

# Burgess Care Limited

# Burgess Care

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 25 May 2017 and was unannounced.

Burgess Care is a residential care service and provides accommodation, care and support for up to 20 adults who have a learning disability. People who use the service may also have behaviour that challenges, or autism spectrum conditions that require specialist care and support. At the time of our inspection there were 20 people living at the home. The home is in a rural setting and divided into four houses known as Treetops, Meadows, Acorns and Paddocks. These all provided care for people with differing needs.

A requirement of the service's registration is that they have a registered manager. 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 a 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.

At the last inspection in March 2015 the service was rated good. At this inspection we found the service remained good, although we found the responsiveness of the service to people's needs was now outstanding. Each person who lived at Burgess Care was treated as an individual with their own unique qualities and characteristics, no matter how challenging some of their behaviours could be. Both managers and staff were extremely committed to making things possible for people that others may take for granted.

Staff had an extremely in depth knowledge of each person, their likes and dislikes, their important routines and how they demonstrated anxiety. Staff were very creative in thinking of ways of meeting people's needs and felt empowered to share ideas and suggestions for the good of the people in the home.

People's desire for more independence and their potential for more independent living was recognised and actively promoted which meant people's lives had improved and their horizons expanded.

There were enough staff to meet the varying and complex needs of the people living in the home. Staff understood their responsibilities to protect people from the risk of abuse and the registered manager checked staff's suitability for their role before they started working at the service.

Potential risks relating to each person's care had been identified and plans had been developed to inform staff how to manage and reduce the risks. Staff had received training and support to meet the specific needs of people living in the home. They felt confident to support people at times of agitation or distress to keep the person and others safe.

The provider worked in partnership with other health and social care professionals to support people's needs. Medicines were stored, administered and managed safely.

People had developed strong relationships with staff. Staff listened to people and responded in a kind and compassionate manner. Staff knew about the care people needed, gave them time to express their views and respected the decisions they made. People had opportunities to do things they liked and that interested them.

The registered manager had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people's care plans included restrictions on people's right, choices or liberties, the registered manager had applied to the Supervisory Body for the authority to do this in people's best interests.

The service had a clear management structure with effective systems and processes for overseeing all aspects of care. Staff were motivated and inspired by the management team to deliver a person centred service, displaying the value of putting people at the heart of what they did. The registered manager was enthusiastic to seek out best practice to drive improvement in the home.

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Outstanding ☆

The service has improved from good to outstanding.

Each person was treated as an individual with their own unique qualities and characteristics, however challenging some of their behaviours could be. Both managers and staff were extremely committed to making things possible for people that others may take for granted so their lives improved and their horizons expanded. Staff had an extremely in depth knowledge of each person and were creative in thinking of ways of meeting their needs. People's desire for more independence and their potential for more independent living was recognised and actively promoted.

### Is the service well-led?

Good ●

The service remained well-led.

# Burgess Care

## 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 was 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.

We inspected the service on 25 May 2017 as an unannounced inspection. This inspection was undertaken by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who used, this type of service.

Before our inspection visit we asked the provider to send to us a Provider's Information Return (PIR). This document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection. We found the information contained in the PIR reflected the service.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract service, and monitor the care and support the service provides, when services are paid for by the local authority.

We spoke with six people living at the home and three relatives. We spoke with the registered manager, three house managers, three care staff and one member of non-care staff. We observed care and support being delivered in communal areas. We contacted a healthcare professional who provided feedback about the care provided at the home.

We looked at a range of records about people's care including four care files, daily records and charts. This was to assess whether people's care delivery matched their records. We reviewed records of the checks the registered manager and the provider made to assure themselves people received a quality service.

We looked at three staff personnel files to check that suitable recruitment procedures were in place, and

that staff were receiving supervision and appraisals to continue their professional development.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be good.

People and relatives told us the home felt safe because they knew staff were genuinely concerned about their welfare. One relative told us, "Compared to previous places [name] has lived, this place is absolutely brilliant. They are safe here."

