

C.L.C.A Company 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?	Outstanding 

Summary of findings

Overall summary

About the service

C.L.C.A Company Limited is a domiciliary care service providing personal and nursing care to 18 people at the time of the inspection. The service supports children and adults with nursing care in their own homes. People have significant health conditions, long-term illnesses and complex nursing needs, such as tracheostomy and ventilation care, neurological and spinal injury.

Not everyone who uses domiciliary care services receives 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.

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

People were supported by staff who were exceptionally kind and caring. Staff were committed to ensuring people experienced high quality care. People's care often exceeded their expectations and helped them to fulfil their goals. Staff respected people's privacy and dignity.

The provider tailored staff training to meet the individual needs of each person who used the service. The provider fully understood people's individual needs and ensured staff delivered their care in a way that met those needs. The provider and staff went the extra mile to give people opportunities to live as full a life as possible.

The whole service had an exceptionally strong person-centred culture. People felt in control of their own care, listened to and their opinions valued. There was strong leadership and staff at all levels followed the ethos of the service. The provider ensured people were equal partners in their care and supported them to experience and achieve positive outcomes. The provider's governance systems ensured high quality care was delivered and people received safe care and treatment.

People were supported by enough staff to safely meet their needs. Staff were aware of the risks to people and supported them in a way which minimised those risks. Staff understood how to keep people protected from the risk of abuse and avoidable harm. They were confident to report any concerns they may have about people's safety. People's medicines were managed safely and good infection control practices were used by staff.

People were supported by well trained staff. People were supported to maintain good health and had access to healthcare services. Staff worked with a range of health professionals to ensure they knew and could support people's care needs. People were supported to maintain good nutrition.

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.

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

Rating at last inspection

The last rating for this service was good (published 17 August 2017). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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.

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 exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

C.L.C.A Company 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

This inspection was completed by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living 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.

Notice of inspection

This inspection was announced.

We gave the service 72 hours notice of the inspection. This was because the service is small we wanted to be sure there would be people at home to speak with us. We also needed to ensure the provider or registered manager would be available to speak with us.

Inspection activity started on 13 January 2020 and ended on 16 January 2020. We made telephone calls to people and their relatives on 14 and 15 January 2020 and we visited the office location on 16 January 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We received feedback from three healthcare professionals. We spoke with 11 members of staff including the provider, care staff, nursing staff, members of the clinical team and the registered manager.

We reviewed a range of records. This included three people's care and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After our inspection

We communicated with one person via email. We continued to seek clarification from the provider to validate evidence found and to request further evidence.

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 were protected from the risk of abuse. One relative told us, "I feel very safe with them looking after [person's name]. They (staff) are conscientious, caring and well trained to deliver the care package safely."
- Staff had received training in safeguarding adults and children. They knew how to recognise potential abuse and had confidence any concerns they raised would be listened to and actioned appropriately by the registered manager.

Assessing risk, safety monitoring and management

- People were kept safe because risks were identified, assessed and well managed. People and their families were included in the risk assessment process. One relative said about staff, "I feel very safe with them looking after [person's name]. They are conscientious, caring and well trained to deliver the care safely."
- The provider ensured people's home environment was safe for them and for the staff who supported them. Staff completed a programme of safety checks which included trip hazards, position of smoke detectors and evacuation in case of emergency.
- The equipment used such as ventilators, hoists or suction equipment were checked to ensure they were in good working order and serviced regularly.

Staffing and recruitment

- People told us that staff were reliable and rarely late. One person said, "They are very good, on time and no missed calls. If they are going to be held up in traffic the carer will phone me to let me know." Where people had 24-hour care, staff stayed with the person until the next staff member arrived.
- People continued to be supported by staff who had been safely recruited. The provider made sure staff were suitable to work with people before they started working with them. Nursing staffs' professional registrations were checked to ensure they were in date and renewed.

Using medicines safely

- People's medicines were managed safely. People had medicine care plans which detailed what medicines they were prescribed and their preferences for the support they wanted.
- People were supported with their medicine by care workers who had received training and were assessed as competent to provide safe care to people.
- People's medicine records were in line with best practice and national guidance. Each person had a nightly medicine audit completed by staff to ensure no errors had occurred over the day.

