Beeshaw Care Limited

Foxhill

Inspection report

Bell Lane
Salhouse
Norwich
Norfolk
NR13 6RR

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17 May 2016

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29 June 2016

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 17 May 2016. It was an announced visit, as we gave the provider notice the day before the inspection. The home provided accommodation for persons with mental health or neurological support requirements and required nursing or personal care. There were four people living in the home when we inspected.

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. There was a registered manager in post.

The home was safe and staff understood their responsibilities to protect people from harm or abuse and had received relevant safeguarding training. Staff were confident in reporting incidents and accidents should they occur. People were safely supported to take their medicines.

There were effective processes in place to minimise and review risks to individuals. Assessments had taken place regarding people's individual risks and clear guidance was in place for staff to follow in order to reduce risk. Recruitment processes were in place to ensure that staff employed in the service were deemed suitable for the role.

Staff had received training in areas specific to the people they were supporting and this helped to make sure that people received care individual to their needs. Staff gained people's consent to the care they were providing.

Some people had applications submitted for the lawful deprivation of their liberty (Deprivation of Liberty Safeguards (DoLS)) and staff were able to explain how they promoted choice where people had variable capacity. The home complied with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to access healthcare promptly wherever necessary. People's nutrition and hydration needs were encouraged and they were able to have drinks when they liked.

People's privacy and dignity were promoted and they had strong relationships with staff who were kind and compassionate. People were encouraged to be as independent as possible and make their own choices.

Staff had good knowledge about the people they cared for and understood how to meet their needs. People planned their care with staff and relatives, and numerous activities were carried out in line with people's preferences.

The management team was visible within the home and people found them approachable. People were encouraged to provide feedback on the service and regular meetings took place within the home.

There were many systems in place to monitor the quality of the service and these were used to develop and improve the service. The provider had developed bespoke ways of assessing, reviewing and documenting, in accordance with the client group.

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.

There were enough staff to support people and they understood how to keep people safe.

People had individual risk assessments covering aspects of their care such as their mobility and health, and the environment in which they lived was kept safe. These helped to minimise avoidable harm.

People received support to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff sought consent from people, and people were supported to make their own choices.

People were supported to buy and prepare food and drinks, which were available throughout the day. People's dietary needs were met and staff had a good knowledge of people's nutritional requirements.

People had timely access to healthcare services. Staff worked with, and followed advice given from healthcare professionals.

Is the service caring?

Good

The service provided good care for people.

The management team were committed to providing good care based on each person's requirements.

Staff built strong, trusting relationships with the people living in the home and supported them to maintain and increase their independence.

Staff provided compassionate support which reassured people and increased their quality of life.

Is the service responsive?

Good

The service was responsive.

Staff proactively supported people to maintain relationships with their loved ones.

People were encouraged to participate in a wide range of personal and social activities. The service was responsive to people's individual requests respecting their hobbies and personal interests and people could go out when they wished.

Staff knew the people they were caring for well and reported any changes or issues promptly. The management team and staff were responsive, and changes in people's need are identified and actioned quickly.

Is the service well-led?

Good

The service was well-led.

The provider had effective quality assurance processes which helped drive improvement. They had also developed their own assessments and tools to use to continue to build their efficacy.

The culture of the staff in the home was positive and they worked well as a team. There were motivating, creative and rewarding incentives for staff.

Foxhill

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 inspection took place on 17 May 2016 and was announced. The inspection was carried out by one inspector. The inspector called to give 48 hour's notice however arranged with the manager to go the following day. This was due to the service being small, so we needed to ensure that there were people that we could arrange to speak with about the service.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with three people living in the home. We spoke with two healthcare professionals who visit the service or have regular contact and two relatives of people living in the home. The staff we spoke with included the registered manager and the deputy manager, the business manager, and two care workers.

We reviewed care records and risk assessments for two people who lived at the home and checked two sets of medicine administration records. We reviewed a sample of other risk assessments, quality assurance records, recruitment files and health and safety records. We looked at staff training records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

One person living in the home said, "I feel safe." The other people we spoke with said they were safe. A relative said, "We're so happy we don't feel we have to be there all the time to make sure [person's] okay, they're well looked after." A visitor to the service who carried out training with staff said, "I always feel it's very safe." Staff knew how to protect people from harm and had received relevant training. Staff were able to tell us what different types of abuse there were and who they would report any concerns to should they have any. We saw that there were processes in place to protect people from abuse or harm, and these contributed to people's safety.