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Staff had received training in safeguarding and knew what safeguarding meant, how to report it and who to report it to. One member of staff told us, "Abuse comes under so many umbrellas. Physical, financial, psychological or not putting the person's needs first." Staff told us they constantly monitored people so they could identify any signs they were concerned or distressed, especially if they lacked verbal communication. One staff member explained, "You have to be aware of their facial expressions and their behaviour. If their behaviour drastically changes, you have to look into why they are unhappy." Where a safeguarding concern or incident had been identified, the registered manager had taken action to report this to the appropriate organisations in accordance with their legal responsibilities.

There were enough staff to meet the varying and complex needs of the people living in the home. Most people required one to one care and one person required the support of two staff at all times. This level of staffing meant staff were able to monitor people's behaviours so they could immediately engage with them if they started to become anxious or agitated. A typical comment from staff was, "The management don't ever leave it unsafe. Our priority is always to look after the people here."

The provider's recruitment process ensured risks to people's safety were minimised because checks were made to ensure staff who worked at the service were of suitable character.

Potential risks relating to each person's care had been identified and plans had been developed to inform staff how to manage and reduce the risks. Some people were at risk of harming themselves or others due to their complex needs. Risk management plans detailed what the triggers could be for such behaviours, and what techniques staff should use to distract the person and change their behaviours to be more positive.

Some people could demonstrate unpredictable behaviours that could escalate when they were in the community. Staff told us that positive risk management plans supported them to keep people safe without restricting them. They explained how they were vigilant for any situations or incidents that could trigger a negative response so they could be proactive in maintaining the safety of both the person, and those around them. One staff member told us, "You are constantly risk assessing all the time." They gave the example of one person who could become anxious and agitated if they were kept waiting in shops. They told us they managed the risk by 'intensively interacting' with the person to distract them from the fact they were waiting to be served. Another staff member told us, "[Name of person] can get stressed in certain situations so you avoid them when you are out and about so they feel comfortable."

People's medicines were stored and appropriately managed. There was a clear medicine administration procedure in place. Staff who gave medicines had received training in medicine management and their competency was regularly assessed to ensure they continued to give medicines safely. There was guidance in place for when people required 'as required' medicines, such as pain relief or medicines for anxiety. The guidance ensured people were given this type of medicine safely and consistently. Daily and monthly checks assured the provider that people received their medicines as prescribed.

The provider had taken measures to minimise the impact of unexpected events happening at the home. This was to ensure people were kept safe and received continuity of care.



# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

Relatives felt their family members received effective care because staff understood them as individuals. One relative told us, "[Person] has no verbal communication, but I feel staff understand them well."

When staff started work at Burgess Care they received an induction to ensure they understood their role and responsibilities and had the knowledge to support people effectively. The induction included specialist training in how to support people with autism and a period of working alongside more experienced staff. One member of staff told us, "It is a robust shadow period and for team leaders it is two weeks." The induction training also supported staff to receive a recognised 'Care Certificate'.

Some people who lived at Burgess Care could become very distressed and agitated which could sometimes require physical intervention to keep them and others safe. All staff completed a three day course in managing challenging behaviours when they started working for the service and this was refreshed annually. The training was 'non-abusive psychological and physical intervention', commonly known as NAPPI. Every member of staff we spoke with stressed the psychological interventions, and told us physical restraint was only used when behaviours became dangerous. One staff member explained, "You know how to deal with any challenging behaviour. You know what to look for and what to do to help them and support them and bring them back round to being happy. We use a lot of the psychological side of it rather than the physical." A healthcare professional confirmed this, "I feel the service has a sound knowledge of people with learning disabilities, complex needs and autism spectrum disorder and their approach to managing behaviours that may challenge is very person centred and successful." However, when staff had to use physical restraint, they told us they felt confident they were implementing it effectively and for the minimum amount of time necessary to keep the person safe.

Staff spoke positively about their training and developmental opportunities. One staff member told us, "The training is very regular. We have refresher training yearly. [Registered manager] has a training matrix and you get information sheets about what training is available and who needs to go on it."

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a good understanding of the MCA and DoLS legislation. They had undertaken capacity assessments to determine which decisions each person could make themselves and which

decisions should be made in their best interests. Where people's care plans included restrictions on people's rights, choices or liberties, the registered manager had applied to the Supervisory Body for the authority in people's best interests.