Preventing and controlling infection

- Staff followed good infection control practices to help reduce the risk of cross infection. People told us staff wore gloves, aprons and washed their hands when they should do.
- Staff had completed infection control training and their practice was observed and monitored to ensure any infection related risk was reduced. This was especially important as some people were at higher risk due to the invasive devices they had, such as tracheostomy or gastrostomy tubes.

Learning lessons when things go wrong

- Staff understood how to report incidents and safety concerns. The provider and registered manager told us they reviewed all incidents. This was to identify if there were any trends happening and to ensure appropriate actions had been or needed to be taken. This included putting plans in place to reduce any risk of reoccurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People continued to receive effective care which met their needs. The provider worked with healthcare professionals to ensure every aspect of a person's care need was identified and in place before they started delivering care.
- The provider used a holistic approach to identify people's needs and plan their care, including physical, mental and social needs. This helped to ensure their diversity and protected characteristics were respected.
- The provider ensured people received care which was up to date and in line with current national standards and best practice, such as NICE guidance.
- Staff worked with external professionals to ensure practice was current and up to date. This helped to ensure people received positive and effective outcomes.

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

- The service worked well with other healthcare professionals to improve people's health and wellbeing. Health professionals provided positive feedback in this regard.
- People benefitted from the provider's good working relationships with other professionals. This included people's GPs, dieticians, the local Clinical Commissioning Groups (CCG) and specialist nurses and clinicians. These professionals helped train staff to ensure they had the skills and understanding to use the specialist equipment people needed effectively, such as ventilators, suction and cough assist machines and enteral feeding equipment.
- Where people came to the service from hospital or other care providers, the provider worked effectively to ensure a smooth transition for the person. One health professional told us the service had been, "Very good to work with."

Staff support: induction, training, skills and experience

- Staff had received the training they needed to provide effective care. People and relatives told us staff were well trained. One relative said, "I can't fault them to be honest. Their skills and training are first class and they need to know what to do correctly when PEG feeding and administering [person's name] tablets, which they carry out excellently." A PEG is a percutaneous endoscopic gastrostomy. A PEG is a tube placed into the stomach to provide a means of feeding and administering medicines.
- Staff told us their training was thorough and their practice was closely monitored by the clinical team. One staff member told us, "I have learnt a lot since working here and they make sure I know it."
- New care staff completed the Care Certificate. This is a set of standards which define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is considered best

practice within the adult social care sector. Staff told us they were supported and encouraged to complete additional training and gain nationally recognised health and social care qualifications.

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

- People's care plans detailed the support they needed with eating, drinking and whether there were any cultural or specific dietary needs.
- Risks associated with people's eating and drinking were identified and appropriate actions were taken to help reduce the risk. Where people had diabetes, staff had used diabetes specialist teams to get advice on meal plans and snack ideas which were suitable for the individual person.

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.

- People's care plans contained information about their decision-making abilities and how staff could support them to make decisions. People had been consulted around their care preferences and where possible, they signed their care plans to indicate they consented to their care.
- The provider followed the principles of the MCA and people's capacity to make their own decisions was assessed in accordance with this law. Staff had received training in and understood their responsibilities to ensure they acted in people's best interests.

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 this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People provided us with a wealth of positive comments about how caring, kind and exceptional the support they received was. One person told us they considered staff friends and said, "We live in a household of laughter, surrounded by friends."
- People told us they were treated exceptionally well and always felt respected by staff. People described staff as "exceptionally caring" and they felt valued as an individual. One person said, "They are excellent, I am lucky having them. They give high quality care."
- The provider delivered high quality care which focused on the person as an individual, met their needs and exceeded their expectations.
- One person had given a video testimony after the provider worked with them to significantly improve their life. They told us, "The quality of care that CLCA stands for; 'care, love, compassion always', proves that I have turned my life around with CLCA by my side from the word go. Their client centred approach, are the corner stones of their approach to the delivery of care."
- The whole service had an exceptionally strong person-centred culture. This was reflected in feedback from people, relatives, community professionals and discussions we had with staff at all levels. People told us staff went the extra mile to show they cared. One relative said, "The carers really do care. They even phone to check how [person's name] is on their day off. How good and caring is that?"
- Staff we spoke with were highly motivated to give outstanding care which was compassionate and caring. Staff members at every level within the service were committed and shared an enthusiasm to ensure people had full and respected lives. One staff member said, "The company, everyone is all about the clients and everything possible being done for them for their benefit."
- The provider had open and honest relationships with people and their families. One relative spoke about the need to have a consistency with care staff and how the provider worked with them to create the staff team. They said, "[Person's name] has to have regular carers due to the complex package of care. This is important, so they can get to know [person's name] and CLCA have done well to build up a specific team with them making them feel relaxed and comfortable."

