

Crossways Healthcare Limited

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Crossways Healthcare Limited is a residential care home providing personal care and accommodation for up to 25 people aged 65 and over in one adapted building. At the time of this inspection, there were 22 people using the service.

People's experience of using this service and what we found

The owner was committed to making sure that people were supported in a caring, respectful and dignified way. We saw many examples of staff supporting people in this way throughout our inspection. Relatives and people also gave us consistent and positive feedback about how the staff and owner were very caring.

Staff knew people well, including their personal history and individual preferences. People had care plans and they and other relevant people in their lives were involved in the planning, reviewing and delivering their care.

Staff were aware of people's individual communication needs and used the most accessible means to share information with them and gain people's consent about their support.

There were regular activities that were responsive to people's individual needs, with a specific focus on people living at the home who had dementia. People were encouraged to maintain their cultural interests, had regular visitors and often went out into the local community.

The owner and registered manager had a clear vision that this service should be a genuine home to people, where they were as comfortable and at ease with the environment and the staff as when they had lived with their families. All people and relatives we spoke with felt this was the case and they were involved in helping to develop the service.

There was a positive, inclusive and open culture at the service. Staff were committed and motivated to displaying the right values to deliver high-quality person-centred care and help realise this vision. Staff said they felt supported by the registered manager and that their opinions were valued, listened to and respected.

There were quality assurance systems to help identify and manage any safety and quality risks. Where these had been identified these were acted on quickly. Staff had received safeguarding training and understood how to recognise signs of abuse, including discriminatory abuse, and what they should do to help prevent this.

Risks to people were assessed, regularly reviewed and managed safely. People received safe support with

medicines. The service was clean and hygienic. People had personal emergency evacuation plans (PEEP), fire drills and inspections took place and the physical environment was regularly checked to make sure it was safe.

The service had enough suitable staff working during each day and night to support people safely. There were safe recruitment practices. Staff received regular training, including in subjects specific to people's needs such as dementia, behaviours that may challenge and equality and diversity.

People's needs were holistically assessed, and staff supported them to get the support they wanted and needed and have a good quality of life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's health was effectively monitored. Staff helped people make referrals and worked well with other health and social care professionals to help make sure their healthcare needs were met.

People said the quality and choice of food and drink available was very good. People with specialist eating and drinking needs had support to access specialist advice and resources such as Speech and Language therapists and nutritionists.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 13 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Crossways Healthcare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out on 18 July 2019 by two inspectors.

Service and service type

Crossways Healthcare Ltd is a 'care home' registered to provide support for up to 25 Older People. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information we held about the service. We considered the information which had been shared with us by the provider as well as the local authority, other agencies and health and social care professionals.

We looked at any safeguarding alerts which had been made and notifications which had been submitted by the provider. A notification is information about important events the provider is required to tell us about by law. This is necessary so that, where needed, the Care Quality Commission (CQC) can take follow up action.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

During the inspection we spoke with three care staff, the chef, the deputy manager and the registered manager. The registered manager is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one of the owners of the service.

We 'pathway tracked' two people using the service. This is where we looked at people's care documentation in depth and obtained their views on how they found the service where possible. This allowed us to capture information about a sample of people receiving care.

We spoke with six people using the service and one person's relative and observed people's support across all areas of the service.

We reviewed nine people's care plans and risk assessments, 22 medicine records, six staff training and supervision records, six staff recruitment records and accidents and incident records.

We also reviewed quality audits, staff rotas and information about activities people were supported with and provided by the service.

