JC Kunning

The Beeches

Inspection report

The Beeches
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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

This announced comprehensive inspection took place on the 25 and 26 July 2017. At the last inspection on 15 and 23 June 2016 we asked the provider to take action to make improvements to systems and processes to support and record that staff had the required up to date qualifications, skills and experience necessary to ensure they were competent in undertaking their role and that this was regularly reviewed. This action has been completed.

The Beeches is a care home for up to 11 people with a learning difficulty or mental health condition and is located in the village of Brandesburton, close to the town of Driffield, in the East Riding of Yorkshire. The service has spacious grounds with a parking area, good transport links and within walking distance of the local amenities.

A registered manager was 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.

Risk assessments were detailed and included the necessary information about each individual's specific needs and guidance on how to provide person centred care. Staff had excellent knowledge of people's needs and how to adopt a positive approach to supporting those needs.

Emergency evacuation plans were in place. The manager was considering whether or not to include a photograph of each person which would assist in the event of a fire occurring. We also discussed a specific folder to hold everyone's Personal Emergency Evacuation Plan (PEEP) for quick access by the fire warden. The manager advised he would look at putting these in place.

Care was planned in partnership with people living at the service and their relatives. The management and staff were committed to working with people. This created a family atmosphere which was apparent from talks with staff and people living at The Beeches.

People were treated with respect and compassion and were relaxed with staff. They told us they felt safe and that there was always enough staff on duty to meet their needs. Staff could identify different types of abuse and knew what actions to take if they witnessed any abuse or had concerns.

Everyone living and working at the home felt valued for their contribution in creating as close to a family environment as possible. This was regularly referred to as the, 'The Beeches family' during the inspection. The management were continually trying to improve their service and ensured staff and people living at the home were able to give feedback and ideas to feed into this process. Regular staff and residents meetings were held to plan future events and discuss any concerns or ideas for improvement.

The Beeches encouraged reflective practice in their staff team. Systems were in place to monitor and check the quality of services to identify where improvements were needed or where best practice had been effective.

The management structure was clear and all staff and people living at the service knew the manager by name. We observed positive interactions between people, staff and the manager and could see that the ethos of allowing staff to be led by individuals living at the service was embedded across the organisation.

People were supported to cook meals for the group or for themselves and staff encouraged independence by offering assistance to go shopping for ingredients. We could see that people's preferences were in their care plans, and had also been catered for on the day of this inspection. Staff understood people's specific dietary requirements and these were catered for accordingly.

People's capacity to make decisions was regularly assessed and where people lacked mental capacity other options were exhausted before decisions were taken in their best interests. Involvement with health professionals and people's relatives ensured the relevant individuals were involved in making those decisions. The manager had made appropriate applications for authorisation to restrict people's liberty where it was necessary and in their best interests.

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.

Staff received the necessary training to safeguard people from the risk of harm and knew how to identify signs of abuse and take the necessary actions required of them.

Medicines were administered, recorded and stored safely.

Recruitment processes ensured the necessary checks were completed prior to employment and that the right people were selected to work within the service.

Is the service effective?

Good

The service was effective.

People were encouraged to live as independently as they could and any support was centred around the individual and their needs. Staff supported people to be autonomous which gave people a sense of purpose and value.

Staff received appropriate training to meet the needs of the people living at the service and understood the principles of the Mental Capacity Act. Keyworkers were allocated and given specific training in line with person centred care for each individual.

Management were continually looking to improve upon best practice and spent time with staff discussing ideas and reflecting on current events to collate and share any lessons learned.

Is the service caring?

Good

The service was caring.

Team working was encouraged between staff and people living at the service and this was reflected in the way people chose to

participate in activities and events. People were also encouraged by staff to be as independent as they could be and given confidence to make their own life choices.

People were encouraged by staff to be as independently as they could and any support was centred on the individual and their needs.

Both staff and people living at the service felt part of a bigger family and respected each other's diverse needs. People had a sense of belonging and felt they were respected for their individuality.

Is the service responsive?

Good

The service was responsive.

