

Principle Care Limited

Touchwood

Inspection report

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10 March 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 9 and 10 March 2016 and was unannounced.

Touchwood provides care and accommodation for up to 5 people. On the day of the inspection 4 people lived within the home. Touchwood provides care for people who have a learning disability. Each person received one to one support from staff and needed to be supervised whenever they went out.

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

On the day of our inspection there was a very calm, friendly and homely atmosphere. People were relaxed and happy. People's relatives and health and social care professionals all spoke highly about the care and support staff provided at Touchwood. Comments included, "I hold them in very high regard", "I think it's a super place" and "The staff are amazing, they go beyond the call of duty".

Care records were comprehensive and written to a high standard. They contained detailed personalised information about how individuals wished to be supported. People's individual method of communication was taken into account and respected. People's risks were well managed, monitored and regularly reviewed to help keep people safe.

People were encouraged by staff to be as independent as possible. People had choice and control over their lives and were supported to take part in a varied range of activities both inside the home and outside in the community. Activities were meaningful and reflected people's interests and hobbies.

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

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

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff were highly motivated, creative in finding innovative ways to overcome obstacles that restricted people's

independence, and had an in-depth appreciation of how to respect people's individual needs around their privacy and dignity.

The service had an open door policy, relatives and friends were always welcomed and people were supported to maintain relationships with those who matter to them. Staff were well supported through induction and on-going training. Staff were encouraged to enhance their skills and individual development was promoted. A staff member said, "I've started my level five, I need the challenge of having something to work towards. It's given me more responsibility and I've been really well supported"

Staff had confidence in how the service was managed, and were happy in their work. The management of the home were consistent in their approach and led by example. Staff were inspired to provide and maintain a high standard of care. Comments included, "I love my job, absolutely love it. When I take leave I miss the guys. I think I was destined to do this job", "I'm really positive about my job, I love it. It's a really nice atmosphere and a great place to work", "The managers are really good at praising you, they encourage you to do better" and "I absolutely love this job, it is so rewarding. The guys we support are just wonderful, wonderful people".

The service had a very open and transparent culture. The registered manager had set values that were respected and adhered to by all staff. Staff were encouraged to come up with innovative ways to improve the quality of care people received. Staff felt listened to and empowered to challenge practice when they felt more appropriate methods could be used to drive quality.

People's relatives and health and social care professional's opinions were sought to raise standards of care and monitor people's satisfaction with the service. Effective quality assurance systems were in place. Timely audits were carried out, investigations following incidents and accidents were analysed. Changes in practice were made to help ensure positive progress was made in the delivery of care and support provided by the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

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

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

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

Is the service effective?

Good ●

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

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

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

Is the service caring?

Good ●

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

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

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

Is the service responsive?

Good ●

The service was responsive. Care records were personalised and

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

People felt valued and were supported by staff to have an exceptional quality of life and have an enhanced sense of wellbeing.

People were supported by staff to live as full a life as possible. Activities were meaningful and were planned in line with people's interests. Staff understood the importance of companionship and social contact.

Is the service well-led?

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

Staff were motivated to develop and provide quality care.

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

Quality assurance systems drove improvements. New ideas were promoted and implemented to raise standards of care.

People were placed at the heart of the service. The service had a clear vision of continuously striving to improve.

Good ●

Touchwood

Detailed findings

Background to this inspection

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

The unannounced inspection took place on 9 and 10 March 2016 and was undertaken by one inspector.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with all four people who lived at Touchwood, three relatives, the registered manager, the deputy manager and four other members of staff. We also spoke with an NVQ assessor and two health and social care professionals, a speech and language therapist and a community psychiatric nurse, who had supported people within the service.

Most of people who lived at Touchwood had limited verbal communication, but all were able to express their views of the service. We spent time in the communal parts of the home observing how people spent their day as well as observing the care being provided by the staff team.

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

Is the service safe?

Our findings

People confirmed they felt safe and relatives told us they felt their family members were safe and had no concerns at all. Comments included, "Touchwood handle things well and deal with things well and that keeps [...] safe" and "I don't have any concerns for his safety, he is well looked after". A health care professional confirmed they had never had any cause for concern regarding the safety of any of the people they had supported within the home.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, "It's our job to protect people and care for them" and "If I went to the management they would be very supportive and listen to my concerns". People also had a very good understanding of the different types of abuse and knew who to contact outside of the service, if the need arose. Keeping safe was discussed weekly at the residents' house meetings. People showed us documentation which contained the numbers they would call if they felt unsafe. One staff member said, "We talk about abuse weekly, we gain their level of understanding and talk about who they would call."

