Quantum Care Limited

Trefoil House

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 22 March 2016 and was unannounced. When we last inspected the service in August 2014 we found that the provider was meeting the legal requirements in the areas that we looked at.

Trefoil House is a residential home in Luton providing care and support to older people, some of whom are living with dementia and physical disabilities. The home is divided into four units with one residential unit, two dedicated dementia units and a unit where nursing care is provided. At the time of our inspection there were 59 people using the service, 15 of whom required nursing care.

There was 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.

People were kept safe from avoidable harm and there were person-centred assessments in place to identify ways to manage risk safely. Staff had a good understanding of how to keep people safe and knew which agencies to contact if they had any concerns over people's safety. Equipment used in the service to support people with moving and transferring was regularly checked and only used by staff trained to do so. The service had a system for identifying patterns of incidents or falls and was proactive in putting preventative measures into place to reduce these over time. Where people needed support with taking their medicines, these were stored and managed appropriately. Regular health and safety checks were conducted around the service and there were plans in place to support people during any emergencies.

There were enough suitably qualified, trained and experienced staff available to meet people's needs. People's dependency had been assessed to ensure that sufficient staff were deployed on shift at different times of day. The staff were employed safely to work in the service using a robust and thorough recruitment process.

Staff received a range of training that was relevant to their role, and this was regularly refreshed and updated. New staff completed a comprehensive program of induction and were subject to regular supervision and performance review thereafter. Staff were able to describe the principles behind the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs). The service had appropriate authorisations in place if people were deprived of their liberty. People gave consent to receiving care and treatment from the service. People's healthcare needs were identified and met by the service and the quality of nursing care was evidenced through detailed records and staff knowledge. Appropriate referrals were made to other healthcare professionals where required. People were supported to eat and drink and maintain a healthy and balanced diet that took their individual needs and preferences into account.

The design of the service was innovative and dementia-friendly, with several areas of the building themed to appear period-specific. There were a number of amenities on site which helped people to identify as being

part of a wider community and live as independently as possible.

The service demonstrated outstanding care through a person-centred ethos that put people at the heart of their practice. Staff were caring, compassionate and treated people with dignity and respect. During the inspection we noted several examples of creative and innovative care being provided to people living with dementia. The service strived to make people feel comfortable, at home and to develop meaningful and lasting relationships with staff. Relatives were encouraged to spend as much time as possible in the service and their involvement was promoted across all areas of the home.

Each person had a care plan that was personalised, detailed and comprehensive enough to enable staff to support them with their needs. People's backgrounds, social histories, interests and relationships were included to help develop a holistic picture of the person. Outcomes and interventions were in place to support staff to work towards supporting the person's development and independence. The service took an innovative approach to activities around the home and had been recognised with a number of awards for the quality and creativity they demonstrated in this area. There was a system in place for handling and resolving complaints.

People, relatives and staff were positive about the management of the service. Staff were able to describe their roles and responsibilities and the values of the provider. There was a positive development program in place to support staff which led to a higher retention rate and greater consistency for people using the service. The systems that the registered manager had in place were effective in monitoring quality across the service. Where improvements were required, these were clearly identified and promptly resolved. Meetings took place between staff, people and their relatives to discuss improvements and the development of the service. Communication with other stakeholders involved with people's care was strong and evidenced through positive feedback from surveys and questionnaires.

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.

People were safeguarded from avoidable risk of harm and had risk assessments in place to promote their overall safety.

Staff were recruited safely to work in the service.

Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective.

The design and decoration of the service was innovative and had a positive impact upon people.

Staff received training that allowed them to carry out their roles effectively.

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

Is the service caring?

Good

The service was caring.

Staff showed compassion, commitment and provided examples of where they'd gone the 'extra mile' to care for people.

People were treated with dignity and respect and had their privacy observed.

Is the service responsive?

Outstanding

The service was outstanding in offering responsive care and support.

People had care plans in place which were person-centred and reflective of their care and support needs.

People were supported to enjoy a variety of creative, person-

centred activities and the service had won recognition for their approach in this area.

Complaints were handled and resolved effectively.

Is the service well-led?

Good

The service was well-led.

People and their relatives were complimentary about the management team.

There was a robust system in place for quality monitoring and identifying improvements that needed to be made.

Staff understood the visions and values of the service and were supported with their professional development.

Trefoil House

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 22 March 2016 and was unannounced. The inspection was carried out by one inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people with dementia. A specialist advisor is a person with specialist experience in their field. The specialist advisor had experience of nursing and dementia care.

