

Crest Lodge Care Centre Limited

Crest Lodge Care Centre Limited

Inspection report

Churt Road
Hindhead
Surrey
GU26 6PS

Tel: 01428605577
Website: www.chdliving.co.uk

Date of inspection visit:
28 January 2020

Date of publication:
03 April 2020

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

Crest Lodge is a 'care home'. 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. Crest Lodge provides nursing care for people with mental health diagnoses. The service accommodates up to 47 people across two separate floors. At the time of our inspection, the service was supporting 40 people.

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

People were supported to fulfil wishes and goals that were personal to them, telling us of the positive impact this had had on their mental health and wellbeing. Activities within the service were engaging, including for those who preferred to spend time in their rooms to ensure they did not become socially isolated. People were able to continue practicing their faith, with the registered manager supporting one person to attend church with them and their family. People were encouraged to be part and give back to the local community, raising money for local charities and raising awareness of environmental issues. Staff supported people through times of bereavement, ensuring people that were special to them were remembered.

There was a very strong culture of empowerment within the service, with people being supported to feel 'human' rather than the focus being on their mental health conditions. This included educating and promoting people to feel safe in their local community. This was led from the top from the registered manager who people, relatives and staff praised for their approachability and warmth. People and their relatives felt staff were kind and compassionate towards them and respected their privacy and dignity. Any complaints or concerns raised were appropriately handled, with good outcomes being reached for all.

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 were involved in reviews and day to day decisions around their care, and encouraged to be as independent as safely possible. The registered manager actively sought feedback from people, relatives and staff, and acted upon suggestions made to improve the service.

Staff were safely recruited and were aware of their responsibility to safeguard people from abuse. Regular training, supervisions and appraisals ensured staff were effective in their roles and able to provide the support people required.

Regular quality audits were completed to identify any issues within the service that were then resolved by staff. Risks to people were appropriately recorded and managed by staff, and medicines were safely stored, administered and recorded. The service was clean with no malodours as staff adhered to infection control practices. Accidents and incidents that had occurred with recorded, with actions taken to prevent reoccurrence which had proven successful. People were supported to maintain their nutrition and

hydration, with their individual dietary needs being known and supported by staff. Referrals to healthcare professionals had been completed where required.

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 28 April 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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 ●

Crest Lodge Care Centre 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

The inspection team consisted of four inspectors and a specialist nurse advisor. One of the inspectors acted as an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Crest Lodge is a 'care home'. 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at the service, one relative and nine members of staff including the chef, carers, the activities coordinator and registered manager. We also spent time observing people and the care they received in communal areas, such as the lounge and dining room. We reviewed a range of documents including seven care plans, administration records, accident and incidents records, policies and procedures and internal audits that had been completed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

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

- People felt safe living at Crest Lodge. One person told us, "If I was scared or wanted something done I would go straight to staff. They would definitely help me straight away. They're very kind and always smiling." Another person told us, "I don't know where I would live if I didn't have this home. I love it. They know exactly how to comfort me when I have bad days. They're really very, very good."
- Staff were aware of their role to safeguard people from the risk of abuse and harm. One staff member told us, "I would go to the registered manager. I know she would deal with it properly. But if I had any further concerns I know that I could use the whistleblowing route or let CQC know or tell the local authority." The service's safeguarding policy and guidance on the subject was on display in the office for staff to access as and when needed.
- Safeguarding concerns had been appropriately reported to the local authority and CQC. The registered manager had worked collaboratively with the local authority and completed thorough internal investigations.

Assessing risk, safety monitoring and management

- Risks to people were appropriately recorded and mitigated. For example, one person's mental health diagnosis caused them to have behaviours that could challenge. A risk plan was in place for this, informing staff what could trigger the behaviours, and how to de-escalate the situation with the person.
- Another person was at risk of losing weight. As a result, their weight was taken and recorded on a weekly basis, and their meals were fortified in order to encourage additional calorie intake.
- Other risks to people such as side effects from medical conditions were also appropriately managed. Care plans for people with diabetes included details of what symptoms high and low blood sugar levels could have.
- Each person had a personal emergency evacuation plans (PEEP). These informed staff how to best support a person to leave the building in the event of an emergency such as a fire.

Staffing and recruitment

- People and relatives felt there were enough staff to meet their needs. One person told us, "I often like to spend time up here (in my room) but the staff always check in on me, check if I need anything or stop for a chat. I know I'm not alone here." A relative said, "Staff have never appeared rushed in front of me and he's never said anything to signify that could be the case." Staff members echoed this, with one staff member telling us, "There always seems to be enough staff, it's getting a bit busier recently, but I've never felt stressed or rushed." Call bell audits confirmed people had their needs attended to in a timely manner, and

we observed sufficient staffing levels on the day of our inspection.

- Staff sickness and holidays were covered by agency staff, often ones that had worked at the service on a long term basis. The registered manager felt this was important, telling us, "We've worked here a long time so we know people. They know us and trust us."
- Robust recruitment checks ensured staff were safe to work with people. Recruitment files included a full employment history and a Disclosure and Barring Service (DBS) check. This check ensures that people are safe to work with vulnerable people such as the elderly and children. Registered nurse's files confirmed their PIN registration number with the Nursing and Midwifery Council (NMC).