After the inspection –

We contacted three people's relatives by telephone to ask them to share their views on the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe. One person said, "I feel very safe here". Another person said, "I haven't lived here long but I feel very safe here." A relative said, "People are definitely safe. I visit 3 or four times a week and have never had any concerns".
- Staff had received safeguarding training and understood how to recognise signs of abuse, including discriminatory abuse, and what they should do to help prevent this. Information was displayed and available for staff, visitors and people throughout the service about who to contact inside and outside of the service to raise concerns. Staffing minutes showed that staff discussed safeguarding issues and the registered manager investigated any safeguarding incidents or concerns.
- People had risk assessments that identified any potential hazards to their well-being and what actions were needed to keep them as safe as possible. The registered manager and staff used an electronic care planning system that helped to provide guidance and evidence-based risk assessment tools to accurately identify how serious a potential risk was and what actions were necessary to reduce this.
- Where necessary or appropriate, people, their relatives and health and social care professionals had also been consulted with to share information and advice about how to manage risks to people. People's risk assessments were regularly reviewed and contained relevant and up to date information.
- Equipment such as pressure relieving mattresses, hoists and chair lifts were in use to help people manage skin integrity and mobility and falls risks. These were checked and serviced regularly to make sure they were safe to use.
- Staff had a good understanding about how to manage risks to people. A relative said, "Risk assessment processes are very effective. <Person> was experiencing regular falls before they came to the service. This was assessed and now the risk is being managed very well, since they have come to the home they have not fallen at
- Staff used an electronic system to record daily notes and completed specific forms to report any accident and incidents to the registered manager as soon as they happened. These were reviewed daily and if

necessary actions were taken to keep people safe.

- The registered manager reviewed accident and incident information monthly. The data was analysed and discussed with staff during handovers and meeting. Actions and learning following accidents and incidents were then identified look at how to reduce the risk of incidents happening again.
- People had personal emergency evacuation plans (PEEP), the physical environment had been assessed for fire risks and there were regular evacuation drills and fire alarm system checks. The service had recently been inspected by the local county council Fire Safety Officer who had found no fire risks.
- There were regular health and safety and maintenance checks to help make sure the living environment, including people's bedrooms, were safe.

Using medicines safely

- Medicines were being managed safely. People and their relatives did not have any concerns about the support they received with their medicines. There were systems in place to manage ordering, transporting, storing, administration and disposing of medicines properly. Staff received medicines training and had regular observations of their practice.
- People had been assessed for the level of support they needed to take their medicines safely. Where appropriate people self-administered some of their prescribed medicines. People had regular reviews of their medicines with GPs and other healthcare professionals.
- Each person had their own Medication Administration Records (MARs). This included details about how their medicines were taken or used and how often. Guidance for when to offer and administer any prescribed 'as and when required' (PRN) medicines was available in people's medicine care plans. There were body maps to show where people required topical creams.

Staffing and recruitment

- The service had enough suitable staff working during each day and night to support people safely. We observed that staffing levels met people's needs safely and people were not kept waiting when they needed support. There was a call bell system that people could use at any time to alert staff if there were none present. People said staff answered call bells quickly.
- The rota was managed to allow staff regular breaks throughout their shifts. The manager was aware of the Working Time Regulations (WTR). They monitored the amount of overall staff working hours and to make sure that people were not working too many shifts. This helped reduce the risk of human error occurring due to fatigue.
- All staff working at the service had undertaken a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions and help prevent unsuitable staff from working in a care setting. Permanent staff submitted applications, references and had a competency-based interview.
- Once offered a position, staff were allocated a mentor and had regular on-going supervisions and checks from the registered manager to help make sure they were confident and competent to fulfil their roles.

Preventing and controlling infection

- People and their relatives had no complaints about the cleanliness of the service. There were separate cleaning staff who worked each day. We observed that throughout the inspection the service and was clean and free from malodours.
- Plastic gloves and aprons were available and used by staff when supporting people with their personal care. Hazardous waste was managed appropriately.
- The chef and kitchen staff supported people with preparing and handling food safely. The service had received a 5-star food hygiene rating following a Food Standards Agency inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Ensuring consent to care and treatment in line with law and guidance

