

The ExtraCare Charitable Trust

ExtraCare Charitable Trust Hagley Road 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?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

ExtraCare Charitable Trust Hagley Road is an Extra Care housing service. The village has 260 apartments. Not everyone who used the service received 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. At the time of our inspection the service was supporting 50 people living in their own flats within the complex.

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

The provider had developed and sustained a positive culture. There was a strong ethos for quality care which ran throughout the service. Staff and the management team were committed to providing a high-quality service. They were proactive in identifying and implementing creative ways to ensure people were supported to live independent life styles.

There was a comprehensive holistic assessment of people's needs that looked at all areas of their life. A well-being advisor was available to support people with anything that could affect people's health and wellbeing. People had an enhanced sense of well-being and quality of life because staff actively encouraged and supported them.

People and their relatives spoke highly of the staff and management team. People received individualised care and support from staff. People had an enhanced sense of well-being and quality of life because staff actively encouraged and supported them.

People were supported to engage in individual and group-based community activities within the village that were meaningful to them. People were supported and encouraged to be independent and we saw the progress that people had made, resulted in improved health and wellbeing outcomes for people.

People said they felt safe living at the scheme with support from staff who arrived at the agreed time and stayed for the agreed length of time. Staff were aware of the actions to take in order to protect people from avoidable harm and potential abuse. People were supported to receive their medication safely and as prescribed. Staff were safely recruited, and staff turnover was low.

The provider recognised that the on-going development of staff skills, competence and knowledge was central to ensuring high-quality care. Staff spoke positively about their role and felt well supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes

Staff were committed to delivering inclusive personalised care and strongly focused on supporting people's diverse needs and preferences. Staff spoke enthusiastically and passionately about how they provided people with high quality, person-centred care.

People were treated with kindness and compassion. People's right to privacy was respected by the staff who supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider was very committed to ensuring they followed best practice. There was a 'Dementia and Mental Wellbeing Enabler' who supported people living with dementia and other health related conditions. They supported people with individual strategies, self-help groups and advice, to promote people's independence and to enable people to remain in their own homes.

The registered manager was very passionate about supporting people who lived in their own home. They used a variety of methods to check the quality of the service and develop good practice. The leadership and culture of the service was to provide a high-quality personalised support to people.

Rating at last inspection and update.

The last rating for this service was good. (published September 2018)

Why we inspected

This was a planned inspection based on the previous rating.

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 exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

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

Outstanding 

ExtraCare Charitable Trust Hagley Road Village

Detailed findings

Background to this 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 was carried out by one inspector and an Inspection manager.

Service and service type

Hagley Road Village is an Extra Care housing service. It provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built accommodation. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support services.

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

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the dementia and mental wellbeing enabler and care staff members.

We reviewed a range of records. These included five people's care records, risk assessments, accidents and incident reports and medication records. We also looked at three staff recruitment files, staff training and a variety of other records in relation to the management of the service. These included audits and some of the providers policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I have a pendant and when I press that staff will come." Another person told us "I feel safe because of the security in the complex and there is always someone [staff] around."
- Staff had received safeguarding training and understood how to recognise the signs of abuse and how to report.
- Staff we spoke with understood the service's whistleblowing and safeguarding policies and procedures. The registered manager reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management

- The registered manager was proactive in managing risk to ensure people were safe.
- Risk assessments were in place to mitigate all of people's known risks. They included guidance for staff to follow and were updated when people's needs changed.
- Staff demonstrated a good understanding of the support people needed to minimise risks.
- The provider had procedures in place for staff to follow in the event of an emergency.

Staffing and recruitment

- People told us there were enough staff to provide safe care at the time agreed. Staff told us they had enough time to support people safely, without rushing people's care and there were sufficient time planned between calls.
- People and relatives spoke positively about the flexibility of care calls. For example, a relative told us their loved one received support in the early hours of the morning.
- There were sufficient, suitably recruited staff to meet people's needs. The provider followed safe systems for the recruitment of staff. New staff had checks carried out on them before they were employed. This reduced the risk of appointing somebody unsuitable.
- The PIR told us there was a low turn over of staff and this was confirmed by people we spoke with during our inspection.

Using medicines safely

- People told us they received their medicines as prescribed. One person told us, "The staff help me with the medicines and that all works very well."
- Medicines were managed safely and in line with good practice guidance.
- Staff received medicines training and records showed that competency assessments were completed to

ensure staff followed the medicines policy and procedures.