During the inspection we spoke with 11 people who used the service and three of their relatives to gain their feedback. We spoke with seven members of care staff, two members of the nursing staff, one unit manager, the kitchen manager, the registered manager and two activity co-ordinators. We asked for feedback from two community professionals involved with the service.

We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for seven people who used the service. We checked medicines administration records and looked at staff recruitment and training records. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the service. One person said "It is safe and calm." Another person told us, "Oh yes I am safe here, they do look after me, even when they are very busy." A relative confirmed that they felt their family member was safe, saying: "We've been to other homes, but here they do keep them safe and I should know; I am here a lot."

Staff understood their responsibility to report safeguarding incidents and were able to describe the types of abuse that might present a risk to people's safety. There was a policy in place which established the stages that staff would follow when reporting incidents and which agencies they should contact. Where required, appropriate referrals had been made to the local authority and Care Quality Commission to inform us of any suspected abuse. Policies were in place which detailed the whistleblowing procedure for staff to follow. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Staff were able to describe what this meant and told us they would not hesitate to report concerns if they felt it was necessary.

Accidents and incidents were recorded and reported correctly. These were audited each week and we saw that this allowed the manager to identify any trends or patterns of concern. For example we saw that where one person had been found on the floor on more than one occasion, appropriate referrals had been made to consider whether any additional support with their mobility might be required. If it was felt that people might be at increased risk due to a change in their condition or the frequency of incidents, then measures were put into place to mitigate this. For example we saw that extra checks were made for one person after they were found to have fallen in their bathroom twice in quick succession. These remedial actions were taken quickly after all incidents to help keep people safe.

There were risk assessments in place for each person. These detailed ways in which they could be kept safe from risks of avoidable harm. Assessments were carried out on the environment to ensure that it was safe and that people were able to move around the home as safely as possible. Manual handling risk assessments were in place to ensure people were moved safely. These detailed the equipment that could be used to support the person with moving around the home and the risk of falls or injury. We saw that where people used mobility equipment, this was regularly checked to ensure that it was in good working order. There were regular checks completed on fire equipment and health and safety audits undertaken to identify any issues around the service. Equipment was regularly PAT tested and any issues were reported for maintenance and promptly resolved.

There were enough suitably trained and competent staff available to keep people safe. People told us they felt there were sufficient staff available to meet their needs but that sometimes they had to wait for their care. One person said, "There are usually just enough staff but some might think not." Another person told us, "There are not enough carers. During the day there are three on but at night there is only one so you have to wait." Staff we spoke with told us that they were often busy and would prefer more staff but felt that they were able to meet people's needs. One member of staff said, "It's easier when there aren't agency staff or staff who don't know what they're doing. Most of the time it's fine though." The manager had assessed

people's dependency and rotas were formed based on the individual needs of the people in each unit. We checked the rotas for the previous months and found that staffing levels were sufficient to keep people safe. If agency staff were used then the service tried to use the same staff where possible to ensure consistency. During our observations we found that there were enough staff in each unit to meet people's needs and provide the care and support they required. We tested a call bell to check the response time and a member of staff was able to attend promptly within less than a minute

There was a robust recruitment policy in place and staff were employed safely to work in the service. Applicants were subject to an interview which tested their competency and experience in a variety of areas. If they were successful then two references were sought from previous employers and healthcare questionnaires were completed to ensure they were able to carry out their duties safely. We saw that each member of staff had a completed DBS (Disclosure and Barring Service) check on their file. DBS is a way of checking whether staff have any previous convictions which allows employers to make safer recruitment decisions.

People's medicines were administered safely by staff who were trained and assessed as competent to do so. People had medicine files in place which included a picture of the person and their conditions. The medicines that people took were listed in their care plan and medicine folder. These were comprehensive and included the reasons they were taken; the potential side effects and when the prescription was last reviewed. MAR (Medicine Administration Records) were completed for each person correctly with no unexplained gaps. Monthly audits were carried out on the stock of medicines to check that they were being stored and administered safely. Staff were subject to competency observations to ensure they were administered medicines safely. Medicines were stored securely and there were appropriate arrangements in place for keeping and checking emergency medicines if required.

Good

Is the service effective?