- 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Staff received MCA training and understood the consent and decision-making requirements of this legislation. People's mental capacity to be able to make decisions about different activities was assessed and regularly reviewed.
- Where people were not able to make certain decisions, the person with authority to act in their best interests in this area had been identified and involved in making any decisions about their care. For example, where people had a lasting power of attorney (LPA) for their financial or health affairs, this was clearly recorded in their care records.
- The registered manager had followed the correct process for assessing and submitting applications for DoLS for people who required them. Where people at the service had conditions on their DoLS authorisations, these were being met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People were receiving the support and achieving the outcomes they wanted and needed, and people had a good quality of life. A holistic assessment of people's physical, psychological and social needs was carried

out before they came to the service, to help them achieve their preferred support outcomes. People and their relatives had been involved in this process.

- Where relevant, staff had also contacted local authority social and healthcare services to help assess and identify the best way to meet people's individual needs. For example, to help support people with behaviours that may challenge and dementia, staff sought best practice guidance from local community mental health services and dementia nursing teams.

- The registered manager and owner of the service were committed to ensuring that there was no discrimination when people made decisions about their care and support. Staff received equality and diversity training to help make sure they understood people's rights to be treated fairly and equally when supporting people to achieve their choices.

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge and experience to deliver effective support. People and their relatives were confident that staff were capable and well-trained. New staff received an induction, during which they received regular training and supervision. The provider had recently changed their policy to ensure that all new staff received an induction that met recognised Care Certificate standards.

- Once an induction had been completed, staff were provided with regular training and updates to help them have the right skills and knowledge in line with the latest best practice guidance to meet people's needs effectively. Staff could ask for additional training if they felt they needed more knowledge in any areas of their role.

- Training for staff included subjects relevant to the individual needs of people at the service, including Positive Behaviour Support, dementia awareness and effective communication. Alongside training opportunities, staff received regular supervisions, daily observations and coaching and an annual appraisal from the registered manager to review and reflect on their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and they had enough to eat and drink. There were a variety of dishes to choose from each day and people could request alternatives if they wanted a meal that was not in the menu.

- The service menu changed regularly and was based on feedback from people about what they liked to eat. Hot and cold drinks and snacks were offered throughout the day to make sure people did not get hungry or thirsty between meals.

- People's nutritional and fluid needs were assessed, and the chef and the staff knew people's specific eating and drinking needs. For example, people with known food allergies were supported to have suitable alternatives and choices, such as gluten free diets.

- Where necessary, people had been referred to specialist healthcare services such as dieticians or speech and language therapists to help identify the best way to manage more complex eating and drinking needs. For example, some people at risk of choking or swallowing difficulties had thickeners added to their drinks and food prepared in bite size pieces to reduce the risk of them choking. People who were at risk of weight

loss had fortified meals and supplements.

- Mealtimes, especially lunchtimes, were social occasions with all people at the service usually choosing to eat together in a communal dining room. If they chose, people could also eat in their rooms or other areas of the service were available. For example, staff could set up dining tables in the garden when the weather was nice.

- We observed lunchtime during the inspection. People sat together in groups and enjoyed conversations with each other and with the staff and the owner while having their meals.

Adapting service, design, decoration to meet people's needs

- There were several communal living areas in the service as well as a communal dining room. People could socialise with each other or visitors in these areas. If people wanted time to spend alone with people visiting or with themselves, they could spend time in their own rooms or staff could help to provide exclusive access to one of the communal living spaces.

- People's rooms were personalised and contained their individual items, decorations and belongings. The communal corridors were decorated with pictures that people had drawn and photographs of people and staff to help give the service a homely feel.

- There were rails and hoists available in communal and personal bathrooms to help people access and use the facilities. There was a lift and chair lifts installed on the stairs to help people move between floors. There was a large and well-maintained garden with ramps and walking rails to help people to access this. Entrances and exits to the building also had ramps for people who used a wheelchair or found walking up steps difficult.