Staff understood the importance of promoting and supporting people to make as many of their own choices and decisions as possible. They also understood that capacity could fluctuate. One staff member told us, "We ask questions at different times of the day or when they are more settled." Staff used tools to help people to make their decisions. One staff member explained, "Capacity is decision specific. Where possible we will always engage choice, whether it is through photos or objects of reference."

People were able to access food and drinks throughout the day. People were supported to maintain a balanced diet that was suitable for their individual dietary needs and met their preferences. One person told us they had joined a local slimming club and staff were helping them to maintain their diet. Another person had a 'drink memory board' to remind them not to always choose their favourite fizzy drink. This demonstrated there was a focus on encouraging healthy options, but still allowing personal choice.

The provider worked in partnership with other health and social care professionals to support people's needs. One healthcare professional told us, "It is clear that the service has developed good working relationships with local professionals which promotes collaborative working and enables a holistic support for each person being supported. ....I am involved in any capacity assessments and best interest decisions where appropriate."

## Is the service caring?

### Our findings

At this inspection we found people enjoyed the same positive interactions with staff as they had during our previous inspection. People had developed strong relationships with staff and the rating continues to be good.

During our visit, we saw staff listening to people and responding in a kind and compassionate manner. Staff knew people well, talking about hobbies or discussing people's comfort in the hot weather. Staff knew about the care people needed, gave them time to express their views and respected the decisions they made. One person told us, "I've got my own space and my own freedom."

There was a friendly, relaxed atmosphere throughout the home. Even during challenging moments, staff worked well together to minimise people's anxieties and distress. People appeared relaxed with staff and to enjoy their company.

Relatives told us the care was excellent and they were happy with the level of kindness and thoughtfulness shown by staff. One relative explained how they thought staff went the 'extra mile' saying, "[Name] and their driver were in a minor accident whilst driving. They were taken to hospital. We were notified straightaway. A member of staff was with them, but a manager came out to the hospital to meet us there to ensure we were all okay. It turned out it was the manager's day off, but they still came to the hospital to check on things. I think this was above and beyond what you could usually expect."

Staff responded to non-verbal cues and encouraged communication. For example, one person went to the kitchen to make a cup of tea. They were able to complete most of the task independently, but once the kettle had boiled they gestured to a staff member. The staff member asked the person if they would like them to pour the water and the person nodded. Once poured the person completed the task and walked into the lounge with their drink. The staff member told us, "I knew what [person] wanted, but by asking I was encouraging communication."

Whilst staff were friendly and relaxed with people they were also respectful in their interactions and communicated positively with people to correct inappropriate behaviours. For example, a female staff member asked a male who lived in the home to respect their personal space when the person continually hugged them. This was done in a gentle way that did not devalue the person who smiled and apologised immediately.

Trust was a word that staff used consistently throughout our visit. They told us it was vital that people received support from a consistent staff team who they had grown to know and trust. The registered manager explained how they had devised 'profiles' for staff to match them with people in the home. This took into account the likes, dislikes and interests of both the staff member and the person. However, they acknowledged that people did not always gel with some staff and it was important to respect that. One manager told us, "[Name of person] has selected their own core team of staff members and we are able to facilitate that 99% of the time."

The importance of people maintaining meaningful relationships with family and friends was recognised. The PIR told us, "Families are encouraged to visit as frequently as they wish and are always made welcome and provided with privacy to engage with their relative. Where transport is a problem the home will facilitate visits home where this is appropriate and support these visits to make them as positive as possible." One person had a board with pictures of their friends and family and the numbers one to fourteen. The board allowed the person to countdown to their next visit home which offered them reassurance and understanding of when they would next see their family.

Staff told us they took pleasure in their role, as they felt they made a difference to people's lives. Their positive responses revolved around the people who lived in the home. Comments included: "The best thing is the people we support, making a difference to them", "It is like a little family. We all want to do our best for them" and, "It does have its challenges, but challenging in a good way because you know you are achieving something."