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One staff member said, "I had to wait for all my checks to be done before I even started."

The registered manager confirmed they had adequate staff to meet people's current needs. Where additional staff were needed to cover unforeseen events, they used bank staff who knew the people well and had supported them in the past. The registered manager and staff confirmed they had not used agency staff for a considerable period of time. One staff member said, "I've worked here five and a half years and I have never seen a member of agency staff." The registered manager explained this maintained consistency and helped ensure people received care from staff they knew well, which was important. Staff were not rushed during our inspection. We observed staff acted quickly to support people when they needed assistance or required company.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. 'Positive risk taking action plans' had been used to enable people to take part in daily living tasks, such as preparing meals or making their own hot drinks. Risks regarding the kitchen environment and the equipment had been assessed and recorded. Discussions had taken place to raise people's understanding and awareness of keeping themselves safe. The registered manager said, "We really promote independence and use positive risk assessments to help support people with what they chose to do". One staff member commented, "The guys are very capable. They want to do and try a lot of new things. To take that away from them because it might be 'risky' would be a backwards step. They have come on leaps and bounds. For example, [...], for the first time made his mum a cup of tea when he went home

recently, she was gobsmacked."

People had documentation in place that helped ensure risks associated with their care and support needs were managed appropriately. Arrangements were in place to continually review and monitor accidents and incidents. Up to date environmental risk assessments, fire safety records and maintenance certificates evidenced the premises was managed to help maintain people's safety. People's needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way. The registered manager confirmed and documentation evidenced that regular fire drills took place to help ensure people and staff knew exactly what to do in the event of a fire.

Staff were knowledgeable about people who had behaviour that may challenge others. Care records, where appropriate contained 'Behavioural Plans'. These forms were used to record events before, during and after an incident where a person had displayed behaviour that may put themselves or others at risk. The information was then discussed at team meetings. Positive action that had been successful in de-escalating a situation was shared amongst the staff team to allow learning to take place. Each incident was logged on a specially designed form and recorded onto a computer database so they could be analysed to highlight any common themes or triggers. Staff told us they were encouraged to share detailed information to help keep people safe. One staff member commented, "If we have found something that had a positive effect on one the guy's behaviour, we share it with everyone so we can all try it again in the future."

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate. Staff were knowledgeable with regards to people's individual needs related to medicines. For example, one person was prescribed medicine 'as required' to help with their pain. The person was unable to vocalise when they were in pain. Staff knew signs to look out for that would indicate the person was in pain, and were able to use their in-depth knowledge and judgement in the person's best interests to decide whether that person would benefit from having their medicine administered or not.

People's complex needs with regards to administration of medicines had been met in line with the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Clear procedures for giving medicines were in place. Care records clearly detailed the correct legal processes had been followed and informed staff how each medicine was to be administered. Staff understood the need for this action to be taken, followed the correct procedure as outlined in people's care plans and completed medicine administration records (MAR) appropriately.

Is the service effective?

Our findings

People confirmed with us their needs were met by a consistent staff team. Relatives felt their loved ones were supported by knowledgeable, skilled staff who effectively met their needs. Comments included, "I cannot praise the staff high enough" and "I'm confident in the ability of the staff because I see the results. [...] has improved greatly since moving into Touchwood". A health care professional told us they held the staff in very high regard, trusted their judgements and had faith in staffs' ability to assess people's complex needs.

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Newly appointed staff where necessary, completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers received in social care settings. New employees also shadowed other experienced members of staff until they and the management felt they were competent in their role.