- Regular audits took place on the medicines systems to check that staff consistently followed the providers medicine management policy.
- People had personalised medicines care plans setting out how they wanted their medicines administered to them. We saw that work had taken place to improve these recently, so they were more detailed documents.

Preventing and controlling infection

- People continued to be protected from the spread of infection. Staff wore disposable gloves and aprons when necessary. Anti-bacterial hand gel was available for staff, people and visitors to use.
- Staff received training in infection control and understood the importance of a high standard of cleanliness to protect people from infection.

Learning lessons when things go wrong

- There had been some medicines errors that were human error and no ill harm to people. Appropriate action had been taken to address these when they occurred. In response to these incidents the registered manager had revised and improved medicine administration documentation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People received exceptional support to live healthier lives.
- The provider employed a well-being advisor who worked alongside care staff and healthcare professionals. Their key role was to offer daily drop in clinics for health and wellbeing checks and health screening checks and they worked closely with people's GP's.
- The well-being advisor also provided a range of health promotion sessions. For example, this included weight management sessions and support with specific health conditions. They also arranged health promotion presentations on specific health conditions. For example, a number of people requested information regarding osteoporosis, the wellbeing advisor arranged for an external health professional to come into the village and provide a presentation on this for people.
- The provider was also working effectively and creatively with the local university. Second year physiotherapy university students were on placement at the service, supporting people who were at risk of falls and were actively involved with developing individual mobility plans for people. One person told us, "I have an exercise plan from the physiotherapist they walk with me, it's in a picture format and I do it every day. I can hold my leg up now so I am improving."
- People told us that staff were proactive in helping them to follow up with healthcare professionals. For example, one person told us that staff went to great lengths in bad weather to get them to a GP appointment. Another person told us, "The staff helped me by chasing up the district nurse on my behalf to get the earliest appointment for me."
- Staff were able to give us examples of how they had gone above and beyond in their role to support people to maintain their health and wellbeing. Staff told us how people were empowered to monitor and improve their own health and well being. For example, they told us how they supported a person at risk of infection to use a timer to prompt the person to drink at regular intervals, and this worked well and reduced the frequency of infection for the person.
- Staff across the village worked together in promoting people's health and wellbeing. Regular wellbeing focused meetings took place to discuss and plan how they could support people's health.
- Health trackers were in place for each person so there was up to date information about a person's health care needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The assessment of people's needs was comprehensive and informed by advice and information from other professionals.

- The registered manager and on-site well-being advisor completed the assessments. The assessments included a detailed health check and also considered people's social care needs including loneliness, social networks, cultural and religious needs.
- The provider also had an on-site dementia and well-being enabler and they were involved in the assessment of people's mental health and well-being and completed assessments. The well-being advisor worked collaboratively with on-site staff and other healthcare professionals such as occupational therapists, district nurses and GP's, speech and language therapist. 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, and best practice.

Staff support: induction, training, skills and experience

- People told us the staff were very good at their role. One person told us, "The staff are excellent, they are well trained and know what they are doing."
- The provider recognised the importance of investing in the personal and professional development of the staff team.
- New staff were provided with a comprehensive induction programme. All new staff were also assigned an experienced staff member as a 'buddy', to support and guide them in their role.
- The provider has invested in learning and development officers who were implementing a comprehensive specialist training programme. This included a wide range of training tailored around people's individual needs. Some people living at the service had specific health conditions so training had been focused on these needs for example, Parkinson's disease. To meet the needs of people's living with dementia specific training on this was also provided. In addition a wide range of training was provided that considered people's health, mental health and well-being. For example specific training on, reducing social isolation, supporting people in distress, sepsis, understanding asthma and delivering effective personal care. A staff member told us, "The training is really good and there are always new training opportunities made available to us."
- Staff told us they felt very well supported in their role. Staff told us the registered manager and provider supported staff to progress within the organisation. There were training opportunities specifically focused on supporting staff to progress. For example, training opportunities included safeguarding for leaders, inspirational practice and reflective practice.

