

# Mrs June Ann Gliddon and Mrs Paula Marie Pillage

## Two Trees Caring Home

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 29 and 30 March 2016 and was unannounced.

Two Trees Caring Home provides care and accommodation for up to 28 people. On the day of the inspection 22 people lived within the home. Two Trees Caring Home provides care for people who have a learning disability and may also have physical disabilities.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of our inspection there was a very calm, friendly and homely atmosphere. People were relaxed and happy. People's relatives all spoke highly about the care and support Two Trees Caring Home provided. A relative comment read, 'A friendly atmosphere where people are cared for in a very professional and personal manner'.

People and their loved ones were full of praise about the caring nature of the staff. Comments included, "My sister is met by care and compassion. Staff are like guardian angels", "I feel blessed that the staff care so much. I see so much positive interaction" and "Staff are very caring and very patient. They go out of their way to help".

Staff encouraged people to be independent and promoted people's freedom. People moved freely around the building and its grounds as they chose.

Care records were comprehensive and written to a good standard. They contained detailed personalised information about how individuals wished to be supported. People's individual method of communication was taken into account and respected. People's risks were well managed, monitored and regularly reviewed to help keep people safe. People had choice and control over their lives and were supported to take part in a varied range of activities both inside the home and outside in the community. Activities were meaningful and reflected people's interests and hobbies.

People had their medicines managed safely. People were supported to maintain good health through regular access to health and social care professionals, such as district nurses, behavioural advisors and speech and language therapists.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff respected people's individual needs around their privacy and dignity.

The service had an open door policy, relatives and friends were always welcomed and people were supported to maintain relationships with those who mattered to them. Staff were well supported through induction and on-going training. Staff were motivated and encouraged to enhance their skills. Individual development was promoted. A staff member said, ""I'm always being encouraged to progress and further my knowledge."

People were supported by staff who had a strong understanding of how to keep them safe. Advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. The manager had sought and acted on advice where they thought people's freedom was being restricted.

Staff described the management as very supportive and approachable. Staff talked positively about their jobs. Comments included, "My jobs lovely, it's not a chore, it's very rewarding", "I love my job, some days can be stressful, but when you get to make their day better, that's enough for me", "I get praised, a thank you as I go out the door, goes a long way" and "I hate it when I'm not here. The residents make my day, they make me laugh, I couldn't do anything else. Just making peoples' lives better, going above and beyond makes such a difference. Everyone should have the opportunity to have an excellent life and the residents here do."

People's relatives and health and social care professional's opinions were sought and there were effective quality assurance systems in place that monitored people's satisfaction with the service. Timely audits were carried out and investigations following incidents and accidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse. Staff acted appropriately to protect people.

People were supported by staff who managed their medicines safely. Medicine was stored and disposed of correctly and accurate records were kept.

### Is the service effective?

Good ●

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by staff who had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet. People had their health needs met.

### Is the service caring?

Good ●

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion. Positive caring relationships had been formed between people and staff.

Staff knew people well and took prompt action to relieve people's distress.

### Is the service responsive?

Good ●

The service was responsive. Care records were personalised and

met people's individual needs. Staff had a good understanding of how people wanted to be supported.

People were supported by staff to have a good quality of life, feel they mattered and have an enhanced sense of wellbeing.

People were supported by staff who found creative ways for people to live as full a life as possible. Activities were meaningful and were planned in line with people's interests.

People were supported by staff who understood the importance of companionship and social contact.

**Is the service well-led?**

**Good** ●

The service was well-led. Management were approachable and defined by a clear structure.

Staff were motivated to develop and provide quality care.

The service worked in partnership with other organisations and used recommendations to improve practice and provide a good quality service.

Quality assurance systems drove improvements and raised standards of care.

Communication was encouraged. People and staff were enabled to make suggestions about what mattered to them. New ideas were promoted and implemented.

# Two Trees Caring Home

## **Detailed findings**

### Background to this inspection

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

The unannounced inspection took place on 29 and 30 March 2016 and was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five relatives, the registered manager, both deputy manager's and ten members of staff. We also spoke with three health and social care professionals, a speech and language therapist, a community support worker and a behavioural advisor, who had supported people within the service.

We spoke with eight people who lived at Two Trees Caring Home. Some people who had very limited verbal communication were unable to fully tell us their views of the service. We spent time in the communal parts of the home observing how people spent their day as well as observing the care being provided by the staff team.