- The service environment met the current dementia needs of people living there. The provider was in the process of making further changes to help people with dementia to be at ease in the service and remain as independent as possible. For example, they were installing signs at decision points, such as junctions in corridors or on doors and introducing different coloured walls and fixtures to bathrooms and toilets to help people navigate their way around without the needing additional support.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their medical and health care needs. Staff were aware of the importance of supporting people to maintain their oral health and a daily check was completed to help make sure people had had support in this area.

- Staff monitored people's general health and well-being and supported people to get medical advice quickly and effectively if needed. All relatives we spoke with told us how the staff had been quick to recognise when their loved one was becoming unwell.

- People had support to access and attend health care appointments if they required this to help make sure they understood the information and explanations about their treatment. The service shared information and worked with other agencies to support people with on-going health needs.

- Staff arranged regular visits from district nurses, GPs, dentists and specialist health professionals to help

make sure people received timely support with their healthcare needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The owner was committed to making sure that people were supported in a caring, respectful and dignified way. The owner said, "We want this service to be like a home and expect staff to support people as they would their family. This is very important to me. I managed the home for 13 years before I was the owner. I care very much about all the people who live here and think of them, and the staff, as part of my extended family."
- All people and relatives we spoke with told us that the owner, staff and registered manager were caring. One person said, "The home is beautiful (to live in). I love it here". A relative told us that they thought their family member, "Feels loved and is really cared for. It is like a home here, even when I visit I am welcomed and feel like I am part of a family."
- We observed staff responded to people quickly if asked and supported people in a kind and respectful way throughout the inspection. There was a good rapport between staff and people. We observed staff listening and talking to people in a relaxed, friendly and caring manner.
- Staff made sure they communicated with people in appropriate ways. During conversations and when talking with people, staff maintained eye contact at eye level, were patient and waited for people to respond when they were ready and did not answer for them.
- Where necessary, staff used communication aids such as pictures of different menu and activity choices to help remove or reduce any barriers to people and staff understanding each other.
- People and their relatives told us staff listened and showed compassion and empathy for them in appropriate ways. Throughout the inspection we saw that staff regularly enquired about people's well-being and checking that they were feeling ok.
- The registered manager made sure they personally visited any people who had to be admitted to hospital for a short while, taking them a get-well card signed by staff and people.