Our findings

People told us they were supported by staff who received the correct training to carry out their duties effectively. One person said, "The staff are very good. I'm in safe hands with them I think, they know what they're talking about." Most staff we spoke with were positive about the training they received and the development opportunities given to them by the service. One member of staff said, "We've had training in leadership, end of life care, wound care, diabetes and many others." Another member of staff said, "They don't just give you the standard training, we have a lot of different courses that help us in different ways." We spoke to the nursing staff who told us they'd attended training to help them with their revalidation. Staff could describe ways in which their training had helped them to better understand people's needs. One nurse described how receiving pressure care training from a tissue viability nurse had helped them to ensure that people were being administered the correct creams and that preventative equipment was being used correctly. At the time of our inspection there were no people with pressure ulcers, but there was a robust system in place for identifying any issues with skin integrity that might arise. We also saw that some people had dysphagia (difficulty with swallowing) and that the service had arranged for a specialised training session from a speech and language therapist to help develop the staff's knowledge and awareness. One member of staff did express that they felt the training was poor, however. "We get workbooks instead of proper training now. It's just going through a load of paper, it doesn't really teach us anything. I've bought it up but nothing's changed." We spoke to the manager about this who told us that refresher training was more theory based, but that staff were encouraged to inform her if they felt the training was unsuitable and they would provide them with alternatives.

Staff told us they received a full induction into the service when they joined. One member of staff said, "It's a week or two before we start providing care, I observed the other staff, did some of my training and read through care plans. They check at the end how you're feeling and whether you're confident to carry on." We saw that each member of staff had completed an induction program which included a tour of the building, training on the visions and values of the provider and a chance to work alongside experienced staff. During their first six months with the service a probation report was completed by a senior member of staff which assessed their performance and competency. This provided new staff with a high level of support during their first few months. We saw that all staff were subject to the same induction and that domestic/kitchen staff were also encouraged to meet people and observe across other areas of the service.

Staff told us they received supervision regularly. One member of staff said, "The manager does them, we talk about residents, issues in the team. The communication here is very good. I know what's expected of me and get on with that. If there's any issues they'll let me know. You're treated fairly." We saw that supervisions were taking place every two months with performance reviews held annually. The manager had a system in place for identifying when supervisions were due and staff told us these were rarely missed.

Staff were able to describe the principles behind the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people had been deprived of their liberty and we saw that the relevant authorisations were in place. These were appropriate to keep people safe and had been informed by best interest decisions. Staff we spoke with were able to tell us about the DoLS that were in place for different people and how it affected their care and support. In addition to receiving training on the subject, the knowledge of staff in this area was regularly refreshed through team meetings and supervisions.

People told us they consented to their care and support. One person said, "They ask me if I'm ready and tell me what they're going to do." If people needed support to make decisions then their care plan listed the ways in which these could be effectively communicated to the person and who else might be involved. Decision making agreements were comprehensive and included all aspects of the person's care. For example people had been asked whether they preferred to have their doors open or closed while in their rooms during the day. We checked that people's choices and preferences were being upheld in accordance with these plans and found that they were. During our inspection we observed some positive practice in regard to consent. One member of staff made sure they asked a person before they moved them, informed them verbally of everything they were doing and checked whether they were happy and comfortable. Staff told us they had training to understand the principles of consent. One member of staff said, "If it was me, I'd want people to ask me before they touched me or moved me around. Of course we have to extend the same courtesy to them."

People told us they had enough to eat and drink and enjoyed the food on offer. One person said, "Food is ok here and there is plenty of it, I never get hungry." Another person said, "The food here is good." We spoke with the kitchen manager who was able to tell us how they met people's individual needs, preferences and choices. They said, "We have food preference sheets for each person. When they come here I meet them and meet their relatives and we talk about what they like and what kind of food we can cook for them. We try and give them as much variety as we can." We saw that the kitchen maintain good lines of communication with the care staff in other areas of the home. This enabled them to identify whether people had enough food and drink throughout the day. Each unit in the service had a separate kitchen and dining area where people were encouraged to eat. Staff told us that people were welcome to use the facilities themselves and make food and drinks independently wherever possible.

Food and fluid intake was individually monitored for each person using an innovative computerised system. This helped staff to identify any shortfalls or issues with people's nutrition or hydration. The system would display red, amber or green ratings depending on how much intake had been recorded during the day. Where people were showing as red, the staff were able to describe the reasons why. For example we were told that one person had been suffering from a chest infection and that the GP had been informed of this. There were Malnutrition Universal Screening Tool (MUST) forms in place for each person which documented and recorded their changing needs over time. People's weight and BMI was regularly recorded to identify any psychical changes that needed to be noted.