We looked at four records related to people's individual care needs and ten records related to the administration of medicines. We viewed four staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

Some people had communication and language difficulties associated with their learning disability. Because of this we were unable to have conversations with them about their experiences. We therefore also used our observations of care and our discussions with people's relatives and staff to help form our judgements.

People told us they felt safe. One person said, "I feel safe my boy. I have a key to my own door and keep it on me. I can lock it when I want to." Relatives also confirmed they had no concerns for their family member's safety. Comments included, "I feel [...] is safe, staff follow the safeguarding policy and monitor her situation very well" and "I think [...] is safe, I can't think of anywhere else more suitable". A health care professional confirmed they had never had any cause for concern regarding the safety of any of the people they had supported within the home.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, "If I had any concern at all regarding the safety of any of the residents, I would report it straight away" and "I'm very confident safeguarding issues would be listened to and acted upon". Staff had all received safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by suitable staff. Good recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One staff member said, "I was asked to come in with all my paperwork so my DBS could be done. I couldn't start work until it was back."

The manager stated they had adequate staff to meet people's current needs. The manager stated they did not like to use agency staff, because people should receive care from staff they know well. Staff confirmed this, one staff member commented, "We never need to get agency staff." Staff were not rushed during our inspection. We observed staff acted quickly to support people when they needed assistance or required company.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. For example, one person on occasion wished to stay overnight at a friend's house. Due to their medical needs this was identified as a concern. Staff openly discussed this with the person. Plans had been agreed and put in place to help minimise the risk and maintain the person's independence and safety.

People had documentation in place that helped ensure risks associated with their care and support were

managed appropriately. Arrangements were in place to continually review and monitor accidents and incidents. Up to date environmental risk assessments, fire safety records and maintenance certificates evidenced the premises was managed to help maintain people's safety. People's needs were met in an emergency such as a fire, because they had personal emergency evacuation plans (PEEP) in place. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way. Staff confirmed and documentation evidenced that regular fire drills took place to help ensure staff knew exactly what to do in the event of a fire. One staff member said, "Notices in the hall clearly notify everyone what to do in an emergency. There is a full floor plan, everyone has a PEEP, regular fire drills take place and we have fire training twice a year."

Staff were knowledgeable about people who had behaviour that may challenge others. Care records, where appropriate contained 'Behavioural Support Plans'. These forms were used to record events before, during and after an incident where a person had displayed behaviour that may put themselves or others at risk. The information was then discussed amongst the staff team to help ensure all staff were aware of best practice. Each incident that occurred was logged on a specially designed form. Staff told us they were encouraged to share detailed information to help keep people safe. Staff comments included, "I attended a challenging behaviour course. It was designed to focus on [...] and what we could do help her" and "At staff meetings we get to discuss how staff have managed certain situations, then we can all try to do the same thing".

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines. For example, one person would sometimes decline to take their medication. Staff told us how they would gauge through their in-depth knowledge of the person, when would be a good time to offer the medicine, in order to achieve a positive response. They added that sometimes getting a different member of staff to offer the medicine could also encourage the person to accept more willingly.



## Is the service effective?

### Our findings

People told us their needs were being met by staff. Relatives felt their loved ones were supported by well trained staff. Comments included, "I really can't find fault with any of the staff, they are brilliant" and "Staff work really hard. I know they attend training courses which puts my mind at rest. It's clear they are qualified people and look after my sister well". A health care professional confirmed the registered manager was receptive to their advice and staff received the specialised training needed to support people.

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. One staff member said, "The induction gave me a good insight and good understanding of my role. I felt ready when it had finished to independently care for the residents." Newly appointed staff, who were new to the care sector, completed the care certificate (Designed to improve consistency in the sector specific training health care assistants and support workers receive in social care settings). They shadowed other experienced members of staff until they had achieved it and had been assessed as competent in their role. The registered manager confirmed, observations on staff performance across all 15 standards as agreed by the Department of Health in order for staff to be awarded the care certificate, were completed over an initial twelve week period. A member of staff told us, "This is a big change to what I was previously doing. I have a mentor to support me through the care certificate, I'm getting to know people, it's a great opportunity to build relationships and get to know how people want to be supported."

In addition to the mandatory training, staff received tailored training that reflected individual people's precise needs. For example, challenging behaviour, dementia awareness and total communication courses. Staff told us each course was adapted to focus on the people they supported; it helped them to identify people's unique needs and took account of the environment they lived in. A staff member added, "Training is very good, it's adapted for us and the residents we support. For example, dementia training was all geared towards the people we support with dementia for their specific needs".