- A relative told us how after their family member had returned from a hospital stay, staff had waited up and stayed on to welcome them home and provide them both with a late meal.
- Staff understood and responded well if people needed emotional support. Several relatives told us how the service had managed the transition for their family member from their own home into the service very well, particularly in acknowledging and providing support with the psychological challenges this presented.
- One relative said, "Staff understood the transition from being more independent and supported them very well with this. When they moved in the owner told me, let's just sort out that they are ok first and we will discuss all the financial arrangements once they are settled. That meant very much to me and <person> that they put their feelings first, rather than the money."
- A person said, "Losing your independence is hard, but I'm happy here, as happy as I could be anywhere that is not my own home."
- Staff knew people well and respected their preferences. One person told us about how staff knew and remembered what they liked for their dessert, "I just say the usual and they know what I mean".
- A relative told us they and their family member had a cultural heritage from another country. Staff knew this and would spend time talking with their loved one about their background and personal history in this country.
- Another person who was from another country and had a love for the national sport of their homeland. Staff made sure the person was always supported to be reminded when this sport was being played and they were given the opportunity to watch it.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected. One person said, "The staff always respect my privacy and dignity." People told us they requested and received intimate personal care from staff of the same gender. Other people told us they had their own rooms and staff would allow them appropriate private time if they wanted to be left alone.
- Staff would take time to help paint people's nails and make sure they dressed well and saw a hairdresser who visited regularly, to help make sure they felt well-presented and could have pride in how they looked. For example, on the day of our inspection staff had helped arrange for many people to have their hair done as there was a BBQ garden party at the weekend and people wanted to look their best.
- Staff understood the importance of maintaining people's confidentiality. There were data protection policies in place that were being followed by staff and the registered manager and people's personal information was correctly stored, used and shared.
- People were encouraged to be as independent as they were able to be. A person said, "I am well looked after but I can do what I please." Another person said, "I can do what I want when I want. Like going to bed, they always come and check but I go to bed when I want."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager and staff spent time listening to people and actively involved them in decisions about their care and support. One person said, "I am asked my opinion about things."
- Staff told us they had time to spend with people during and when carrying out their daily tasks. This helped to make sure staff recognised and acknowledged when people wanted support. We saw that staff choose to sit with people during their break times, talking and having friendly conversations.
- People and relatives told us this approach helped build a positive-relationships between themselves and staff and helped people to be involved in decisions about their care and get the support they wanted. A relative said that staff provided and answered all necessary information and questions about their family members care in an inclusive manner, to help them make decisions about their support.
- For example, during conversations several people who had bedrooms that overlooked a flat roof expressed their opinion that this was not very pleasant view. The registered manager considered what people said and purchased turf, ornaments and flowers to turn the space into a pleasant garden for people to look at.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, or those with the authority to act on their behalf, had been involved with planning their care. This helped make sure staff knew people's background and personal history as well as their individual needs and what support people wanted and needed. This information was reflected and recorded in people's personal care plans.
- In some people's care plans we sampled there were varying levels of detail about how people needed to be supported in some areas of their lives.
- This included information in people's DoLS and challenging behaviour care plans. This increased the risk that staff could not understand how to offer the right support or that people may not have as much choice and control over their support as they would like.
- Despite this, staff had a very good understanding of people's needs in this area. All people and relatives we spoke with said people received consistent personalised care that was responsive to their needs in all areas of their lives.
- Information in corresponding daily notes and accident and incident and safeguarding information showed there were no concerns related to the support people were receiving in areas of practice where care plans required more detail. The registered manager was in the process updating care plans.
- Reviews of people's care took place regularly by staff. People and their relatives were updated and involved as appropriate in review processes. The registered manager and staff also used daily notes and verbal handovers to communicate with each other about people's most recent levels of support needs.
- The service had an electronic care planning system and staff accessed and updated care plans and daily notes straight away via portable electronic devices. The updated note and plans were immediately accessible. This helped make sure all staff received the same information quickly and reduced the risk that they may not know how to respond to any changes to people's support needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- There was a variety of daily activities that changed regularly. People helped choose the timetable and told us that the activities on offer reflected their interests and they enjoyed them.
- If not taking part in scheduled activities, staff would check people they were occupied with something that interested them. Staff would also spend time with people who chose to be alone a lot if they wanted some company.
- People were encouraged to maintain their cultural interests. There were regular religious services held at the home that had been arranged to help people practice their religious faith. Staff supported one person to access religious sermons remotely via their electronic device, so they could follow their religious beliefs in this way whenever they wanted.
- The registered manager was developing the provision of activities that were responsive to people's individual needs, with a specific focus on people living at the home who had dementia.
- There were activities being provided that were meaningful for people with dementia, such as regular reminiscence and specific physical exercise sessions which were known to be beneficial in stimulating positive emotions for people with this condition.
- People and supported to develop and maintain relationships with important people in their lives. Visitors were encouraged and regularly came to see people. There were regular group social events, such as summer BBQs and parties which people's friends and family were invited to at the service.
- People went out frequently with their family and friends. There was a minibus available and staff also supported people on planned trips into the local community, both in groups and on a one to one basis if they wanted to go out.

Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- People had care plans that identified their communication needs in line with the AIS. There were pictorial tools in use for some people to help them understand documents such as their activity schedules or the menu choices. Hearing aids and glasses were sourced and maintained for people who required them.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt confident if they complained they would be listened to and staff would help them resolve their problem.
- People and relatives who had raised issues or complained told us the issues had been resolved very quickly.

- The registered manager and the owner told us they looked to see what they could improve on if they did receive any complaints.