People told us they were supported to make regular visits to healthcare services as required. One person said, "I needed to visit my GP and a carer came with me. That was nice." Another person told us, "If I need a doctor they will call out my GP for me." We saw that the specific protocols in place for people's individual healthcare needs were very detailed. For example we saw that where one person had diabetes controlled by

insulin, there were interventions listed which included the specific actions that could be taken in case of high or low blood sugar levels. Because these were personalised for each individual it enabled staff to be more responsive to people's specific needs.

Good

Is the service caring?

Our findings

People told us that they were cared for by kind, compassionate and dedicated staff. One person told us, "The carers are good here; they try really hard even when they are busy." Another person said, "The staff here are lovely, very kind." Relatives we spoke with were equally enthusiastic about the care their family member received. Speaking about one particular member of staff, one relative said, "[Staff] is a very good carer, she talks to them as though they are a member of her family" Another relative, speaking about a different member of staff, told us, "[Staff] is a good carer, she is always watching, she notices if anything isn't quite right, for example if anything is on the floor that someone might trip on she picks it up, she just notices." Another relative told us, "We fought to get [them] in here, it's really good. It means a lot to us to know [they] are here and receiving the best care possible." During our inspection we noted that the interactions between people and staff were friendly, upbeat and respectful. We saw staff laughing, singing and dancing with people and noted the vibrant and positive atmosphere in many areas of the service. The effect on people was noticeable in people's demeanour, and the people we spoke with were happy and seemed engaged and stimulated by the activity around them. We observed one interaction taking place between a person and a member of staff about their family. The member of staff knew the names of the person's family, when they were next visiting and where each of them was from. The person was noticeably pleased by this and told us afterwards, "I think they know more about me than I do sometimes."

We spoke to one person with dementia who identified as being a member of staff at work. The service had taken an innovative approach to managing this. For example, when all of the people were taken out for a pre-Christmas meal, they'd prompted the family to speak of the event as a 'work do'. When we spoke to the resident they told us "I am happy here, I like to help out, I'll be leaving soon but I haven't told them yet because they will miss me." We spoke with another person who had lived a very structured and ordered life prior to joining the service. The activity co-ordinators had devised a timetable for the person to carry with them to support them to maintain their independent daily routines. This approach to dementia was in keeping with current best practice by creating an environment where people were empowered within their changing beliefs or perceptions. By taking a shared common approach to supporting each person with this, people were allowed to identify with their life and environment in a way that made sense to them and bought comfort and calm.

Relatives told us they were able to visit the service as they pleased. One relative told us "I come about five days week and stay most of the day. I feed [person] at lunchtime and I have my lunch here too." Another relative said "There have been occasions when we have been here quite late in the evening and it's never a problem."

The service was able to provide us with examples of where they had used people's feedback to go the extra mile to do something special for them. For example we saw that following negative feedback raised in a meeting about the bus that was being used to take people out, there had been a fund raising effort to purchase a new vehicle for the home. One of the activity co-ordinators said, "They didn't want the traditional mini bus with a care home sign on it, nobody wants to be seen in those. We wanted to get a car that meant something to them and helped them to feel normal when they went out." The service had raised enough

money to buy a black cab which was then used to take people out on trips and visits. By using a taxi instead of more traditional means of transport for care homes, the service empowered people to feel like their trips were special each time.

The manager and staff spoke about the family-centred ethos of the service and ways in which they tried to make people feel like they were at home. We saw that on the wall of one unit, the staff had been encouraged to bring pictures of their own families to put on display. The manager said, "Because we're lucky enough to know so much about them, we feel it's only fair that they should know something about us too." This demonstrated a commitment to making people feel like they were part of a wider community and not residents in somebody's workplace. The service was able to strike a good balance between professionalism and creating an environment that was warm, familiar and person-centred.

Advocacy details were included in people's care plans and details were displayed around the service to provide people with contact information for other agencies who could assist with their support.

Outstanding ☆

Is the service responsive?