The registered manager told us staff development was something they promoted. They explained how they supported staff to achieve nationally recognised qualifications. They sourced support from and had established links with an external agency to obtain funding on behalf of their staff. This enabled staff to take part in training designed to help them better their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role and responsibilities and have their achievements acknowledged. Staff confirmed they were supported to increase their skills and obtain qualifications. Staff told us this gave them motivation to learn and continually improve. Comments included, "I'm waiting on my certificate for my level five, it's really helped me build on my current role", "I've decided at the moment that I'm not ready to do my level three, I have been encouraged to do it and I know I will be supported when I'm ready" and "I'm always being encouraged to progress and further my knowledge".

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out

in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. The registered manager had knowledge of their responsibilities under the legislation and was awaiting authorisation on all the applications made.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes evidenced where consent had been sought and choice had been given. Care records evidenced where more complex decisions had been made, best interests decisions had been recorded in people's care records to help ensure people's needs were supported. For example, whether or not a person could manage their finances or in the completion of treatment escalation plans (TEP).

Staff told us and care records evidenced it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced when a health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, a district nurse had been consulted when staff noticed a person's heels were very red and had concerns pressure sores may develop. The district nurse advised that the person's legs should be raised to help prevent this from happening. This was recorded and acted upon by staff. Relatives' were confident their loved ones health needs were being met. Comments included, "They always keep on top of [...]s medical needs and support her. For example, if she needs a blood test they will attend with her and make sure she is ok" and "Oh yes they always see to her health problems, no worries there".

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people's needs. People were relaxed during lunch. People were encouraged to be as independent as possible with staff assisting only when support was needed. Staff checked people had everything they required and supported people to eat at their own pace and not feel rushed.

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced an assessment had identified a potential choking risk. Staff sought advice and liaised with a speech and language therapist (SLT). Staff had been advised to maintain the person's independence with eating. However, to help minimise the risk, the person was to have a fork mashable diet, have their feet raised through use of a foot stool and be observed whilst eating by staff with first aid training. We observed staff adhered to this advice and the person in question independently ate their meal whilst staff sat close by. A SLT confirmed, staff followed guidelines, took on board advice given and contacted them when people's needs changed.

## Is the service caring?

### Our findings

People's families were full of praise for the way staff cared for their relatives. Comments included, "My sister is met by care and compassion. Staff are like guardian angels", "I feel blessed that the staff care so much. I see so much positive interaction" and "Staff are very caring and very patient. They go out of their way to help".

People were cared for by staff who viewed them as family, Staff comments included, "I love my job, it feels like one big family and that's important", "It's the residents' home, we don't see it as our workplace. They are like my second family" and "It's the residents that matter, I really care about them as if they were my own family; they are lovely". We observed a lot of kind and friendly interactions between people and staff. For example, one person showed signs they were cold and staff immediately asked them if they would like the window closed. One relative said, "Staff share some fabulous banter with my sister, they seem to be able to bring out people's sense of humour. Staff are kind, compassionate and funny and take their job seriously."

Staff showed concern for people's wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people's distress. For example, one person showed signs of distress whilst in the dining room. A staff member promptly assisted the person. They knew instantly what action to take to help ensure the person felt comforted. We saw within a very short space of time, the person was happy and continued to enjoy reading their magazine. A staff member talked us through various different methods used to help reduce signs of distress. For example, the person benefited from staff talking about their family. They explained it had a pacifying and calming impact on their wellbeing. We observed this being used with very positive effect. A relative told us, "My sister may not respond when staff interact with her. Staff still sit with her and comfort her. They do right by her and make sure she is always emotionally happy."

People were cared for by staff who knew them well. Staff were able to tell us about people's individual likes and dislikes, which matched what we were told and what was recorded in people's care records. For example, one person mentioned they liked to sew. They showed us some of the items they had been supported to make. We observed the person was supported to use the sewing machine during our inspection. The person said, "The staff are very nice boy. I like being in the workshop. I've done bags and a tea cosy." Relatives' felt their loved ones were supported by staff who knew them well. One relative commented, "Staff know [...] really well. They know he likes John Wayne, every birthday they buy him something with John Wayne on it like socks or something. I don't know how they manage to find so many different things to buy him."