People's care records contained individual risk assessments which included information about people's behaviour, nutrition, individual health conditions, mobility and cognition. Individual activities were risk assessed and people were encouraged to take positive risks, such as practising walking and going out. For example, in one person's risk assessment it was detailed that staff needed to feel confident using certain equipment and should have been shown how to best support the person to mobilise in a certain way. This helped ensure that people were kept safe from avoidable harm as staff did not take risks they were not confident with and were encouraged to ask for support. People were supported to take these risks regarding opportunities to increase their independence and mobility.

Risks were managed in a way that optimised people's ability to take part in activities they wanted to do and increase their independence as much as possible. A recent example of this was that one person living in the home had been able to transfer into a car with support from staff and practise with a physiotherapist. Following this the manoeuvre had been thoroughly risk assessed and the person was able to practise this in order to improve their ability to mobilise.

There were risk assessments in place for the building and environment. Heating and electrical equipment had been tested. There were contingency plans in place in the case of events which could stop the service such as flooding. We found that equipment for detecting, preventing and extinguishing fires was tested regularly and that staff had training in this area. We saw that evacuation plans were available for each individual living in the home. There was a member of staff dedicated to two days a week, or more when needed, of maintaining the property and helping to maintain a safe environment.

There were enough staff to meet people's needs. There were three staff to support four people living in the home. One person living there told us that they regularly had time with their key worker. People who were new to the home had an extra member of staff on at night to support them to settle in. Staff told us they felt there were enough staff to support people and take them out. The manager told us that the home was always able to use their own bank of staff to cover annual leave and sickness. We saw staff rotas which confirmed the number of people on shift, and staff confirmed that they worked across the locations and sometimes changed if someone was absent from work. We observed that staff were in the house throughout the day of the inspection and were spending time with people living in the home.

The provider's recruitment policies and induction processes were clear and so contributed to promoting

people's safety. We looked at a sample of recruitment records and found that appropriate checks were made before staff were recruited, such as criminal record checks and references. Staff confirmed that they had not been allowed to commence work alone with the people living in the home until relevant checks and training had been completed, and records reflected this. This showed that an appropriate approach had been taken to maintain a high standard of care and that only people deemed suitable, in line with the provider's guidance were working at the service.

People were given their medicines in a safe manner using a comprehensive system administered by staff that were trained to do so. The deputy manager checked staff's competencies in administering medicines every six months. Medicines were stored securely and at the correct temperature in locked cupboards. They were managed safely and double checked where necessary. We looked at a sample of medicines administration records and found that they were detailed. The front sheet included succinct details of allergies people had. We found that the system in place was well equipped to minimise the risks of giving people anything they were allergic to and of someone receiving the wrong medicine. There was an additional medicines information sheet kept for when people went into hospital for any reason, to minimise risks of losing any medicines and communicate to the hospital exactly what medicines people took. There was a safe system for people taking medicines with them when they went away from the home, and checking them back in. A healthcare professional who we spoke with said, "They audit efficiently, they have tight stock control."

'As required' medicines were stored safely in labelled boxes, and recorded appropriately. Medicines records were audited regularly by the deputy manager to ensure that people had received their medicines as the prescriber intended. We looked at records of medicines to be returned and these were also audited. We noted that the provider completed appropriate audits and when they identified concerns, prompt action was taken to address them. Action taken in cases of human error where a signature had been missed included discussion in supervision. Medicines were reviewed as needed for people, and there was a safe and comprehensive system in place for ordering medicines every 28 days. Some people in the home used homely remedies which were signed off by the local pharmacist to be safe to use.

Good

Is the service effective?

Our findings

People told us they had no concerns about the competence of the staff. Staff received comprehensive training and inductions were individualised to the person according to their confidence and experience. Inductions included shadowing, training and supervision. Staff had their medicines competencies observed regularly in detail.

Staff had three monthly professional development sessions in groups, where they were encouraged to point out colleague's strengths. Staff received yearly appraisals as well as one to one supervisions quarterly. These meetings included making goals for staff to work towards and giving constructive feedback and taking actions from these. Staff told us that these enabled them to improve their practice and gave them an opportunity to discuss their role.