Peoples care plans were detailed and included their needs and preferences. Regular reviews were completed and people played an active part in deciding how staff could effectively support them.

We observed numerous person centred activities to meet people's needs. All daily activities, meetings and events were led by the people living at the service.

People felt comfortable raising concerns and were confident the management would take any necessary actions.

Is the service well-led?

Good

The service was well-led. There was a registered manager employed at the service.

People felt that management and staff were approachable and were able to meet their needs.

The management and leadership of the service inspired the staffing team. The manager had a passionate approach and this was reflected in the culture of the service which encouraged ultimate independence of each individual in a personalised way.

The manager regularly looked at ways to improve practice and ensured any lessons learned were relayed to staff.

The Beeches

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.

This inspection took place on 25 and 26 July 2017. The inspection was announced.

The provider was given 48 hours notice because the location was a small care home for younger adults who are often out during the day, and we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors and an 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.

In preparation for this inspection, we reviewed information we held about the home, such as information we had received from health watch, the local authority and notifications that the registered provider submitted to us. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

On the day of the inspection, we spoke with eight people who lived at the home, three staff, the assistant manager and the manager. We looked around communal areas within the home and some bedrooms, with people's permission. We looked at records, which included the care records for three people who lived at the home, the recruitment records for three members of staff and other records relating to the management of the home, such as fire safety records and emergency evacuation planning, medication, activities and partnership working.

Good

Is the service safe?

Our findings

We looked at the recruitment files of three members of staff, which included previous employment references, application forms with a full history of employment and Disclosure and Barring Service (DBS) checks.

For a number of years The Beeches has accepted people on work experience from local colleges and as a result they have returned to apply for positions and been successful. We observed that the staff team have taken on this passion to learn from the people living at the service, to hear their voices and work with them to promote their highest level of independence.

Not everyone living at The Beeches felt comfortable to verbally share their feedback on the service with us during the inspection; this was because some people did not feel confident in talking to strangers. However, through observations and people's reactions to staff we could clearly see that people were at ease with staff, and staff understood their needs even when using non-verbal methods of communication, indicating they felt safe and at home.

All staff received training in safeguarding vulnerable adults as part of their induction and this was regularly updated. Staff demonstrated good knowledge of potential types of abuse, signs to look for and actions they would take to safeguard people living at the service. One member of staff told us, "I would challenge immediately and report to the manager. If it was someone in management I would take higher and if institutional I would involve CQC."

Staff told us they would not hesitate to use the whistle blowing policy if needed and were aware of external agencies they could refer to, such as the safeguarding team and the care quality commission (CQC). However, staff told us they felt confident in the managers abilities to deal effectively with any concerns or issues. They felt management were approachable and open to ideas from staff to improve the services delivered.

We saw policies and procedures were in place such as disciplinary, equality and diversity and a guide to peoples human rights specific to those in a caring setting. Staff were aware of these policies and had good knowledge of them.

Staffing levels were sufficient on the day of our inspection. However, some staff were concerned about two individuals safety when they were providing them with personal care. This was due to recent changes in the mobility of the two people. Staff told us they had not spoken to the manager at the time of our visit, but would be raising their concerns. People we spoke to told us they felt safe and that enough staff were on duty to meet their needs.

With the consent of staff we spoke to the manager about the situation and although they had been aware of the deterioration they had not been made aware of the current situation. They told us they would request an immediate re-assessment of the two people's needs. In the meantime they were going to assess the

situation, update the risk assessments to make sure they were up to date and during times of personal care activities they told us that two carer workers would be allocated to ensure the safety of the people and the staff involved.

One person told us they received their medicines when needed. We saw that medicines were administered, recorded and stored correctly. Policies and procedures were in place. In addition protocols for 'when required' or PRN medicines were in place.

We observed staff chatting to people prior to administering any medicines and we could see the relaxing effect this had on people. This ensured that people took their medicines supporting their health and well being.

There was a separate fridge to store medications and although this was not locked, it was kept in a room that was locked at all times and people were only allowed access with a member of staff present. We noted that for more specialist medications staff had the appropriate training in place. During outings a specialist grab bag had been made up for staff to carry at all times for emergency administration of these medicines.