## Is the service responsive?

### Our findings

At this inspection we found each person was treated as an individual with their own unique qualities and characteristics, however challenging some of their behaviours could be. Both managers and staff were extremely committed to making things possible for people that others may take for granted. People's lives had improved and their horizons expanded, and the rating for responsiveness has improved from good to outstanding.

People had very specific complex needs and staff ensured they had a consistent approach to people's routines and their environment. People's care and support was planned in partnership with them, those closest to them and appropriate health professionals. Relatives told us they were immediately informed about any changes in health and invited to attend regular care reviews. One relative told us they were involved in their family member's care planning and felt they "had a positive impact and were listened to."

Staff and managers were committed to delivering care that supported people's emotional and physical wellbeing and promoted their independence. One healthcare professional told us, "I have found the service to be very responsive to individual need and they always work in a person centred way to support people to achieve their goals and to live as independent a life as possible whilst still offering a consistent approach in managing the person's complex needs. They are very much focused on proactive strategies rather than reactive and this is always represented well."

Most people moved into the home through a planned admission and every staff member who was going to be involved in supporting the person participated in the transition process. The registered manager explained about one person who had moved from a previous placement in Wales. "I went to [name of person's] residential school. I sat in the background watching and talking to their psychologist. Everybody went who was going to work with them and all the managers because they have on-call responsibilities." They explained the transition was vital to ensure they had a comprehensive picture of the person as the information was then drawn together to develop a support plan.

However, the registered manager told us they sometimes had to respond within hours if there was a situation where a placement had broken down and a person was left unsafe and vulnerable. One healthcare professional told us about a 'particularly complex and challenging' placement. They told us, "[Person] moved in within 48 hours and it has proved to be a very successful placement for [person] when previous placements have broken down."

Staff had an extremely in depth knowledge of each person, their likes and dislikes, their important routines and how they demonstrated anxiety. Staff explained that without that knowledge they would not be able to respond to people's needs to keep them physically and emotionally safe. One staff member described how they recognised if one person needed reassurance and explained, "[Person] gets agitated and flicks their arms and their movements become jerky. You immediately take them away from what is causing them distress." This staff member went on to say, "You forget they are non-verbal because they are talking with their body language and you get to understand them. When you get to work you feel comfortable in yourself

because you know what that person needs." This was confirmed by a healthcare professional who stated, "The management structure and staffing set up works incredibly well and whether you speak to support workers, team leaders or the registered manager, you will receive the same consistent feedback about the individual's needs and how they support that particular individual."

Staff were very creative in thinking of ways of meeting people's needs. Discussions with staff showed they felt empowered to share ideas and suggestions for the good of the people in the home and that these were listened to and incorporated into individual care plans. For example, one person suffered epileptic 'drop' seizures which placed them at high risk of harm when they fell to the floor. The person refused to wear a safety helmet despite encouragement. One of the care staff decided to try a 'boxer's' helmet in the person's favourite colours. The staff member wore the helmet themselves and then encouraged the person to wear it. After four weeks the person was wearing the helmet for most of the day. The registered manager had recorded, "This was a huge success for [person] and one that has quite possibly saved their life. We have so much more to achieve with [person] but what a fantastic start in a very inspiring future."

Another person could become very anxious and the registered manager described how they had explored whether this was due to an over-reaction to sensory stimulation. The person now wore a heavy rucksack in the community and a belted dressing gown at home. Their anxieties had decreased because they had a better sense of 'where their body was in relation to the world'.

Staff spoke of one person who in their previous placement had been described as 'unmanageable and unsafe'. Because of this, there had been minimal physical or emotional interactions between the person and the staff looking after them. Staff acknowledged there had been challenges, but spoke passionately about the progress the person had made since they had been at Burgess Care, particularly in respect of their interactions with them. A manager explained, "We made [name of person] their own interaction zone where they can say 'this is my area'. With a consistent approach they will go down and interact in there. Over the time [name] has been here we have really come to understand them." Records confirmed that since the person had moved to the home there had been significant improvements in how they controlled their own anxiety and behaviours. There had been a huge reduction in the number of incidents of self-harm and behaviours that could harm other people around them.