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

- The provider empowered people to do things they used to do. People with life changing and life limiting injuries and conditions used the service. One person spoke about how the service had turned their life around. They said from being in a depressive state with their previous care provider, CLCA Company Limited had turned that into a state of happiness.
- All people we spoke with told us staff listened to what they wanted and needed and felt they truly

understood their needs.

- Staff ensured people were partners in their own care and were the decision makers, where they were able to be. Each person was empowered to contribute to making decisions about and to give their views about how they wanted their care delivered. One person told us, "They (staff) ask how I am and what I would like to start with first. We have a routine, but always have a chat first to see what I want doing in any particular order on the day."
- Relatives told us they were fully involved in all aspects of their family member's care and in making decisions where appropriate. One relative commented, "They make us feel in control, which was very important to us."
- People were routinely involved in deciding which care worker would support them and were involved in the staff recruitment process. One staff member told us it was important to them and the person to meet them as part of their recruitment. They said, "[Person's name] told me how they liked things done, their routines, interests and preferences. It was a two-way meeting to make sure we both got on."
- We saw the provider worked with the person and their families to ensure staff were compatible with their personalities and interests. For some people the process of building a stable staff team could take time. The provider told us, "The client has the final say in their carers." This shows a provider who is committed to doing their best for people and their families.
- Staff had an in-depth knowledge of the people they supported. They told us even where communication was an issue, they always ensured they used alternative methods to involve people. One staff member spoke about one person who had no verbal communication. They spoke about how they used the person's body language to identify their responses. They said, "I can tell when [person's name] is happy, upset or doesn't want to do something. They will look away or push you away." They told us, along with the person and their family, they were currently exploring alternatives to aid communication.
- Where people needed it, the provider was able to access external advocacy services on behalf of people. Staff also acted as advocates for people to ensure they received fair and equal opportunities. When the hoist at one person's local swimming baths was broken, staff pushed to have the poolside hoist repaired so they could access it.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and supported. There was a culture and sense of celebrating what people could do, rather than focusing on what they could not do. Staff encouraged people to develop their skills where they could, which was reflected in some people who had acquired brain injuries. The provider said, "Staff work to support them (people) to do what they want to and to make their lives worth living. We do this, so they are in control of their care packages."
- People told us staff valued their privacy and showed respect for their dignity. They told us they decided who provided their care. One relative said, "[Person's name] has ladies and sometimes a man. But only ladies do their personal care. It is important to have the same staff as they are non-verbal and has to have trust in them."
- The care co-ordinator told us people's families were also considered whilst planning care, especially around how staff going into the family home could impact on their routines and wellbeing. This showed an approach which was both sensitive and respectful.
- People's confidentiality was respected. Their personal, confidential information was protected and kept secure in line with current data protection laws.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. 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