Staff treated people with dignity and respect and supported them to maintain their privacy and Independence. Staff spoke to people in a polite, patient and caring manner and took notice of their views and feelings. For example, when staff noticed one person had saliva around their mouth, they produced a tissue promptly and gently wiped it away for them. People's routines were known and staff respected when people required time alone in the privacy of their own rooms. When people needed support staff assisted them in a discrete manner. Staff informed us of various ways people were supported to maintain their

dignity. For example, one staff member commented how they would support people to gain access to a toilet, but would then leave the room so they had privacy, returning only when called upon to do so. Another member of staff explained how they would encourage a person's independence at meal times. If that meant they may spill food or their clothing, then so be it. They would simply support the person following their meal to change their clothing and ensure dignity was maintained. Relative comments included, "[...]'s privacy is treated with absolute respect" and "I've never known anyone not treat her with respect".

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information was kept securely in a locked cupboard.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. One relative said, "I can turn up any time and don't need to ring ahead." Another commented, "When I visit I am met with kindness and absolutely welcomed at all times."

## Is the service responsive?

### Our findings

People and their families where appropriate were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and support their needs. They confirmed they would where necessary involve people or those who mattered to them within the decision, and consult with health and social care professionals where suitable. For example, one person's mental health needs had deteriorated. Staff knew the importance of adapting the way they cared for and supported this person. Staff assisted an assistant psychologist and a behavioural advisor, who conducted an assessment. Following their recommendations, staff amended the persons care record to ensure their current needs were known and met.

Care records contained information about people's health and social care needs. They were written from the person's perspective and reflected how each person wished to receive their care and support. Records were well organised, and gave clear and detailed guidance to staff on how best to support people with personalised care. Records were regularly reviewed to respond to people's change in needs. A staff member confirmed care plans had recently been updated and made clearer for staff to both read and complete. They added that a new front sheet had been developed in conjunction with staff to help ensure all daily checks would be completed accurately and clearly.

The registered manager told us how people were involved when recruiting staff. People took part in the interview process; they interacted with the perspective employee, asked questions to the applicant and helped to decide if they would be successful. The registered manager explained people were included in a meaningful way. They commented that it worked really well, people created their own questions based on what is important to them and took great pride in the role they had.

People were supported to take part in work opportunities. One person told us about a job they enjoyed having and showed us certificates they had achieved in recognition of their good work. They said, "I enjoy working, I would rather do something than sit doing nothing." Staff explained how important having a job was for the person and how despite the person's health having deteriorated, they and their place of work were doing all they could to help ensure he was able to continue working. For example, changing the tasks they carried out to compensate for the change in their mobility needs.

People were supported to maintain relationships with those who mattered to them. Staff told us how one person had recently celebrated their parents wedding anniversary. They were supported to go shopping to purchase a card and present and was delighted to have their name read out live on radio, congratulating their mum and dad on their special day. The person communicated their happiness to us several times during our inspection. Relatives often visited and people where possible, went out for the day with their families. One relative said, "Staff are extremely helpful from top to bottom. They offer great moral support and always keep me informed." The registered manager understood the importance of visits from those who mattered to people and told us, one of the values of the service was to work closely alongside families. Staff helped people to have contact with their families and friends, including those who lived in other parts

of the country. For example, staff supported one person to use Skype to keep in touch with their loved ones and wrote letters for someone else who dictated to staff what they wished to write. One staff member said, "[...] loves to send letters to his family, staff write what [...] wants to say and read the replies when he receives them. He's very proud of this and keeps his letters with him, showing them to everyone."

People were encouraged and supported to maintain links with the community to protect people from loneliness and help ensure they were not socially isolated or restricted due to their disabilities. Care records highlighted the importance of maintaining a community presence and social inclusion. Staff confirmed and records evidenced where people had been supported to carry out personalised meaningful activities that reflected their hobbies and interests. This included trips to Paignton Zoo, Dartmoor and the Eden Project. One person who loved plants told us how they had been supported to attend the Chelsea flower show. They added, "If we need new plants, I go out with them (The staff) to buy them. I also help to plant them." Staff confirmed people led really active social lives. People were supported regardless of their disability to take part in community events. For example, people recently took part in a tiddlywinks competition for sport relief and coffee mornings were held to support charitable events.

People were supported to have their choice and preferences met when they faced moving between services. Staff displayed an awareness of the impact such transition could have on people's lives and wellbeing. Careful thought had been given when moves between services took place. For example, one person was being supported to move to more independent living. The person had been totally involved in all the decisions that had been made. Staff liaised with the newly appointed domiciliary care agency so the person received consistency in care. The person told us they were looking forward to their move and confirmed staff had helped make the transition as smooth as possible.