The training staff received included manual handling, and specialist training such as epilepsy, and staff had individual comprehensive development plans. Staff received specialist training for working with people with acquired brain injury. We spoke with the visitor to the home who undertook training for the service, who informed us that staff were very responsive to training. Staff told us that they had regular supervisions which they found useful. One member of staff said that they were improving in their communication as a result of identifying this in supervision. We looked at records confirming that training had been carried out. Some training was carried out in-house, for example managing people's money, which was audited three times daily.

Staff were supported by the provider to undertake further qualifications such as the care certificate to develop their skills for their roles. The manager told us that within the course, they supported staff in choosing modules of study most relevant to the service and the people they were supporting. In staff's individual professional development plans following any training, they were required to reflect upon their transferable skills learned and record this. These maximised opportunities for staff to learn and reflect on their skills.

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 interest and as least restrictive as possible. One member of staff told us how a person's capacity to understand information was variable. This meant that they always assumed that the person had capacity to understand, and they supported them to make decisions allowing for times when their capacity was impaired. The manager had carried out mental capacity assessments for people living in the home to cover different decisions, for example relating to a person's ability to manage their own finances, medicines, or choosing how much they wanted to smoke. The manager confirmed that if someone's mental capacity was deemed to be more complex, a psychologist would be referred to carry out an additional assessment.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest

and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). 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 were being met. The manager had applied for DoLS for some people living in the home following the appropriate mental capacity assessments. We found that staff supported people to make decisions where they could and were well-informed about these. As some people had variable capacity, the DoLS applications were explained and discussed with people.

People were encouraged to learn how to manage their finances as part of their rehabilitation, however where they did not have capacity to independently manage their finances, staff managed them. Records of people's finances were audited daily, being double checked by staff and recorded what money the person had spent on what items. These records were then audited monthly by the business manager. Where there had been any missed signatures or discrepancies, these were resolved appropriately. Staff had sought consent from people who had variable capacity regarding their medicines and finances, and this applied to carrying out care for them. A healthcare professional who visited the home regularly confirmed that they always observed that staff sought consent from people when providing any support.

People living in the home told us that they were supported to make their favourite foods, and that they could choose certain things to eat. One person was encouraged by staff with the advice of relevant healthcare professionals, to eat certain foods due to their health condition. Staff supported them to eat the appropriate foods and make informed decisions about their meals. People were able to make their own drinks throughout the day when they wanted, or were supported to have drinks if needed. There was a menu for the week but this was flexible and all of the people living in the home who we spoke with told us that they enjoyed cooking with staff. People could have what they wanted for breakfast.

People living in the home had good access to additional healthcare services. A healthcare professional who visited the home said that if they found that anything was a concern that staff immediately reacted, "They ring the GP whilst I'm there." They were supported by staff to access the GP and dentist. Other healthcare professionals such as psychologists, speech therapists and physiotherapists visited the home when needed.

Good

Is the service caring?

Our findings

One person living in the home said they trusted staff because, "Staff say stuff that is true." Another person said, "Staff are good." The management team told us they were honest with the people and their families. A member of staff told us, "You get out what you put in, it's rewarding." They said the most important part of their job was, "To be there for them, make them laugh." We observed positive, fun interactions between staff and people living in the home and noticed that they had built strong, trusting relationships. Staff offered encouragement and support in a way that suited each individual, and staff we spoke with were able to tell us in detail about people's personalities and preferences. We observed that the practise of the staff and what people told us reflected the values of the organisation, which included promoting positivity and independence.

The manager was highly visible in the home. They regularly went into the house from their office to chat with people and see how their day was going, as did the deputy manager. The manager explained to us that they endorsed a culture of caring attitudes not only from the staff, but from people towards staff. Where people had behaviour which staff could find challenging, this was discussed and resolved individually with people and helped to maintain positive relationships between staff and people living in the home. We observed that the staff approached behaviour that challenged, and that others living in the home could find intimidating, in a way that was discreet, sensitive and caring.

A relative of a person living in the home told us, "Every time [person] has to go into hospital the manager or a member of staff goes with them, no matter when." They went on to say that this had consistently been the case at weekends and during evenings, and that the manager was always contactable. A relative said, "When [person] moved here, everything changed, [person's] always happy", describing how being there had improved their quality of life and wellbeing. This was due to the person's increased engagement in activities and rehabilitation which had led to increased mobility and communication. They told us that staff went beyond the call of duty to ensure that their relative was safe and felt cared for at all times.