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

- There was a bistro at the service that served a variety of meals. People told us they really valued this service. One person told us it really helped with their social isolation. They told us, "Mornings can be a bit difficult for me, but I can go along to the bistro and see people, eat some food. It really lifts my mood."
- Some people required support from staff to prepare meals. One person told us, "The staff help get my breakfast for me. I am very happy with all the support I get."
- Where people were at risk of weight loss or dehydration or had conditions that may cause them to lose weight, there was information in their care plans to guide staff. A staff member told us about a person who they had referred to the GP when they noticed concerns about weight loss.
- The well-being advisor ensured regular nutritional screening took place and if there were concerns, they would refer them to the relevant healthcare professional.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and found they were.

- At the time of our inspection no one was being deprived of their liberty.
- Staff were trained in the MCA and DoLS. They understood the importance of gaining people's consent before providing them with care and support, in order to comply with the MCA.

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 good. At this inspection the key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring. One person told us, "I think they go above and beyond in how they treat you. They are lovely, kind, caring staff and they take the time to speak with you and ask you how you are." A relative told us, "They [care staff] are very good. I can't really fault them."
- Staff spoke highly of their role and the people they support. A staff member told us, "We have time to talk to people and I do feel we go over and beyond our role. For example, a person I was supporting had run out of bread and milk. I had time to go to the shop for them and get the items. I let their relative know what I had done, they were really pleased."
- The service was proactive in ensuring equality and diversity were respected.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect. One person told us, "The staff are very thoughtful when helping me with my personal care, they never rush me." Another person told us, "When the staff shower me they are very good and dignified in how they help me."
- Promoting people's independence was recognised by the staff and management as an important aspect of care. "They[staff] respect that I want to do as much as I can for myself and they are there to support me."

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

- People told us they were involved with making decisions about their care. One person told us, "They[staff] ask me about my care. I feel fully involved in my care."
- Staff spoke about the people they cared for in a kind and sensitive manner.

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 provider demonstrated a strong commitment to involving people in their care. For example, prior to care being provided a comprehensive assessment was completed that considered all aspects of the persons health and care needs and people were fully involved in the process.
- People spoke highly of the staff and told us they had an excellent understanding of their social and cultural diversity which they used to ensure people received the care they needed. People and their families told us they were fully involved in all aspects of their care and felt consulted, empowered and valued. One person told us their care call could be changed if they had an appointment or were attending an event. They told us, "The staff are so good and are flexible and will adjust the call to meet my needs." Another person told us, "The staff are excellent and think of all your needs."
- The provider was very responsive to the needs of people with dementia. There was a strong emphasis on ensuring people's mental well-being was maintained. A staff member was employed in the role of Dementia and Mental Wellbeing enabler. Their role was to use assessment tools to screen for cognitive impairment and supported individuals to make referrals to external health care professionals to ensure they received early intervention to meet their needs. They also attended review meetings and helped formulate individualised care plans so people's changing needs were identified and appropriate and timely care provided.
- They also supported people with aspects of their daily living with the aim of remaining independent, for as long as possible. This proactive initiative had provided people with the support they needed to continue living independently. For example, a person had been supported with pictorial prompts in their apartment to remind them of tasks and things to do and this had been successful and had helped them maintain some independence.
- A person told us the transition over to receiving care had been excellently managed by staff. They told us a change in their health needs meant they now needed support with personal care. They spoke highly of how the staff had supported them with this transition. They told us, "I am pleasantly surprised with how well things have gone, they [staff] are so good at what they do and show me respect at all times. Their support has made a big difference to my life and they[staff] have got me back to feeling normal again."
- People told us they felt their individual needs were considered. The provider took into account the diverse range of needs of people. For example, a working group were exploring how they could support people who had expressed an interest to participate in the Pride Parade.
- The provider used technology in innovative ways to promotes people's independence and quality of life. For example, the registered manager told us how they had used motion sensors to explore people's activity levels relative to symptoms of depression, inverted sleeping patterns and noise concerns. This technology

(non-intrusive) gives the registered manager the ability to analyse behaviour in an independent living facility and provide more in depth understanding of the person's needs, so they have been able to implement care calls accordingly. For example, they told us how they had successfully identified a person's walking with purpose patterns and were able to increase the care package and added more activities around the identified times. This had proved to be very successful for the person.