One of the achievements staff were most proud of was supporting this person to go out into the community and have a holiday. A manager explained, "The social worker queried whether we should be taking [name of person] away because they could be so challenging. We took that on board, but proved them wrong and it was a massive success." They went on to explain how the holiday had positively impacted on the person's confidence and well-being. "When you support [person] in the community, they are very much led by staff, but on holiday they made near enough all their own choices. They trusted the staff they were with and engaged with them." Staff told us how the person had been able to visit a fish and chip shop for the first time in their life and choose what they wanted to eat. This was a real achievement for this person who normally struggled to communicate their choices and became anxious in new situations. We were shown some of the photographs that had been taken during the holiday. They clearly demonstrated a very successful outcome for this person who looked happy and relaxed with the staff who supported them.

People's desire for more independence and their potential for more independent living was recognised and actively promoted. One person had expressed an interest in moving to more independent living accommodation. The registered manager and staff supported this person through the process of making their final decision and looking at various options for where they wanted to live. The transition into the person's new home was well planned, but at the last moment there was an unavoidable delay. The delay caused the person to become very anxious and upset so staff took the person on holiday until their new

home was ready. This ensured they were in a calm and relaxed state to manage the changes and make a success of their move to more independent living.

Another person wanted to be more independent but because of their anxieties and behaviours it was not possible. After a challenging period they had moved into a self-contained flat on the site. The registered manager described the move as 'life changing'. The person's behaviours had decreased dramatically and because staff knew the person so well, they were able to refocus them very easily when they began to display anxieties. Most importantly, the person was very proud to tell us they had now been "discharged" from most of their anti-psychotic medicines and able to participate in more activities outside the home.

Staff explained that a vital part of responding to people's needs was to encourage and support them to achieve as much independence as possible. This was done through a 12 week development plan which was decided with the person. One staff member explained, "If there is an area where a person wants to develop their independence, we put in a 12 week development plan. It helps them to break the task down into achievable stages. They will try and do something and we will break it down into little steps." We saw one person preferred to live alone and wanted to develop their independence by completing their own household chores. The person had been provided with a bungalow on site and a development plan had encouraged them to learn more independent living skills such as doing their own housework and administering their own medicines. At the end of each 12 week period the plans were reviewed and people's goals and achievements were measured to see whether they had achieved their objective. In this way people were encouraged to make progress against their goals. Another person had started to do some of their own personal care as part of their development plan. When we spoke with this person they told us they had just had a shower and a shave and were clearly proud of this achievement.

Care records were continuously checked so people's care plans reflected their current support needs. This involved monthly reviews from keyworkers and managers and an analysis of handover information to ensure that where people's needs had changed, these were incorporated into their care records.

Each month people were encouraged to have meetings with keyworkers and other staff. We were told these were a mixture of group and one to one meetings and gave people an opportunity to make decisions about the care they received and how the home was run. For example, what food they wanted to eat and what colour they wanted their bedrooms decorated. One staff member told us, "They are all encouraged to participate, although everybody has their own limitations." Large picture books were used to record the outcome of group meetings and included bright colours, pictures and large text. This method of communication was accessible to all and allowed people to remind themselves of what had been discussed at each meeting.

Staff encouraged people to take part in community life. People were supported to go on holidays and trips out and about. One person told us how much they were looking forward to their planned holiday to Devon. Another enjoyed telling us about a recent holiday in Corfu. A relative told us, "[Person] is currently away on holiday supported by staff from Burgess Care. They love their holidays. They are involved in choosing where they wanted to go."

Staff made sure people had opportunities to do things they liked and that interested them. Each person had an activity plan which had been drawn up to support them specifically. Activities included supporting people with individual hobbies and interests. For example, one person enjoyed walking so staff walked with them every day. Another person attended a local college each day and had a detailed routine to support them in enjoying that activity. One relative spoke very positively about the impact activities had on their family member's wellbeing. They told us, "The nicest thing is he's been on holiday twice and that's an

outstanding thing. He goes swimming regularly, for countryside walks and shopping. He's living a much more varied life."