A visiting professional to the home said, "They see people as unique individuals. They're always accompanying people to their appointments and being consistent." The manager and the deputy manager confirmed that this was the case when one person went into hospital. Staff told us that when people had hospital appointments that were further away, if they felt concerned they would always be accompanied by two members of staff and they would incorporate lunch or an activity. Staff recognised each person's individual fears and worries and thought of ways to address them. One member of staff said, "We always have a meal out on the way back so they remember a lot more than just the hospital appointment." Staff told us that people felt they were reassured by this and the focus was then more on having a nice time doing something rather than simply attending a hospital appointment, which at times could be unpleasant for people. Staff were thoughtful and creative in ways to make every experience as pleasant as possible for each individual, and went the extra mile to ensure this was the case. The manager told us, "We're their family", and we observed that staff treated people as family. This included some staff coming in for people's birthdays on their days off. We spoke with a key worker who had met the person's family with them and regularly contacted them in order to support their relationship and keep them informed. The relatives we

spoke with felt that the key worker made every effort to keep them updated and reassured consistently.

We saw that the staff went the extra mile to support people's emotional wellbeing, as well as their rehabilitation needs. Staff told us how they were creative with helping people to increase their confidence in accessing the community by suggesting different places to go, for example for lunch, or try different activities. They incorporated people's rehabilitation into activities and practised regularly, such as practising getting in and out of the car with someone on recommendation from the physiotherapist. We saw that one person living in the home had increased their confidence enough to be able to use public transport with support from staff. We saw that staff encouraged people to try to do things independently as much as possible, and that people appreciated this.

People living in the home told us how they were able to have a bath or go outside when they liked. People were actively involved in making decisions about what they did. Staff encouraged independence and learning from mistakes, for example one member of staff said, "Giving people space, be ready to let them make a mistake." They explained how they supported people to solve problems if they made a mistake. Prior to moving into the home, people were encouraged to go for the day and meet potential housemates, to see if they liked it.

The staff helped people to express their views and be involved in planning their care, including involving family where appropriate. People had written detailed care support plans for themselves with help from staff, which included help with writing them and understanding the questions asked. A healthcare professional who visited the service regularly explained to us how the staff encouraged someone to make active choices about purchasing a piece of equipment, asking them what they liked and supporting them to try each one out in order to make an informed decision. They assisted the person in this by telling them the pros and cons of each one they tried, and asking which one they liked best, and double checking their decision and encouraging them to speak. The staff we spoke with told us how they involved people in planning and reviewing their care. This included the key worker having regular one to one time to communicate with people to review their care. They told us that where people had difficulty with this, they involved people's relatives. Care records confirmed that people had signed to say they had been involved in discussions about their care and these took place regularly.

Staff supported people to increase their ability to communicate effectively by tailoring methods of communication to individuals. One person we spoke with was able to tell us how much their ability to communicate had improved over the time, including writing and talking, due to support and encouragement from the staff to keep practising. The relatives that we spoke with confirmed that this was the case, stating that they never expected this to be possible for many years prior to coming into Foxhill. A person we spoke with who had communication difficulties was able to tell us how much their communication had improved, and their relatives told us that it had improved the person's quality of life. Each individual living in the home was able to express their views and receive care based on their wishes. One person had regular outings with the manager and deputy manager as well as their key worker because they had built up a strong relationship over the time they had lived there. The manager reported that this helped improve their self-esteem.

There was a comfortable and homely atmosphere at Foxhill. People living in the home told us that they felt they had privacy, and they each had their own rooms. When someone needed their own space, staff dealt with the situation sensitively and this promoted their dignity. Staff offered people the opportunity to talk privately, and always knocked on people's doors. Personal care was only carried out behind closed doors in private. We observed that staff spoke about people in a dignified, respectful way and closed doors, showing that they respected people's confidentiality. People were surrounded by items within their rooms that were

meaningful to them, such as books and family photographs. One person was keen to show us their room and told us how they had been able to decorate and furnish it as they wanted. The person had been supported to move into the new house from another of the provider's houses over the road.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. There were two sections to each care plan, one called 'my person centred plan', and the overall care record which included assessments carried out and staff notes. The people using the service were able to use this, with support if needed, to record their own preferences, views, likes and dislikes and hobbies. They had recorded details of people in their lives that were important, what they had achieved that they were proud of and as much detail as they wanted to give about their personal lives and histories. This was added to the main care record, which staff used to place their risk assessments and other records relating to people's care. The care records included referrals and letters from other healthcare professionals involved in people's care. People were able to look at their own care records whenever they required and discuss them with staff.