The registered manager explained how they supported staff to achieve nationally recognised qualifications. They sourced support from and had established links with an external agency to obtain funding on behalf of their staff. This enabled staff to take part in training designed to help them better their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the registered manager to increase their skills and obtain qualifications. Staff told us this gave them motivation to learn and continually improve. Comments included, "I've started my level five, I need the challenge of having something to work towards. It's given me more responsibility and I've been really well supported" and "I'm currently doing my level two, all the funding was all sorted out for me. I'm really enjoying it". A NVQ assessor who undertook observations of staff performance within the service commented, that the registered manager was very proactive in supporting staff development. They added that they had assessed a lot of staff over a five year period and had seen them flourish with many having progressed through to level five.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health and social care professionals and family had appropriately been involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights. The registered manager had a good knowledge of their responsibilities under the legislation.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes evidenced where consent had been sought and choice had been given. A staff member commented that a lot of decisions were made in people's best interests, based on informed judgements from staff that knew people really well. For example, staff knew one person was particularly fascinated by music and dancing, so they would select activities based around this need for the person to take part in. A member of staff said, "I know [...] really well, he needs a lot of positive interaction. He loves music and so if you remain really upbeat and involve music in an activity it can encourage his involvement". The registered manager informed us and showed us documentation where more complex decisions had been made, best interests decisions had been recorded in people's care records to help ensure people's needs were supported. A health care professional commented that staff used their judgements well, when making decisions that supported people's best interests.

Staff told us and care records evidenced it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced when a health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, a GP had been contacted promptly when staff had been concerned about a possible infection in a person's thumb. Antibiotics had subsequently been prescribed and staff supported the person until they made a full recovery. Relatives of the person told us, "I'm thrilled to bits with how he is looked after. His medical needs are always met."

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people's needs. People were supported to be involved in devising the weekly menu. This took place at weekly residents' house meetings. Photo cards were used that depicted meals people enjoyed. This assisted people to make decisions of what they would like. One person told us, "We have a meeting every Wednesday and we pick what we want to eat. The food is nice, I enjoy it" Staff talked us through ways they would help encourage or support people to choose healthier options. For example, they explained how following advice from a dietician, they would encourage one person to have a low fat yoghurt as opposed to a pudding on occasions. They said, "We have discussions with them around healthy eating. We explain the advice given by the dietician and how it can help keep them healthy. They always make their own choices; we just provide them with the awareness of healthier options." The registered manager explained the importance of promoting healthy eating. For example, one person no longer required medicine as a result of maintaining a healthier diet.

People were relaxed during lunch. People were encouraged to be as independent as possible with staff assisting only when support was needed. People were given choice to be actively involved with all aspects of meal time preparations. Staff checked people had everything they required and supported people to eat at their own pace and not feel rushed.

Is the service caring?

Our findings

People and their families were full of praise for the way staff cared for their relatives. One person told us, "Staff are caring towards me." Relative comments included, "Staff are caring and compassionate in every way", "I don't think he has ever been so well cared for" and "They go beyond the call of duty, always go the extra mile and are brilliant".

Four male adults with learning disabilities lived together at Touchwood. Staff all referred to people as "the guys" as they felt this appropriately reflected the friendly and supportive environment in the home. Signs displayed around the home re-enforced that this was the guy's home and that staff were privileged to be invited in to support them. One relative said, "They make a big thing of the fact that it is [...]s home. They do as much as they can to make sure [...] feels that way too." We observed kind and friendly interactions between people and staff take place. For example, we saw one person playing pool with staff, and staff singing and dancing in the lounge with another person. We also heard staff laughing and joking with people in the lounge whilst they all took part in activities together.

Staff had concern for people's wellbeing. Staff told us different ways they interacted with people when needed, to relieve people's distress. For example, one person would show signs of distress by placing their head in their hands or opting not to take part in activities they enjoyed. Staff knew instantly what action they could take to help ensure the person felt comforted. A staff member talked us through various different methods used to help reduce signs of distress. This included, changing the activity, putting on some music or supporting the person to use their tablet computer. They said, "You get to know the signs when someone is getting distressed. You change things up. You need to be very positive in your interaction, as they pick up on that." A comment on a relative opinion survey conducted by the service stated, 'They understand if he is anxious and are able to calm the situation. [...] feels safe with people who genuinely care and understand him'.

Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what we observed and what was recorded in people's care records. For example, one person's record noted their love for football. Staff told us exactly what team the person supported and the positive impact this had to their wellbeing. The registered manager confirmed the service had a television package installed, so they could watch their team play on TV in the comfort of their own home, and relayed how staff supported the person to take part in football training at a local college. Relatives conveyed how they felt staff struck a delicate balance between supporting people to follow their interests whilst at the same time respecting their support needs. One person said, "Staff know that [...] enjoys wrestling, but they also know he does not like to be around large crowds. Staff managed to find a smaller venue that they could take [...] to, so they could still cater for his interests, but at the same time respect his needs."