Some people preferred everyday tasks and enjoyed tidying their room and cleaning. Staff recognised that these activities were just as vital for some people as they helped them to remain calm and in control of their environment.

Events that involved family members and friends were organised seasonally to celebrate the time of year such as Christmas and summer. For example, each year the registered manager organised a family fun day. Pictures displayed in the home showed how much people enjoyed the day last year. The registered manager had set the date for the fun day this year and ideas had been gathered from people about what games could be played and what activities they would like at the event. One person enjoyed telling us about some of the plans for the day.

The registered manager had systems in place to promote and manage complaints. These included 'easy read' versions of the complaints process being prominently displayed in different areas of the home. Staff knew what action to take to support people if they wanted to make a complaint.

Records showed that concerns, feedback and complaints had been fully investigated and responded to in a timely way. For example, one relative had made a complaint about laundry procedures, which had been changed in response. The registered manager and provider monitored complaints to identify any trends or patterns to see if improvements needed to be made at the home. The registered manager met and discussed concerns with complainants and acted to resolve issues to their satisfaction. This showed the registered manager acted to improve the quality of the service following people's feedback.



## Is the service well-led?

### Our findings

At this inspection we found the same level of leadership and commitment to providing high quality care as at our last inspection visit. The rating continues to be good.

The service had a clear management structure with effective systems and processes for overseeing all aspects of care. Each of the four houses had their own team leaders and a 'house manager' who reported to the registered manager. One health care professional told us the service had improved over recent years and spoke positively about the staff team and the management of the service. They stated, "The registered manager is always open, honest and transparent with us and is always welcoming of any support, advice and guidance offered." A relative confirmed, "We can contact the manager at any time and if she is not available and you leave a message, they always come back to you."

The registered manager and house managers had worked for the service for a number of years, starting as care workers. They had all been promoted by the provider and supported to develop into their roles. They all spoke consistently about the aims of the provider and were proud of their achievements in developing the service.

Staff were motivated and inspired to deliver a person centred service, displaying the value of putting people at the heart of what they did. Staff appeared proud and happy within their roles. There was a strong sense of team work at the service and we saw staff working to keep people safe and provide emotional reassurance. Staff felt proud that the service had developed and improved vastly in the last few years. One staff member told us, "We are about the guys. Everything we do is for the guys. In six years I have seen such a change and for the better." Another said, "It has been a good journey getting to this point."

Staff felt supported by the management team. A typical comment was, "The dedication from the management is spectacular. That consistency from the top down really does help." Staff told us they had regular meetings with their managers where they were able to discuss their performance and identify any training required to improve their practice and personal development.

The registered manager promoted an open culture by encouraging staff to raise issues and share ideas either through their 'open door policy' or through regular team meetings. One staff member confirmed, "Meetings are positive and it is where everyone can come up with their ideas." The registered manager recognised the valuable contribution their staff made to the home by sending memos and thank you letters when they felt staff had performed well. In addition the registered manager had introduced a 'Star of the month' programme to recognise when staff had gone the 'extra mile' to support people."

Meetings were held each month with people at Burgess Care, to discuss trips out, food preferences, and issues to do with the running of the home. This meant people were involved in decisions that affected their everyday lives. We saw relatives and friends were asked to regular care reviews and to give feedback about the service in other ways, such as yearly quality assurance questionnaires. The responses to the last questionnaire had shown a high level of satisfaction. Relatives were also kept informed through monthly

keyworker reports about people's health and what activities they had been involved in. Relatives were invited to give feedback from the reports.

The registered manager carried out a range of checks and audits within the home to ensure they provided a good quality service. Where issues had been identified in audits, action plans had been generated to make improvements. This ensured the service continuously improved.

The registered manager was enthusiastic to seek out good practice to drive improvement in the home. For example, they used information about 'best practice' from experts in their field and liaised with other managers within the provider group to share success stories and learning. They also planned to increase the engagement of people in the running of the home by involving them more in the recruitment, induction and training of new staff. As one staff member explained, "It is a culture thing. We don't want to have an autocratic approach, we want them to feel valued and listened to."