- The ExtraCare Charitable Trust has a vision to create better lives for older people. At the forefront of this was the exceptional range of facilities and activities available at the village. Whilst this was not part of the regulated activity the provider was aware of the importance and significance of people's well being and provide a range of services to promote this. This included. A library, art and crafts room, laundry, shops, bistro, bar, gym, greenhouse and a wide range of activities.
- People spoke highly of the range of activities and facilities and how they had been supported to maintain their physical health and wellbeing and integrate with other people at the village. People told us this had reduced their anxiety and social isolation.
- Some people told us they were involved in volunteer work at the village and how important this had been for their wellbeing. People we spoke with told us the importance of living at the village and the sense of community. One person said their life had improved "100%" since living at the village. Another person said, "I did some volunteering work on the reception here and really enjoyed it."
- Another person told us, "Its great having all the facilities to hand it makes a huge difference to my day to day life. Now that I am less mobile, I can still go down in the lift to the shop and do my own shopping, it means a lot."
- Another person told us, "It has changed my life for the better". They told us with great pride about how their life had improved since they came to live at the service. They told us, "It's fabulous here I have started a new life. I can go out, I am doing a lot more and it has had a big impact on my mental health. Staff are friendly nothing is too much trouble. They are really observant and will notice if you are having an off day." They went on to tell us they were now involved in different hobbies and social activities that had changed their life. They went on to tell us, "Staff are thoughtful, you feel they really care, and I feel valued."
- The dementia and mental health enabler have recently introduced new activities to stimulate people's cognitive development, for example, iPad sessions took place to promote people's cognitive stimulation. Staff told us this had led to some people purchasing their own iPad. Art therapy sessions took place and staff told us how these sessions had been effective for people living with dementia. They told us about a person who told them they 'feel better' after doing these sessions and 'felt inspired'.
- The provider had recognised the importance and value of bringing different generations together in shared activities. For example, a mother and baby session took place and people living at the village were invited to join the sessions and engage with the community as well as enhancing their sense of purpose
- The provider had engaged with a local music project that involved a professional orchestra working alongside people to produce musical pieces. Staff could tell us how this had been very beneficial for people living with dementia . They told us, "[Persons name] experiences agitation, musical exchange has allowed them to express their feelings without the difficulties of verbalising these." And, " [Person's name] finds solace and meaning in musical pieces like 'Danny boy'."
- There were strong links to the local community. At the time of our inspection an event was taking place to thank volunteers from the village and local community who had helped throughout the year. The provider had forged links with local places of worship so people could continue to practice their faith and attend services.
- The registered manager told us that people from the local community were able to use the facilities at the service such as the gym and there was also a guest room where families could stay overnight when visiting their family members.
- Staff were able to give examples of where they had gone above and beyond to organise experiences for

people. For example, a person had a real interest in motorbikes and a staff member arranged for a biker's club to visit the village and meet with people and arranged for photographs of the day to be taken.

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 service had taken innovative steps to meet people's information and communication needs.
- People's care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.
- People felt involved and in control of how their care was delivered. A person told us and showed us their care plan had been produced in an A3 format. This had enabled the person to be fully involved in the care plan process.
- The weekly activities taking place at the village was available in an audio format.
- We observed throughout the village information available to people in different formats such as large print and there was also information about people's rights under the Accessible Information Standard.
- IT sessions were available to support people with their IT skills and stay in touch with family and friends.

Improving care quality in response to complaints or concerns

- There were various and creative ways people could make a complaint or raise a concern. There were comment boxes around the village. We saw a 'feedback ferret' (an IT tablet) which people could use to make a complaint anonymous or not, and there was a complaints procedure in the 'welcome pack' that people received when they began using the service. One person told us, "Any niggles and I can just pop along to the office, and they sort things at straight away."
- The service also had a resident association. The registered manager told us they meet with the 'chair' every week and monthly meetings take place where they look at grumbles such as maintenance, types of activities on offer, and a range of issues were discussed.
- 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.