There were no issues around infection control. However, the infection control policy and procedures were very brief and we suggested the provider look at best practice guidance to review and update these.

Accidents and incidents were recorded and any actions taken were detailed. The manager encouraged reflection on accidents and incidents. As part of this process the accidents and incidents were analysed and any learning discussed with the staff team to promote information sharing and to drive improvements.

Risks to people's health and safety were assessed. The assessments were detailed and provided staff with clear guidance on any action they should take. These were reviewed and updated regularly. We saw one resident had an alert mat under their mattress and a call bell with them at all times due to their complex needs. One staff member held a device on their person at all times which alerted them should the person be experiencing difficulties. We observed response times by staff to be immediate and their knowledge of the persons condition was very detailed.

Staff were knowledgeable about individual risks to people. For example one person living at the service was singing loudly which resulted in another person demonstrating their annoyance. The staff calmly asked the person singing loudly if they would like to help them in the kitchen, which they were happy to do. This action by staff distracted them preventing any escalation of the situation.

Emergency plans were in place. The provider told us that in order to make these more effective they would be adding, contact information for each resident including each individual's Personal Emergency Evacuation Procedure (PEEP). They would keep this information in an easy to grab folder they could take outside. We discussed the benefits of the PEEP's including a photograph of each resident so they were easily recognisable should they need rescuing in the event of a fire.

Good

Is the service effective?

Our findings

The manager was enthusiastic and passionate about recruiting staff with the necessary skills and experience to enable continued growth within the organisation.

Staff had the appropriate knowledge and skills to meet people's needs. People living at the service told us that they felt staff were well trained and able to meet their needs.

Staff completed a four day induction programme which included mandatory training such as fire safety, safeguarding, medication and health and safety. The training was then embedded through a period of shadowing allowing staff to gain confidence and senior members of staff to check their competency prior to working independently.

Keyworkers were given specific training depending on the needs of the people they were supporting. For example, staff were trained to administer specialised medications and had additional training on conditions relating to the person they supported.

The manager told us that the Personal Development Plan (PDP) for each member of staff included allocated training where SMART targets were used to make it a more person centred experience for staff. SMART goals are Specific, Measurable, Attainable, Relevant and Timely. This encouraged personalised care to meet each individual's needs.

A training matrix was in place which showed us training that staff had attended. It also identified where a refresher was required. The manager was in the process of scheduling dates for any outstanding training courses.

The manager had created a word workbook based on the 'Skills for Care Standards,' which sets out the minimum requirements needed for staff to competently carry out their role. The workbook was offered to the local authority tutors to utilise in training courses for students to benefit.

The provider had utilised their knowledge of fire safety to implement a specific fire safety training course, which they had discussed with the local fire service to ensure all factors were incorporated and easily understood by both staff and people living at the service.

Staff had been trained on how to use restraint in the least restrictive way to manage behaviours. They were guided by management in the use of restraint. The manager told us that they rarely needed to use restraint and how when used, it had been used in a dignified way as a loose cuddle rather than anything too restrictive.

Detailed records were kept in order to identify any patterns in behaviours and their triggers. Management and staff liaised with health professionals when necessary to support positive interactions between people living at the service and themselves.

We noted that staff on work experience were working towards Level Three in Health and Social Care as a National Vocational Qualification (NVQ). An induction was still completed and staff supervised at all times.

Staff were supported through regular supervisions and staff told us that they could speak to management at any time if they had any queries or concerns - they did not have to wait. In addition annual appraisals were completed which included a self-appraisal to encourage thought and reflection on what had gone well and what could have been done better. The importance of self- reflection to improve practice was encouraged on a daily basis to improve personal development and practice within the service.

Health professionals and staff worked closely together to re-assess any changes in people's needs. For example, one person's medication needed to be changed, staff monitored and recorded closely to make sure there were no adverse effects. Staff spent time with people to ask how they wanted to be supported, each person had their own file which they shared with social workers to showcase how their needs had been met.