Our findings

People had an assessment completed prior to their admission which was then used to inform their care plan. People's care plans included an 'all about me section' which detailed their social history and background. We saw that the person and their relatives had been asked to provide as much information as possible about their lives and histories. These included pictures, places they'd lived, hobbies and details of those involved in their lives. If people were living with dementia then they and their relatives were asked to provide their views on how this affected them and how they could be best supported with their condition. For example we saw that one person had stated their preference for certain types of music that reminded them of their past. The service had created a personalised CD for them that could be played to help them relax and reminisce. This demonstrated a good understanding of best practice in dementia, where allowing people to enjoy their memories is felt to be best for their overall welfare. Care plans included comprehensive assessments of people's changing needs and how these could be met by staff. For example we saw that each person had risk assessments for skin integrity, and waterlow assessments were completed to assess their changing needs. If people's healthcare needs changed or they had been assessed at being at higher risk, clinical input was sought from professionals.

One person who enjoyed reading told us, "They have a mobile library coming in, I love it, they come every month, they know what I like and if I'm not here they leave me another selection of books. It is wonderful." People's care plans included a list of the activities that were coming up and how people could be involved. People were reminded of the various amenities around the service and how these could be accessed and utilised.

The activities on offer by the service were varied, innovative and took into account the diverse interests, cultures and preferences of the people living at the home. Examples included a Caribbean morning, songs of praise, a Hawaiian day and Holy Communion. The activity co-ordinators were able to tell us about why each activity had been chosen and how they met the choices and interests of the people that used the service. One of them told us, "We're so proud of the activities we have on offer here. We've won awards for innovation in this area and we've been given a blank canvas by the manager to work with. We don't just want to do the normal things you find in care homes - we want to do something special." We saw numerous examples of how this innovative practice was having a positive impact for people. For instance, where some people had expressed fond memories of going abroad or taking flights on aeroplanes, one of the activity co-ordinators had written to Virgin Atlantic to ask if they could provide a flight 'experience' for some of the residents. On another occasion a party was held for the royal christening. The activity co-ordinators had written to Kensington Palace to inform them of this and received a response which was circulated to people to celebrate the home's contribution to the event.

Staff took several photographs at each of these activities and stored them all in a scrapbook which could be used to reminisce with people and remind them of days they had enjoyed in the past. The service's creative and progressive approach to providing varied and stimulating activities for older people had won them significant recognition at local and national care awards events. These included the activity partnership awards ceremonies in 2014 and 2015 successively.

For people who were not able to enjoy trips out or parties, there was a program in place for the activity co-ordinators to spend time with them individually. One of them told us, "We have an iPad we use with some of them; we do a lot of sensory sessions and take them to the Namaste room to relax." Namaste rooms create a sensory environment for people living with dementia which can be relaxing and calming. The activity co-ordinator went on to say, "There's a lot that happens behind the scenes, not just the bigger events. We're thinking about everyone, every day."

The design and decoration of the service was very innovative and personalised to meet the needs of the people who lived at the home. The front lobby had been turned into an American-style diner; there was an Irish-themed pub on the first floor and a sweet shop that sold a variety of sundries for people. One person told us how much they enjoyed using the pub, saying: "We have a bar upstairs, maybe once a week in the evening. I have a gin and tonic, it is lovely. I really enjoy it." The activity co-ordinator told us that people had volunteered to work in the shop in the past and that this had given them a sense of meaningful occupation. The manager showed us examples of where people had been consulted on the design and decoration of the service. We saw that on one unit, certain walls had been painted in different colours to meet the requests of different individuals.

All of these amenities were open to members of the public and families who wished to come and spend time with people. By creating period-specific elements to the service, people had opportunities to reminisce and spend time in environments that were familiar to them. This design enabled people to feel part of a wider community and maintain access to the things they'd enjoyed prior to joining the service. Inviting members of the public to make use of them meant that people didn't feel isolated from the outside world. The day trips and outings that the service offered allowed people to be part of their local community and to engage in activities outside of the home.

People told us they knew who to direct complaints to if necessary. One person said, "I usually speak to the Manager, I would go to the office and speak to them, they will always help me." A relative told us, "This place is so much better than most that I would try not to complain." There was a complaints policy in place which detailed the steps that needed to be taken to make a complaint and how it would be resolved. We saw that the service had received six complaints in the 12 months prior to our inspection and that there had been appropriate responses to each. Investigations were undertaken by the manager who updated the complainant on progress and then sent a formal response once it had been concluded. This detailed the action that had been taken and measures in place to ensure that there was no recurrence of the issue.

Good

Is the service well-led?

Our findings

The management team consisted of the registered manager, deputy manager, care team manager and then managers for each of the four units in the service. People, staff and their relatives were positive about the registered manager and told us they felt she was approachable.