End of life care and support

- The provider had recently been accredited the Gold Standards Framework (GSF). The GSF addresses the needs of people at the end of their life and provides staff with the necessary training they need to deliver personalised care. This accreditation means staff are skilled at supporting people with their end of life wishes, so they are empowered to make decisions about the things that are important to them
- The well-being enabler had worked with Cruise (a bereavement service) and some staff and people using the service had been trained to support others who had suffered a bereavement and had also been involved in producing a carers guide. So that people's relatives were aware of the importance of providing personalised care at the end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager provided excellent leadership and demonstrated a high level of experience and delivered care which was compassionate and inclusive. This had been sustained and developed over a number of CQC inspections.
- The service was very well organised and there was a clear and supportive staffing structure and lines of responsibility and accountability.
- Staff were competent and experienced. There was very low staff turnover and staff were highly motivated.
- There were effective systems in place to ensure robust oversight of their dispersed workforce. This included spot checks on staff, observations of staff providing care, and reviews meetings.
- Governance was well embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk. Annual internal inspections by the provider were completed to assess quality and to ensure regulatory requirements were met.
- Any identified improvements were actioned and managed in a timely way. 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 the service was committed to creating a positive culture and focused on driving improvements for the benefit of the people living there.
- A health and social care professional told us, "I am aware that Hagley Village has had the same registered manager in place for some time now. This continuity in management is an integral part of providing an excellent service to people. Just as I always have done I will continue to recommend the Hagley Village scheme to any persons who are thinking of moving to extra care and their families."
- The management team followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations. Ratings from the previous CQC inspection were displayed in the office.

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

- People spoke highly of the registered manager, One person told us, "The manager is extremely kind, they are always welcoming, always do what they say they will do, they always get things done and they remember the personal things about you."
- A health and social care professional told us, "Regardless of which members of staff are on duty they are always very accommodating, cheerful and helpful. All the staff know people's needs well and are able to provide the information I need very quickly. This makes my job a great deal easier."

- The registered manager was an excellent role model for staff. They spoke passionately about their role and promoted the values of the provider which placed people at the heart of the service and provided a strong commitment to promoting independence and social inclusion.
- Initiatives to improve people's well being and minimise social isolation were well established and successful. People spoke highly about the importance of this and the improvements that had been made to their lifestyles.
- Staff received the support and training to do their jobs well and specific training needs were responded to. For example, some staff expressed computer training as a learning need. The registered manager arranged computer skills training so staff could learn new skills and develop their confidence.
- Staff were motivated and enthusiastic about their jobs. A staff member told us, "I really enjoy coming to work and feel very supported in my role."
- Staff were supported to progress within the organisation. A staff member told us how the registered manager had supported their learning and development and had been actively supported to complete training in leadership and management.
- There was a staff award scheme in place which recognised and awarded long service and good attendance record. A staff member told us they received flowers and a present for five years' service and this made them feel valued.
- The providers PIR told us that people who use the service were actively involved in staff recruitment. They told us people were involved in asking candidates questions and discuss what living at Hagley Road is like.
- Staff were assessed against the vision and values of the organisation through the supervision and appraisal process.

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 ensured there were robust systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- Staff told us they felt listened to and clear about their roles and responsibilities and felt confident to raise issues, concerns and ideas with the registered manager and were given regular opportunities to do so.
- The provider continued to meet their regulatory requirements such as notifying the CQC of events as required and displaying their last inspection ratings.

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

- People consistently told us they felt fully involved in their care.
- There was exceptional communication throughout the service. The provider sought the views of people through a range of meetings. For example, care focus group meetings for people to voice their opinions on the care service and for staff to reflect on their practice. Street meetings for all people living at the village, there was also an active resident's association. A person told us, "The meetings are very well organised. I enjoy attending them and you feel well informed about what's happening at the village."
- Staff told us the registered manager had an open door and listened to any suggestions or concerns. Staff told us they had regular team and individual meetings and felt able to share ideas.
- The provider was creative and innovative in enabling people to be empowered and share their views and opinions about the service. There were suggestion boxes around the service for people, visitors and staff to raise any ideas, concerns and general comments. Feedback surveys were also completed.

Continuous learning and improving care

- The provider and management team were very committed to continually improving the service. For example, the registered manager had identified that medication administration recording required improvement and new recording documents had recently been implemented which provided more detailed information about supporting people with their prescribed medicines.
- 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 sent out newsletters to the service to keep staff up to date with best practice guidance in relation to providing quality care.
- The registered manager told us they met with the managers of the provider's other Extra Care villages, to ensure learning and best practice was shared across the schemes.

Working in partnership with others

- The provider had worked with carers across the organisation and Cruse Bereavement Care to produce a guide supporting people living with dementia for carers, written by carers.
- Second year physiotherapy university students were on placement at the service, working in partnership with the service to support people who were at risk of falls and were involved with developing individual plans for people.
- 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.
- A social care professional told us they brought student social workers to the service to show them an example of an excellent extra care facility.
- Staff worked closely with local health and social care professionals, including GPs, social workers, and district nurses, to ensure people had the care and support they needed and were entitled to.