There were arrangements in place that encouraged people and their relatives to provide feedback and share their experiences. Questionnaires were sent out. Comments on some of those returned included, 'Excellent staff who have a good understanding of clients and their needs' and 'A friendly atmosphere where people are cared for in a very professional and personal manner'.

The service had a policy and procedure in place for dealing with any concerns or complaints. This was produced in an easy read format and kept in the entrance to the service. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. One relative commented, "I have every right to voice my concerns when I have them. They absolutely respond well when I do and address them. Everything is always actioned before I've ever needed to put something in writing." Health care professionals commented that they had no concerns or reason to complain but felt staff would act appropriately if they did. The registered manager confirmed they had received no written or verbal complaints.

## Is the service well-led?

### Our findings

The registered manager and the deputy manager's took an active role within the running of the service and had good knowledge of the staff and the people who lived at Two Trees Caring Home. There were clear lines of responsibility and accountability within the management structure. One staff member commented, "We have clearly defined individual job roles. A clear structure that is understood by all." The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

The PIR informed us, and the registered manager confirmed the service measured their performance against recognised quality assurance schemes. For example, staff were very proud of their achievement in obtaining their six steps accreditation. This is an end of life care strategy programme, which helped ensure best practice was used when staff carried out their duties. Staff comments included, "I'm very proud of taking part in the six steps programme. It's the best thing I've done in over 20 years" and "Achieving the six steps has helped us to support people in so many ways. For example, it even supported us to help [...] plan her Mum's funeral. Nobody thought she would be able to do it, but she did. It really was very special".

People, their relatives, health and social care professionals and staff all described the management of the home to be approachable, open and supportive. Comments included, "The manager is incredibly compassionate, emotional, approachable and easy to talk to", "The management are very friendly, I can talk to them about anything whenever I need to" and "The manager is always really helpful and supportive".

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they felt they had a voice and shared their opinions and ideas they had. We saw through systems that had been implemented that these ideas had been acted upon with success. For example, one staff member following their dementia training acknowledged the importance colour could have on a person's life. They suggested that a person they supported who lived with dementia could benefit from having their door panels to their room painted a different colour. This would help enable them to identify their own bedroom. This was done to positive effect. The staff member said, "We painted them a bright pink as this was a colour we knew she liked. It really helped her know exactly what room was hers. She even created her own door sign with her name on it in the arts and craft room to hang on it."

The registered manager told us one of their core values was to have an open and transparent service. The registered manager understood their responsibilities regarding the duty of candour, which detailed their legal obligation to act in an open and transparent way in relation to care and treatment. The provider sought feedback from friends and relatives in order to enhance their service. A suggestion box was in place in the entrance hall and questionnaires were conducted. This encouraged people and family members to raise ideas that could be implemented to improve practice. For example, one relative commented that as their loved one no longer took part in a particular activity that was close to where they lived, this prevented them from seeing them as frequently. Staff responded to this by taking the person to see their relative instead. Relatives felt their views were respected and had noted positive changes based on their suggestions. Comments included, "I only need to say something once and it gets changed for the better"

and "I attended a residents meeting, I mentioned that [...] wanted a new bed. They had only just bought him a new bed, but it was too big for him. So they got him a smaller bed".

The home worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support.

Staff told us they were happy in their work, had confidence in how the service was managed, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "My jobs lovely, it's not a chore, it's very rewarding", "I love my job, some days can be stressful, but when you get to make their day better, that's enough for me", "I get praised, a thank you as I go out the door, goes a long way" and "I hate it when I'm not here. The residents make my day, they make me laugh, I couldn't do anything else. Just making peoples' lives better, going above and beyond makes such a difference. Everyone should have the opportunity to have an excellent life and the residents here do."

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. The service assessed the quality of their service against the five key questions, as set out in the Care Quality Commission's new inspection methodology. A report was produced and the findings discussed with staff. Success was celebrated and areas where further improvements could be made were highlighted, to help ensure people received high quality care. For example, it was highlighted that the service could benefit from employing an administration assistant. It was felt this would free up some of the duties the care staff had to attend too, and help enable them to provide more time supporting people. We saw this had been actioned immediately. A new administration assistant had been employed and staff confirmed it had made a positive impact on their day to day roles.