People were supported by staff who treated them with dignity and respect and supported them to maintain their privacy and Independence. One person told us, "I have my bath in peace that is important to me." Staff spoke to people in a polite, patient and caring manner and took notice of their views and feelings. When people needed support staff assisted them in a discrete and respectful manner. For example, staff told us

how it was important to respect people's routines and know when people required time alone in the privacy of their own rooms. A relative commented, "The staff respect [...]s privacy and dignity, they try their very best to help him be independent, so they can give him even more privacy."

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others.

People were supported to express their views so they could feel they matter and belong. Staff knew people's individual communication needs, and were skilled at responding to people no matter how complex the person's needs were. The registered manager explained that staff had developed unique ways of communicating with each person they supported. For example, one person had very limited verbal communication. The service worked in conjunction with a speech and Language therapist (SLT), and had devised a communication passport for the person. This contained in depth personalised information and guidance for staff on how they could best communicate with the individual. It also helped increase the person's ability to have a voice and express their preferences. A SLT commented that staff gathered all the information required to produce a fully comprehensive assessment. They added that they continued to work closely with staff, to look at others ways the person could express their feelings and increase their communication skills further. For example, through use of applications on the persons android device.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. One relative said, "I'm always made to feel welcome, oh yes." Another commented, "We have always been very welcomed since the first day we went there."

Is the service responsive?

Our findings

Care records contained in-depth information about people's health and social care needs. They were written from the person's perspective and reflected how each person wished to receive their care and support. Records were well organised, and gave clear and detailed guidance to staff on how best to support people with personalised care. Records were regularly reviewed to respond to people's change in needs. A health care professional commented that staff were very responsive and receptive towards people, had the ability to assess complex needs and were adaptable and flexible in their approach.

People and their families where appropriate were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and support their needs. For example, one person chose not to go away on holiday. Instead, whilst others went away they decided to take part in a different activity each day within their local community. Staff sat down with the person and devised an itinerary of things they wanted to do. The person confirmed to us they had thoroughly enjoyed their week. The registered manager added that they had already started to have discussions about what the person wanted to do this year.

Care planning focussed on a person's whole life. People's skills and abilities were assessed and goals were set with people that they wished to achieve. Care records were reviewed each month by the person's key worker and this highlighted where people had achieved their goals and set new objectives for the future. For example, one person's review records noted the development from the idea of attending a live concert, through to when they had achieved their dream. The concert was connected to a television programme they enjoyed watching and staff confirmed the person thoroughly enjoyed the event. A comment made on a relative opinion survey read, '[...]'s review was brilliant, he continues to grow in confidence and is more self-assured'.

People were empowered to make choices and have as much control and independence as possible. For example, one person following a house residents meeting, decided that they wished to vote in the general election. Staff sourced information on all of the political parties taking part in the election. They obtained an information leaflet with symbols and signs, which clearly set out the procedure for voting. Staff spent time with the person in the weeks leading up to the event, to help increase the person's knowledge and understanding of the whole process. The registered manager said, "[...] was determined to have his vote. He was very proud and told everyone about it. It was totally his choice who he voted for and staff supported him on the day of the election to finally have his vote."

People were supported by staff who were proactive in making sure they maintained relationships with those who mattered to them. People where possible, went home for weekends and holidays with their families. One relative commented on how staff went above and beyond in order to make sure their loved one was able to visit them. They said, "For personal reasons, we couldn't have [...] to come and stay with us as planned over the Christmas period. Staff adapted and changed all their plans, they even brought [...] to see us on Christmas day, it was lovely." The registered manager understood the importance of people

maintaining close contact with their loved ones, and told us; one of the values of the service was to work closely alongside families.

People were encouraged and supported to maintain links with the community to protect people from loneliness and help ensure they were not socially isolated or restricted due to their disabilities. Care records highlighted the importance of maintaining a community presence and social inclusion. Staff confirmed and records evidenced where people had been supported to carry out personalised meaningful activities that reflected their hobbies and interests. This included holidays, guitar lessons, bowling and meals out. Staff confirmed people led really active social lives. Relative comments included, "[...] is always going out, I know he enjoys being taken out to dinner " and "They keep him so occupied, always trying new things".

People were supported to take part in education and work opportunities. Three people attended college and one person had a job in addition to their studies. Staff explained how important having a job was for the person and how it involved work that related to their particular interests. The person showed us a brochure of where they worked and confirmed how much they enjoyed spending time there. Their relative said, "I couldn't believe it when [...] got a job, he loves it and is very proud to tell everyone."