Care records were updated whenever people's needs changed and were more formally reviewed at various intervals with different people's input. These were monthly with the person and their key worker, every six months with the key worker and deputy manager, every six months with the key worker and activities officer, as well as yearly with people's relatives. There was also a separate care plan for activities for each person. When a new person came into the home, they were assessed in terms of what care they needed as an individual. Their needs were monitored for the first few months in order to develop a new plan of care with them. A visiting trainer we spoke with told us how the manager had immediately called them to arrange specialist training as soon as possible in relation to a specific health condition. The staff asked advice from healthcare professionals when appropriate and people's needs were addressed promptly.

There was a car available for the home which meant that people were able to go out when they wished. Staff told us they could use the car between the four people living there whenever they liked. On the day of inspection one person had been into the local village to do activities at the village hall, another two people had gone shopping for food and had lunch out. One had played darts and another table tennis. The people said that this was a usual day for them. Other regular outings included cinema, bowling, café and walks. People had a daily activities plan in place which included trips out, games in the house, their rehabilitation exercises as well as things they liked to do on their own. The plan was used as a guide but staff and people told us it was versatile and that they could change plans if they wished.

People living in the home took turns to cook and prepare food and help clean with support from a member of staff if needed. This responsibility helped to enhance people's wellbeing. One person living in the home told us, "I like to cook a specific thing for [person] who lives here. I do a lot of the house cleaning." Another person told us that they were supported by staff to cook their favourite meal for everyone else. Mealtimes provided an opportunity for people living in the home to communicate and engage with one another, building relationships. The daily activities such as cooking formed an important part of people's rehabilitation, such as planning and physically preparing meals. One person also told us how they liked to help out in the garden. The staff were creative in incorporating some rehabilitation movements into everyday activities, such as chopping vegetables to practice upper limb movement. This meant that people's opportunity to maximise their abilities were always promoted as well as opportunities to enhance their quality of life through meaningful engagement.

Parties and group trips out, which involved the provider's other services were organised by the activities officer. Another person living in the home told us how they preferred not to go out very often, and enjoyed jigsaw puzzles and playing crib. Some people living in the home had some difficulties with communication and used other ways such as writing and signing. The person had improved and developed these abilities through encouragement and practice with the staff at the home, as well as a consistently positive approach to engaging the person in rehabilitation to improve their communication. The person was then able to express their views and needs much more easily and this enabled them to be more independent and build social relationships. One person living in the home was able to tell us about how doing word search puzzles was a creative way to help them with their spelling to help communicate. The person also said they were supported regularly to go shopping which was his favourite thing to do.

Activities planned were flexible according to the weather, how people felt that day and what they wanted to do. Staff encouraged people to plan ahead, and make their own lunch if they needed a packed lunch, which contributed to their ability to plan. After going out and doing something new for a day, the person would sit with the staff member and go over what went well, what they liked and did not like about the day and if they had learned anything. We looked at the records reflecting these discussions following activities, which contained ideas for things to do next time and goals to work towards. People were supported to maintain varied activities through being able to choose anything they wanted to do on a daily basis and supported to see it through.

People living in the home were able to tell us how much they had improved in aspects such as mobility, memory, communication and confidence since being at Foxhill. The service consistently provided opportunities for people to enhance their abilities through exercise and engagement in activities. The management team had developed an assessment of independence which was used to inform people's support needs as well as their progress. For example, one person's independence score had changed because they had recently been able to use public transport. This meant that they had achieved a goal in becoming more independent during their time at Foxhill.

Another person living in the home had regular visits from the community physiotherapist and had changing mobility needs. The staff in the home had responded with supporting the person to increase their mobility as much as possible, and incorporate exercise into activities and everyday life. Their relatives said, "We often see [person] walking in the corridor now." A healthcare professional who visited the home regularly said, "They've always been thorough with following instructions and goals were achieved by the time I went back." They confirmed that staff and the person had worked hard to practise walking, and that they had recently begun to practise getting in and out of the car. This progress meant that the person was increasing their ability to access the community and their independence, and their ability to go out in the car had greatly enhanced their quality of life and involvement in activities.

