolling schedule of internal audits, which helped them to monitor the service.
- The registered manager understood their legal duties and submitted notifications to CQC as required.

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

- The provider had a system in place to formally gather feedback about the quality of care people received. The provider was in the process of changing how they captured people's feedback.
- Staff that worked for Excel Living Limited received recognition internally for their hard work. The provider had invested in each member of staff to recognise the hard work of the staff. They paid a monthly fee for each staff member through an online company. All staff were rewarded monthly with gifts which included for example, cinema tickets and coffees. A boxed gift was sent to staff to help them celebrate their birthday.
- The registered manager posted on the online recognition system comments to thank individual staff. All staff were able to read the comments. One comment included, "They both had a challenging shift, working together with the management to support a service user in a difficult/unusual situation. Well done and thank you both for managing so well".
- The provider invested in the staff team by paying for each of their staff to receive private healthcare.
- A new system that had been introduced. If the staff were unwell and not able to see their own GP, they were able to speak to an online GP. The registered manager had used the system themselves which they found effective.
- Both managers were passionate in promoting staff wellbeing. Three senior staff members had been appointed as mental health first aiders and had undergone the relevant training. We were told this was a valued role within the service as they were able to support staff and people. They were able to discuss strategies and the services available. Following on from the mental health first aid training, the registered manager purchased some items to help staff relax at work if needed. This included a box containing a jar of positive quotes, face packs, eye masks, stress balls, head massage, stress less cards, foot massager and relaxation/mindfulness oils.

Continuous learning and improving care. Working in partnership with others

- The service worked in partnership with other organisations to ensure they followed current practice and provided a high-quality service. The registered manager worked closely with the local authority and other providers to share good practice. This included attending the learning disability forum meetings which were run by the local authority.
- The registered manager was able to tell us about how they learnt from adverse incidents and events which had occurred. This included monitoring incidents related to safeguarding and accidents. As a result of the trends analysis the registered manager was able to take action when trends had been identified to prevent or reduce reoccurrence. For example, the environment people lived in was checked after accidents and falls had occurred.
- The registered managers vision for the next 12 months was to fully move over to an electronic system to record information about people which included their support plans and daily notes. They also planned to look at further in-depth training in relation to caring for people with behaviours that challenge.