Professionals who visited the service said staff focused on providing personalised care to the people they supported, and used best practice to achieve positive results. A health care professional commented that staff put people at the centre of their work, were quick to establish people's needs and picked up early indicators very quickly when those needs changed. They added staff responded appropriately and were not too proud to ask for help from professionals when required. They felt staff had helped add extra dimensions to people's abilities which had been evidenced in people achievements.

The service had a policy and procedure in place for dealing with any concerns or complaints. This was produced in an easy read format and kept in the entrance to the service. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. Relatives comments included, "If we need to raise a problem which is very rare, they act straight away", "Big problems don't occur, anything little I do bring to their attention, gets acted on" and "I've never had to make a complaint, I might point out silly little things which they are always quick to change. That's all". Health care professionals commented they had never had any concerns or reason to complain but felt staff would act appropriately if they did. The registered manager confirmed they had received no written or verbal complaints.

Is the service well-led?

Our findings

The registered manager and the deputy manager took an active role within the running of the service and had good knowledge of the staff and the people who lived at Touchwood. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People's relatives, health and social care professionals and staff all described the management of the home to be consistently good, confirming they were approachable, open and supportive. Comments included, "Systems put in place by the management are obviously working, I'm super happy with the place", "The hands on approach from the management means it's extremely well-led" and "The managers are very supportive and easy to talk too".

The registered manager told us staff were encouraged and challenged to find innovative and creative ways to enhance the service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. We saw through the creative systems that had been implemented that these ideas had been acted upon with success. For example, one person liked to write up their daily notes themselves. The current forms in place made this very difficult for them to do this. New forms had been devised by staff to help enable the person to fulfil their wish. A staff member said, "It was only a small change but made a big difference to [...]. I mentioned my idea and we changed things immediately. At first making the changes ourselves, but now properly pre-printed sheets have been supplied."

The registered manager told us one of their core values was to have an open and transparent service. The registered manager understood their responsibilities regarding the duty of candour, which detailed their legal obligation to act in an open and transparent way in relation to care and treatment. The provider sought feedback from friends and relatives in order to enhance their service. Surveys were conducted that encouraged family members to raise ideas that could be implemented into practice. For example, one relative highlighted that the service may benefit from a new dining table and chairs, and suggested one carpet was in need of being replaced. We saw that a new table and chairs had already been sourced and that the registered manager had been tasked with obtaining three quotes for a new carpet. Relatives told us they felt their views were respected and had noted positive changes based on their suggestions. Comments included, "I make suggestions on the surveys that are sent out and when I speak to [...]. I feel they listen and act on what I say" and "I once mentioned that the sofa could do with being changed, the next time I went back; there was a new sofa in the lounge. I thought that was really good".

Staff meetings were regularly held to provide a forum for open communication. Staff comments included, "Meetings give us all an opportunity to say what's on our mind", "I use meeting to raise concerns and put ideas forward to the team" and "Meeting are led by the management, but we are asked how we feel and good discussions take place". The registered manager informed us that two dates were set so that staff could attend at least one of them. Staff told us they were encouraged and supported to question practice. For example, one staff member following a successful holiday experience, suggested the whole house and staff might benefit from going out for a meal all together. This took place and the registered manager said it

was a great success and was something that they would repeat again in the future. If proposals made could not be implemented, staff confirmed constructive feedback was provided so they understood why.

The home worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support. A health care professional confirmed communication was of a high standard, in-depth information was supplied, and staff followed guidance conscientiously.

Staff understood their role, had confidence in how the service was managed, and were happy in their work. The management of the home were consistent in their approach and led by example. Staff were inspired to provide and maintain a high standard of care. Comments included, "I love my job, absolutely love it. When I take leave I miss the guys. I think I was destined to do this job", "I'm really positive about my job, I love it. It's a really nice atmosphere and a great place to work", "The managers are really good at praising you, they encourage you to do better" and "I absolutely love this job, it is so rewarding. The guys we support are just wonderful, wonderful people".

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. The service assessed the quality of their service against the five key questions, as set out in the Care Quality Commission's new inspection methodology. A report was produced and the findings discussed with staff. Success was celebrated and areas where further improvements could be made were highlighted, to help ensure people received high quality care. For example, it was highlighted in a recent service audit action plan, that some staff required refresher training on the Mental Capacity Act 2005. We saw evidence this had been addressed immediately and staff had undertaken the necessary training.