People's health needs were also supported by staff holding three monthly 'client care' meetings where they discussed each person individually, including their progress and if anything had changed. In these meetings they discussed referrals to other professionals and further actions if needed. In addition to these they held a verbal handover between each shift to update each other on everybody's wellbeing. The team kept thorough communication and knowledge about each person's requirements, and accompanied everyone to healthcare appointments if they needed support

People told us how they were supported to go out to meet with friends and have friends visit the house. People living in the home were supported to keep in contact with loved ones. There was a house phone which family and friends could call whenever they wanted. People were supported to go home for weekends and key workers met with people's families and kept them updated. Relatives of a person living in the home

said, "We can visit [person] any time we like and stay for as long as we like." Relatives of a person living in the home told us how they had built a good relationship with their relative's key worker. The key worker confirmed this and told us how they supported the person in their family relationships, "I took [person] to meet for lunch with [person's] family, and I regularly call just to keep them updated and have a chat." The relatives confirmed that they had a close and trusting relationship with the key worker. The key worker told us how they were looking at supporting their key person to go on holiday in North Norfolk. Staff told us that people's families were welcome to come for meals in the house. The team proactively supported people to maintain relationships with their loved ones and it was an important part of the key worker role.

The service had not received any complaints but people and staff felt that if they had any concerns they would go to the manager and that they would be resolved. There was a visible complaints procedure in the information pack for people and their families. There were house meetings held regularly where people had the opportunity to discuss the house, décor, food, the staff and any ideas.

Good

Is the service well-led?

Our findings

Staff said that morale was good and they worked well as a team, saying, "Everyone is on the same page." We observed that staff worked well as a team, and that there was thorough communication between them. The manager told us that other services had asked them for additional guidance on recording and assessments they had developed, which showed that the provider was held in high regard by other services in the area. The provider had developed some of their own assessments as part of a rehabilitation pathway One of these was an assessment of independence where people scored, and these scores provided an outcomes measure as well as contributed to reviewing the service provision of rehabilitation. The provider kept strong links with the community, such as the local village hall which people attended events at regularly. This helped to ensure people were engaged in their local community.

People living in the home told us that they felt the manager was approachable and very supportive. We observed that the manager and deputy manager were familiar with people living in the home. Staff said that they were well supported, one saying, "[Manager] is a legend, they're the best boss I've ever had and really supportive." The staff member went on to say that the manager went the extra mile to support people if they were having any personal problems that may have affected their work. Staff told us that concerns were resolved. A regular visitor to the home told us that they felt the manager always reiterated to staff the importance of record keeping, and that they noticed the team had excellent communication. Another healthcare professional who we spoke with who had regular contact with the service said they found the manager responsive and that they could contact the home any time.

The manager told us that they supported staff in a way that was individualised, and staff reflected this. They used a learning style questionnaire with staff to better understand ways of learning that would suit individuals. They were flexible in terms of people's inductions when they came into the service, taking into account people's individual experience and qualifications.

The home had developed creative ways of engaging and motivating staff. There was a system of staff nominations system where staff voted for a colleague who they felt had gone the extra mile in their work. This was discussed throughout the year in terms of who was winning and the winner at the end of the year would win a week's holiday in Tenerife. The manager told us this had improved morale. Staff were motivated and rewarded for additional responsibilities such as becoming a key worker. The management team told us how they valued staff by getting them small individual gifts at Christmas, with a note to say what they had done particularly well that year. The provider had a low staff turnover and good retention rates and recruitment records confirmed this. We found that teamwork was heavily motivated with the processes and ideas brought forward by the management team.

There were officers to champion work in specific areas, for example in activities, dignity and diversity, health and safety and nutrition. They worked across the provider's units. These members of staff were required to audit and monitor these areas of practise and liaise with key workers to take action where appropriate. For example, the health and safety officer had carried out audits in infection control and food safety. The audit had led to some actions required which had then been fulfilled, checked by them and signed off. All officers

submitted a monthly report to the deputy manager for each unit in the organisation, covering any changes and updates. They updated staff on any legislation or news in their areas of expertise. Each key worker was also required to send the deputy manager a monthly report about the person they were caring for so the management team could remain well-informed of any updates.

The manager and deputy manager carried out regular spot checks on staff to ensure they were working as expected. This included ensuring that duties in the home were carried out fairly, talking with people who lived there, and checking that staff were punctual. Disciplinary action was taken when appropriate. Performance management systems were in place when needed to ensure that staff were working to the expected standards. This meant that the service was monitored so that problems would be picked up and acted upon and people were working to a high standard.