- People and relatives told us staff had an excellent understanding of their beliefs, preferences and life histories. One person told us the training staff had was "excellent" and because of that, "They give excellent person-centred care and the carers really do care."
- One person commented on the diversity of their staff team. They felt this diversity had given them a broader aspect on life and the, "autonomy to go out there and fulfil their dreams".
- The provider tailored staff training around people's individual health and social care needs. Each person had a bespoke competency framework which staff had to achieve before supporting them fully. People's needs could include staff supporting their ventilation, including tracheostomy, brain and spinal injuries and complex health conditions. The provider said, "The company invest in training and in ensuring staff can deliver and make a difference in their (people's) lives." Specialist clinical training was delivered by the provider's clinical team and external professionals. This ensured training suited the needs of each individual person.
- The provider kept people and their families fully involved in the training of staff, which contributed significantly to ensuring care stayed person focused. The provider said, "The family are part of training new staff and they also keep an eye on staff, so we have to be satisfied they know what they're doing." Therefore, relatives joined in with training and some had completed medicine competence assessments. One relative told us, "I cannot fault them (staff). [Person's name] care is very complex, but I do competences with staff and they are always going on training to update their skills and knowledge. They are amazing."
- Staff were passionate about every aspect of their role of supporting people. They knew the people they supported extremely well and knew how to give each person highly individualised care and support. One staff member said, "It's about what the client wants. I adapt to their needs and what they want; ask them what their plans are and what they want to do."
- Members of the provider's clinical team completed regular visits to people's homes. People's care plans were discussed with them and their families to ensure they were working for them. The provider told us, "The first few weeks are heavy on clinical identification. We work with the person and talk with all involved. We discuss teething problems, issues and the resolutions. The care plan is always a work in progress, we get to know the clients' routine. It's a two-way thing and all about getting to know each other." By working so closely with all involved, the provider ensured each person felt consulted, listened to, valued and empowered.
- Professionals who gave us feedback told us the service focused on providing person centred care. One told us staff worked well with them and put the training they had given to staff into practice effectively.
- The provider understood people's differing needs and delivered care and support in a way that met these

and promoted equality. Care planning was highly person-centred. Care plans provided staff with comprehensive guidance around people's care needs and how staff should support them safely whilst promoting independence and quality of life.

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 provider and staff went the extra mile to give people opportunities to live as full a life as possible. One person had been supported to access education and sport after previously being unable to leave their home. They had reflected on how sport had been made accessible to them through the efforts of a staff member who, "did the hard work" in researching options and allowed them to, "just experience it".
- The provider gave many examples where people's lives were being enhanced through social inclusion. Adults and children who used the service had complex health conditions, disability and brain injury and were being empowered to, for example, travel with the Make a Wish foundation, to access the Donkey Sanctuary charity, go horse riding and access football matches.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint or raise a concern and told us they felt comfortable to do so. People were given the provider's complaints procedure and contact details when they first started using the service.
- The provider ensured people and relatives got the support they needed when exploring and trying to resolve conflicts or tensions. They worked with the person and relatives to look into complaints and achieve the outcome wanted. We saw evidence of how the provider had worked to offer resolution when complaints had been made.
- The provider investigated and took all complaints seriously. They told us they and other managers built up relationships with people and their families, which helped them to feel comfortable to complain if needed. Managers engaged with people at the point of referral to the service, which could be at hospital or in their own homes. They visited people regularly thereafter to ensure they were satisfied with their support.

End of life care and support

- C.L.C.A. Company Limited provided people with palliative and end of life care when needed. They work with the local NHS to reduce hospital stays and eliminate hospital admissions to enable people to die with dignity in their own homes, if this is their choice.
- People and relatives were visited in hospital and a plan of care put in place as quick as needed to ensure the person and relatives were supported.
- The provider's website contains testimonials from relatives who have had a loved one supported through end of life care. One relative commented they had formed a close bond with the nurses working with them, and they became "part of the family". Their family member's wishes had been fulfilled and they said, "They were always looking for ways to make [person's name] day more interesting and nothing was too much trouble for them, there were several times when they went above and beyond for us."

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 provider met the standards for the AIS.
- Staff had found out and put communication care plans in place. These detailed people's communication needs and how staff could support the person to ensure they understood information given to them. If

needed, the provider could access information in alternative formats to help support people's understanding.

Is the service well-led?

Our findings

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

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

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

- The provider had created a culture which, from the top down, was based on the acronym of the service. CLCA stood for, 'care, love, compassion always'. Throughout our inspection, people and relatives told us about the "exceptional" service they received. One person said, "The care and how they run are first rate." One relative said, "We have been more settled than ever with this company."
- Staff throughout the service had a passion, commitment and enthusiasm to provide exceptional outcomes for people. Staff spoke with confidence about delivering the best care possible, being honest and promoting the values of the service. One staff member said, "From the top down we all work to those values."
- It was clear the provider and registered manager had an excellent understanding of people's needs. We found everyone we spoke with engaging, supportive and committed to making sure they achieved the best outcomes for people. One person said, "This company is mustard (a figure of speech for something extremely powerful, passionate, or enthusiastic), simple as that. The care and how they run are first rate."
- The provider said, "With this in mind, I am still very proud of my role and this is the reason why the staff go over and beyond the call of duty, to follow the examples of the leaders. Reminding ourselves of the impact we make in people's lives makes our job worthwhile."