We spoke to three members of staff. Their knowledge and understanding of people living at the service was exceptional. They had an awareness of how to develop people's independent living skills and encouraged people to be themselves. One person told us that the staff were very nice.

People lived full lives without restrictions being placed upon them. We saw that people were a part of the local communities and made valuable contributions to others lives. For example, each year a 'Family Fun Day' was organised and everyone nominated a charity to consider for raising funds and these often supported needs within the local community.

We observed staff asking people what they would like for breakfast and offering different choices. Staff told us, "We all sit down and discuss the menu and if any people have suggestions or requests we put them on the menu."

Snacks and drinks were provided by staff throughout the day and people independently prepared food and drinks for themselves. We could see that people's likes and dislikes which were recorded in their care plans were accommodated. Staff ensured that those people with any specific dietary requirements such as diabetic or gluten free diets were supported.

A communications folder was used by staff to share important information during shift handover. Staff told us any important information was also verbally relayed to them prior to them starting their shifts.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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's rights were protected because the managers and staff understood their responsibilities in relation to the MCA. Staff we spoke with had a good understanding of how to apply the MCA and where there were any concerns about a person's ability to consent, they knew how to assess them in line with the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty safeguards (DoLS). The manager understood their responsibilities in relation to DoLS and had submitted an application appropriately to the local authority.

People's consent to care and treatment was documented in their care plans and the staff were seen asking for people's consent prior to giving them medicines or assisting them with any personal care.

The premises were currently being redecorated and people's needs had been taken into account. The décor chosen was neutral to assist those with any cognitive impairment and people told us they were happy with the personalised décor of their own rooms and any communal areas.

People showed us their rooms and we could see that they were individualised. They had been painted in colours chosen by people and some had posters of their favourite singers or football teams on the walls. People's rooms were individual to them and their personal preferences and choices had been respected by the staff.

Good

Is the service caring?

Our findings

Staff had a good overall knowledge and understanding of people's needs and any specific requirements. For example, encouraging people to eat the right foods to support specialist diets and providing regular reassurance to one person to ensure they used protective equipment in place when needed to prevent injury due to a health condition. One member of staff told us "I leave my own life at the door and start my shift with a smile and by the time I leave I feel uplifted."

There was awareness amongst staff of how emotions can determine the type of atmosphere and mood amongst people. The staff team showed dedication, kindness and respect towards people and each other, creating a warm and inviting atmosphere to maintain people's well-being.

We observed staff awareness of individuals moods throughout the visit. Where needed they offered support or a quiet area to discuss how people were feeling. Staff took the time to support people emotionally and were proactive in their approach.

The team of staff communicated well between themselves and allowed people time to express their needs. One person told us, "It's like one big family here," and people felt comfortable approaching staff to discuss their personal matters.

The manager had a strong sense of commitment to both the people living at the service and the team of staff. Staff told us they used self-reflection regularly and tried to put themselves in the other persons shoe's to understand how they felt. This enabled them to think about how they would like to be treated and to protect people's human rights.

The home encouraged interactions and relationships between the people living at the service and their relatives. The manager spoke to us about bringing people together to connect as a team and had taken the time to find out peoples specific likes to help support good relations between people in the service. For example, two people living at the service were finding it difficult to connect. The manager took time to find out their likes and identified similarities in their favourite programmes, this was utilised to support positive interaction between the two people. People's families were invited to social events and meetings in order to have their say and maintain relationships.

Information on advocacy services was available to people living at the service and staff had supported people to access an advocate when needed.

Detailed information was recorded for people's wishes in the event of death. These included nominated individuals, burial plot locations, details of the cemetery and funeral directors and any advance decisions about end of life care.

Everyone embraced the diverse needs of people in order to personalise the care to each person. When allocating keyworkers to people living at the service, staff told us, "We found that [Name] liked skate

boarding and I do as well so it's good because already we share similar interests and it helps to build good relations." Staff supported people to access work related activities and educational courses outside of the service and this promoted their independence ensuring they gained opportunities that were available to them.