The values of the service were in evidence throughout our inspection. Staff told us that "residents are at the heart of everything we do" and these values were reflected in the quality of the systems in place and the care and support that people received.

A wide range of weekly and monthly audits were completed by senior staff which monitored the compliance and quality in all areas of the service. If there were any areas that required improvement, these were identified and included in an action plan which set out the steps that needed to be taken to resolve the issue. The service used the Care Quality Commission's key lines of enquiry as a template for their auditing process and this helped them to identify their progress in each of these areas. Each unit was audited separately to ensure that the care team manager in each part of the service had oversight of the improvements that had been specified. Prompt action was taken to resolve the issues found. For example we saw that some fixtures in the home were identified as needing replacement. We checked these areas to see whether it had been completed as stated and found that, without exception, it had been. The registered manager had an overall audit that she used to collate the data collected from each individual audit. This helped her to have a complete oversight of the whole service and identify any trends or particular areas of concern.

Some of the monitoring systems in place were focused around improving the experience of people using the service. For example each month a senior member of staff would observe people's mealtimes and provide feedback. This was then used to determine ways in which the experience could be improved for people. For instance, where it had been identified that staff weren't always encouraging people to eat for themselves, we saw in team meeting minutes that this had later been discussed as an area for improvement. The manager provided the staff with ideas and encouragement to improve upon this. During our mealtime observations we found that staff were encouraging of people eating as independently as possible. Maintaining these strong quality monitoring systems supported the manager to drive continued improvement across all areas of the service. This meant that the care and support that people received was under continuous review and always being considered in line with the overall values of the service.

Staff we spoke with told us they attended regular meetings and found these to be useful. One member of staff said, "We're encouraged to meet as a team, we usually meet as individual units but sometimes we have whole house meetings. They're pretty detailed to be honest, we cover a lot. It's useful to know what's going on and keep up with changes." One member of staff told us they weren't always able to attend meetings as they worked weekends but were issued with the minutes afterwards. We saw that actions identified in each meeting were followed up in the next meeting to check on progress. Staff knowledge was regularly checked and refreshed and provided them with updates and information on changes in both the service and the sector. There were individual meetings in place for night staff, nursing staff and senior staff. This helped

ensure effective team-working and communication across all areas of the service.

Residents meetings took place each month. Some people told us they weren't always sure when they were, but we saw that invites had been sent out for people to attend. The minutes of these meetings were detailed and included the feedback people had given and any suggested improvements that needed to be made. We saw that the service was proactive in resolving these. For example where one person had stated that they'd like their bed changed more regularly, we saw that this had been noted and then added specifically to the daily task list. These meetings were also an opportunity for people to learn of upcoming activities and give their feedback on previous ones.

Annual questionnaires were sent out to stakeholders to ask for feedback and identify areas for development. The manager told us, "We want to know what we can improve on and we want to hear people's views. We're proud of our home but we know we can always do better." Once these questionnaires were returned, we saw that letters were sent out to everybody afterwards to let them know how they were responding to the feedback that had been given. While the majority of feedback was very positive, there had been some negative scores in areas such as the laundry service and the food on offer. The manager and staff were able to describe some of the ways in which they had responded to this. We saw that the issues had been discussed in meetings afterwards with staff to ask for suggestions as to how these could be improved.

A monthly newsletter called the 'Trefoil Gazette' was sent out to people involved in the service to inform them of upcoming changes, activities and updates. This helped to promote involvement from families, professionals and others affiliated with the service and develop a greater sense of community around the home. For example we saw that there were plans to renovate the garden to create a more person-centred environment for people to use in the summer. People and their relatives were asked to volunteer to help with this and provide their input into the things they would like to see.

Staff were positive about the development opportunities they were given in the service and the support they received in their role. One member of staff said, "I took a senior position quite quickly when somebody went off sick, but now they want to develop and nurture these skills further. They're sending me on a leadership and management course. I owe them a lot." The manager spoke with pride about the way the service developed their staff. She said, "I tell them there is always room for progression here. People want to develop and we want them to develop here. We push people to progress wherever we can." The service took a proactive approach to rewarding staff for taking qualifications and remaining with the organisation. This helped them to retain good staff and develop their skills, which in turn ensured a greater consistency and quality of support for people using the service. Another member of staff said, "I was given a blank canvas in my role and allowed to define it as I wanted. They want us to flourish and they want to keep good people. I wouldn't work anywhere else because I don't think you'd get that kind of support elsewhere."