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

- Throughout the inspection, we found the provider open and honest. When care packages were not running smoothly, the provider had worked with all involved to try to resolve issues in an unbiased and candid manner. One relative told us they had received an apology when communication lines had not been followed. They said, "They did apologise and ensured it will not happen again, so not a formal complaint and no big deal, but an issue that concerned me at the time."
- The registered manager understood their responsibilities in line with duty of candour. They said, "We have to identify when there's been a problem, be able to say sorry when we are at fault and tell them what we will do about it."

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

- The provider, registered manager and the clinical team all worked closely to ensure the quality of care provided remained consistently high. They met regularly to discuss quality assurance findings, care practice,

changes to people's needs and learning from any incidents. Staff told us there was excellent communication within the service and information was disseminated throughout following clinical, management, team leader and staff team meetings.

- The provider's quality assurance processes were designed to ensure any concerns, changes or trends were immediately identified and addressed. Clinical audits followed our key lines of enquiry, which ensured they were embedded and integral to the monitoring of quality.
- There was an exceptionally visible, cohesive and capable leadership and management team at the service. The registered manager was supported by the provider, who was active within the service. People, their families and staff told us they saw the provider and registered manager often and knew who they were.
- Staff spoke about the strong leadership of the service, which included all managers. Care staff felt supported and told us they were, "looked after and respected" by the provider and managers. They told us the management team was, "understanding", "open" and "very approachable".

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

- The provider had effective systems for people and their families to engage in and give feedback about the service provided, which included questionnaires. Staff received 'spot checks' in people's homes from the care co-ordinator. Clinical managers, the registered manager and provider all visited people and their families at their homes. All these visits gave the person and families the opportunity to give feedback about their care and the staff's approach.
- The provider showed a strong commitment in ensuring there was equality across their staff team and that they were supported with their own needs in relation to equality and diversity. The provider told us for example, if a staff's religion prohibited them from a specific social activity they would ensure they were not working with the person for that shift. They also, as part of the recruitment process, would ensure the person was fully aware of anything they needed to accommodate in terms of the staff protective rights, such as time for prayer.
- The provider ensured staff had a voice within the service. One staff member said, "[Provider's name] values everyone's opinions. There's a strong client orientation in the company. They (managers) will go out of their way to accommodate ideas and will do anything to improve clients' lives. They listen to staff and there is a good communication line with the office. They always get back to me if they can't answer my question there and then."

Continuous learning and improving care

- People benefitted from a provider who was committed to improving the quality of care and experiences people received. This included the provider contributing towards financial costs, so people could achieve their goals and wishes. The provider told us, "The company invest in training and ensuring staff can deliver and make a difference in their (people's) lives. We work to support them to do what they want to and to make their lives worth living. It's not about the money it's about making a difference to people's lives and I will fight for them." This shows a commitment from the provider to put people's individual needs at the heart of how the service was led.
- The registered manager told us they and the clinical management team kept themselves up to date with current best practice. This was through continuing to work within the NHS, attendance at meetings to share practice, attending clinical training, working alongside other clinical professionals and receiving updates from professional organisations. This ensured people received nursing and personal care which met national best practice and achieved good and positive outcomes for them.

Working in partnership with others

- The provider had successfully demonstrated the service was able to support people with complex needs at extremely short notice. Some people had been transferred to the service from another following the emergency closure of the service. One professional said, "They were very good to work with following the transfer of care to CLCA. This was done very quickly." Another professional spoke about the service working collaboratively with other services to ensure joined up care. This showed the provider had worked and continued to work alongside healthcare professionals to ensure a smooth transition of people's care.
- People benefitted from the provider's affiliation with other organisations, such as the brain injury association Headway and the Armed Forces Covenant. By joining these organisations, the provider felt it enhanced the way they worked. By accessing professional services on behalf of the people who used their service, they had helped to improve people's lives. This included supporting people with a brain injury to start re-training their thoughts to help with going back to daily living tasks.