Staff told us they always maintained people's dignity and privacy. One member of staff told us, "I always knock on the door before opening it." We observed staff quietly assisting people to bathrooms and saw that privacy and dignity was considered at all times. The manager told us that there was a dignity champion to promote dignity and share best practice with other staff in the team.

People told us that they trusted staff and felt that their confidentiality was maintained.

One staff member told me that people requested lifts to the local shops and to promote healthy lifestyles, independence and life skills they tried to encourage one to one walking with them. Staff respected individual's choices to accept or decline healthier options. The home had re-invested in a new on-site vehicle in 2016, which was used to transport people to various activities and appointments each day.

The home had a designated smoking area with seating for people and staff to use.

Good

Is the service responsive?

Our findings

Assessments of people's needs were carried out prior to admission into the home. Information about life histories, likes and dislikes, daily routines and how people wanted to be supported was collected which gave staff information about the person.

Using this information care plans were written that included a one page profile. These detailed, 'what people appreciate about me, what is important to me and what is good to know.' They included written and pictorial content and enabled people to express their preferences, emotions and individual needs. They also included records of visits by healthcare professionals and the advice or treatment they gave to people.

In addition there was a key information sheet which was a brief summary of needs and included a photograph, preferred name, medical conditions and allocated key worker. This sheet also confirmed any other family members or key people involved in a person's care planning giving staff an overview of important information.

Responsibilities had been given to keyworkers to regularly update care plans, review risk assessments and ensure people were supported to access the community or activities/outings they were interested in. Monthly reviews of care plans were carried out and staff updated them earlier if any changes had been identified.

Staff had a shift planner in place to assist with the handover process. This document held information such as, the shift leaders, information in relation to each service user's care and support being completed, activities, medications, bed sensor checks and any appointments for that day.

We heard from staff that one person received a phone call from their girlfriends mother checking they were still meeting up. Another person had been going through a difficult time and all staff had an awareness to gently support any additional emotional needs during this period. This showed us that staff had a general awareness of individuals independent interactions and maintained enough knowledge to know when additional support may be required.

Staff told us that people were happy the majority of the time and approached staff with their problems. When discussing choice and activities, staff knew peoples preferences and told us, "[Name] enjoys one to one instead of group activities. [Name] asks to go fishing with their favourite member of staff." We could see people were consulted and supported to access activities and community events. The manager told us that a couple of residents liked to visit the local pub and with staff support have built good relationships within the local community.

Positive outcomes were shared with staff and practices that worked well with people were re-visited or new ideas discussed with people to see how best they could be supported.

People were encouraged to make their own choices, such as, what clothes to wear, what to eat and deciding

which activities or outings they would or would not like to attend. People felt comfortable making their own decisions such as deciding not to attend residents meetings and staff accepted individual choices.

During our inspection we observed people choosing their own music to play and singing along to different songs. Staff facilitated positive interactions between people and encouraged different activities or one to one time. Some people chose to sit in quiet areas or make use of the wider facilities within the grounds for football or walking.

The manager had recognised that some people living at the service expressed an interest in playing guitar. In response to people's requests the manager arranged for a tutor to teach everyone that had an interest. One of the people told us they liked to play and sing on the stage in the grounds and another person told us they had season tickets to attend their favourite football club.

We saw guidance about how people could make a complaint and the process was easily accessible for people. Information was on the noticeboard and an open door policy was used for people to talk through any concerns with staff. We observed people using the open door policy during our visit, although this was mainly for reassurance when needed.

Regular residents meetings were held where issues and concerns could be discussed. People felt comfortable approaching staff to talk about any concerns they had. One member of staff told us they had supported a person to make a formal complaint and that they were happy with the outcomes.

Staff were aware of the complaints procedure and felt that the manager would listen, keep their confidence and make improvements if needed.

Good

Is the service well-led?

Our findings

During our previous inspection in June 2016 we found that the provider did not have robust systems and processes in place to record that staff had the required up to date qualifications, skills and experience necessary to ensure they were competent in undertaking their role and that this was regularly reviewed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
The provider had put measures in place and this breach of regulation had now been met.