End of life care and support

- There was information about the approach to supporting people with their end of life care regarding emergency resuscitation in the event of a medical emergency.
- Staff worked with appropriate health and social care organisations such as hospices and other medical professionals to arranging any necessary medical equipment and resources needed to support people approaching their end of life. This helped people to be as comfortable and pain free as possible.
- Appropriate steps were taken to make sure any religious or spiritual wishes regarding the support people received during and after their final days were respected.
- Staff received end of life care training which had a focus on approaching this area of care with respect and empathy and giving people as much reassurance as they could.
- The registered manager was aware of the need to ensure staff's emotional well-being after supporting people through the end of life process. There were discussions and staff were given time to de-brief and talk about their own feelings in a supportive environment if someone passed away.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The registered manager carried out daily, weekly and monthly audits in all areas related to the safety and quality of the service. Audits were reviewed, and audit outcomes were discussed with the owner. They supported the registered manager was to help ensure actions were taken and issues were resolved quickly.
- The registered manager was currently revising their audit structure and frequency to be more comprehensive. For example, the recent introduction of more detailed and frequent oral health, staff training, accident and incident and care plan audits.
- Work was on-going with the creation of on-going development and service improvement plan, to help make sure that there was a clear plan that identified and prioritised areas of service delivery to improve and build upon moving forward.
- The registered manager used their formal and day to day supervision and appraisals to staff to understand the key risks and challenges at the service and their role in ensuring that the delivery of high-quality support was maintained. Staff said this support was constructive and helped them to carry out their roles and responsibilities effectively.
- The owner and the registered manager promoted and supported open and transparent partnership working with agencies such as the local authority and clinical commissioners and multi-disciplinary health and social care professionals. This allowed sharing of information and advice to help the service to provide good quality support to people.
- The registered manager had ensured that all legal requirements of the service, including submission of CQC statutory notifications and sharing of required information with other agencies related to the service, were met as expected.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'.

- There had been honest and open communication with people, relatives and other stakeholders when important events had taken place in the lives of people using the service, such as a notifiable safety incident. A relative told us, "The owner, manager and staff are very good if there is a problem, I have no qualms about them being open and honest".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The owner had a clear vision that this service should be a genuine home to people, where they were as comfortable and at ease with the environment and the staff as when they had lived with their families.

- The registered manager told us that they expected staff to display values such as being empathetic, patient and promoting choice and supporting people to do what they wanted when carrying out their roles.

- The registered manager and the owner were committed to supporting staff to realise this vision and values through creating an open and inclusive positive culture at the service. Both the owner and the registered manager made sure they were visible and approachable. The registered manager recognised staff achievements listened to and cared about staff welfare.

- Staff told us this approach was effective and they were motivated to achieve this vision. One staff said, "I feel very supported by [registered manager]. It's like a small family working here". Another staff said, "The [registered manager] is always trying to be flexible and helpful. Staff morale is good. I am always professional making sure people are safe and happy". Other staff told us, "If I have any problems I will go the manager, they will always listen".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff involvement in helping to develop the service was encouraged. The manager discussed issues and asked for ideas about making improvements during daily and formal supervisions and held team meetings.

- The registered manager was committed to treating staff equally and without discrimination. Staff said they were treated in an inclusive manner. For example, the registered manager had provided equipment and support for staff to help staff develop their English as this was not their first language.

- People were encouraged to be share their views on what was and was not working at the service and what could be improved. Relatives were encouraged to also put forward their views and attend meetings to share their thoughts about what and wasn't working well at the service.

- The registered manager responded well to any feedback and made changes if necessary. For example, where people had requested menu changes or alternative activities be provided changes were made quickly. Where suggestions had been made by relatives regarding the environment these had been responded to promptly.

- The staff received many regular compliments from relatives by way of feedback. People and their relatives were also sent regularly quality surveys twice a year to ensure there was consistent and regular feedback about any areas to consider about improving the service.