Since the last inspection the manager had reviewed their recording systems and processes around what training and skills staff had. This included the introduction of a new training matrix and the up skilling of two staff so the manager could delegate duties, such as supervisions where training was identified and scheduled. The induction had been reviewed to provide the necessary information and training to ensure staff were competent.

The provider had a training matrix in place which identified courses that staff had completed. The manager was in the process of updating any scheduled training and inputting onto the matrix. Staff received a four day induction programme which covered policies and procedures, mandatory training, introductions to people living at the service and their care plans/risk assessments. Staff told us they felt competent in their roles and that the induction gave them enough knowledge and skills to carry out person centred care and support.

Prior to our inspection the service had been working in partnership with other organisations to look at continual improvements they could make to better support people. This included visits from Healthwatch, health & safety representatives, the local authority and a pharmacist in relation to medicines management. As a result of these visits best practice guidance or lessons learnt were shared with people living at the service and staff in meetings. This encouraged continual improvement to the quality of the services provided.

The manager also encouraged feedback and ideas from staff to enable them to feel part of the team making improvements to people's lives. The involvement of staff and people who used the service in planning and deciding how things were run nurtured good team relations and communication throughout the service. Staff told us they felt valued as a result of this method of collaborative working and we could see that people living at the service were happy and felt a sense of purpose.

People living at the service felt management were open, honest and transparent. Staff said that they felt supported and valued. One care worker told us, "The ethos is around the importance of people being happy. We want the best for our residents as it's their lives to enjoy and it's about taking time to talk and get to know people, laugh and joke with them." We were told by another member of staff, "We have a person that occasionally wants to speak with the owners as they see them as part of their family and we support this as it makes them feel better."

When we asked people if they felt staff were approachable they told us, "Yes, they are our friends."

The management had invested time with external agencies to accommodate people's areas of interest. One person regularly spent time at a local farm doing various activities such as helping to collect home grown vegetables. We were told that people showcased their files to social workers when they visited to show them how their individual interests were met.

The home had a personalised approach, in that they learnt from the people living at the service. For instance one person had wanted to do cleaning independently but was unable to mobilise for long periods of time. The manager asked the person how they could support them to do this; the person proceeded to lean against the wall and used objects with their free hands.

Both staff and management adopt this approach in that they are focused on allowing individuals to take the lead and open to people solving their own problems if they have the ability so that they retain their independence. This showed us the versatility of the leadership and management of the home.

Regular monthly audits and checks were in place for care plans and reviews, staff supervisions and medicine administration.

The manager carried a small book around with them to record and date any observed practice in an unstructured and informal way. This allowed them to identify any common themes so they could be incorporated into the monthly action plans. They could also update when tasks had been completed, which kept them motivated and focused on achievements. Ideas from partnership working were also noted so that the manager could share areas of interest with staff. They attended meetings with other providers run by the local authority and used this opportunity to share best practice that had worked for other providers in similar settings.

A new approach had been adapted from discussions with other registered managers, such as ten minutes at ten o'clock. This allowed time with those using the service, to ask if they were struggling with anything. The manager told us, "They are the boss" and staff see this as an opportunity for people to learn skills to problem solve for themselves.

Through our discussions with the manager it was clear they took a holistic approach in that they spent time getting to know both their staff and people living at the service on a more personal level. They felt very responsible and accountable for both staff and people involved with the service and worked hard to ensure goals were set as a team and that everyone was happy in their work.

The manager involved staff and delegated responsibilities so that staff could develop their skills and feel valued for their input within the wider scope of the team. Roles had been distributed amongst the team of staff, such as dignity and oral health champions. The manager had a strong work ethos and was continually striving to improve the overall experience for those working and living within the home.

As a result of partnership working and researching of topics 'Star Performer' had been introduced for people using the service. A star is made up of two halves, one for cleaning and the other for an activity. This has worked as a valuable prompt tool for people to select one of each work or social related activity to build independence. A similar system is in place for staff which leads to performance related pay. Results were collated monthly and displayed on the office wall.