Using medicines safely

- Medicine storage and administration practices were safe. Lockable medicine trolleys were neatly organised, with daily temperature checks being completed to ensure the integrity of the medicines. Staff informed people of medicines they were administering in a respectful manner. Some people at the service required a regular blood sample to be taken as part of their medicine management. All nurses at the service were trained to take the blood samples to ensure there was no delay in this process.
- Medicine recording practices were also safe. Handwritten entries on medicine administration records (MARs) were countersigned by a second member of staff to ensure the information written was correct. MAR charts were completed in full. Where a gap had been identified, an investigation around this had taken place. Protocols were in place for as and when medicine (PRN) to inform staff of the maximum dosage a person could have of a medicine within a 24 hour period.
- Staff received regular medicine competency checks to ensure they were safe to administer medicines to people.

Preventing and controlling infection

- Staff adhered to safe infection control practices to prevent the spread of infection. A staff member told us, "We always staying on top of stocks of gels and remembering to regularly wash hands. We encourage people living here to do the same." We observed staff using the correct personal protective equipment (PPE) such as gloves and aprons.
- People lived in an environment which was clean and free from malodours. One person said, "This home is always clean and I always know that the staff are very conscious of that." Communal areas were tidy, and daily cleaning schedules were in place. This included the kitchen which had recently been awarded a 5 star food hygiene rating.

Learning lessons when things go wrong

- Lessons were learned where accidents and incidents had occurred to prevent reoccurrence. For example, staff had identified that one person's slippers were too big which had led to them falling. They supported the person to purchase new well fitting slippers.
- Accidents and incidents were analysed on a monthly basis. This ensured any trends were identified and action could be taken. The registered manager had introduced 'zonal' observations to reduce the amount of accidents and incidents occurring in communal areas. By allocating members of staff to monitor a zone of the building, any signs of potential arguments or aggression could be de-escalated quicker. This had led to a reduction of incidents of this nature.

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.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information about people's needs was gathered during pre-assessments to ensure their needs could be met before they moved to the service. This included information around people's mobility, medical conditions and dietary requirements. The information was then used to formulate detailed care plans.
- People's needs were assessed using nationally recognised standards. This included using the malnutrition universal screening tool (MUST) to calculate a person's risk of malnutrition.
- Staff were kept up to date with updates on national standards and seasonal guidance. The registered manager told us, "We get sent seasonal guidance through around things like flu jabs and hydration in the summer. I like to be knowledgeable, so I check these too. I inform the staff by putting up posters and reminding them in handovers." Staff confirmed this when we spoke to them.

Staff support: induction, training, skills and experience

- Staff were up to date with mandatory training. This included topics such as safeguarding, moving and handling and equality and diversity. Staff told us they could request refresher training or training in additional areas at any time. One staff member said, "if I ever think of something the registered manager just puts me forward for it."
- People and their relatives felt staff were competent in their roles. One person told us, "The staff are great with me, and very well trained. They know exactly how to comfort me when I have bad days. They're really very, very good." A relative said, "They seem very knowledgeable."
- Staff received regular supervision meetings and appraisals. A staff member told us, "I'm having supervision, and I can always speak to the registered manager whenever I need to as well which is valuable." Supervision meetings included discussions around staff member's personal development and wellbeing.

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

- People and their relatives were complimentary about the food at the service. One person said, "The food is really quite lovely here. If I don't fancy eating the choices, they always make me something else." Another person told us, "I think the food brilliant. It's really tasty and they give you lots of options." A relative added, "The staff go out of their way to make the food look nice. If [my family member] changes their mind they just whip something up to suit as it is important for them not to miss a meal." The chef confirmed kitchen staff were flexible with people's meal choices. They told us, "It's all about making sure people have choice It's about making sure everyone is happy with the choice of food given to them, and if they're not, it's about finding an alternative."

- Staff were aware of people's dietary needs and preferences. Information on people's dietary requirements were on display in the kitchen for staff to refer to when needed, including information on who required on pureed diets and who wanted a vegetarian diet.
- Staff encouraged people to maintain their hydration. One staff member told us, "We always encourage people to drink extra, especially in the summer when it is hot or there has been an active exercise." We observed people were given a variety of drinks throughout the day.
- People had an enjoyable lunchtime experience. Staff who were assisting people to eat went at their pace and spoke to them kindly throughout. One person did not want to sit and eat their lunch, and instead wanted to pace around the building. A staff member said to them, "Just let us know when you are ready for lunch and we will sort it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was effective communication between staff members in the service. A staff member told us, "It's a very good team here and I would say we all communicate well." A relative added, "They communicate great with me which is so important as I live quite far away." There were daily handover meetings between the day and night shift, so teams could communicate essential updates on people's needs to each other.
- We observed staff working well as a team. There was a positive rapport between staff, who were quick to help each other if needed.
- People had access to a variety of health care professionals. Due to the nature of the service, a mental health specialist was on site three days a week to support people. Staff organised regular dental and eyesight check up appointments for people, as well as completing referrals to more specialised healthcare professionals where required. This included referrals to the diabetic nurse, dieticians and podiatry.

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

- Despite the service being delivered in a historic building, adaptations were in place to meet the mobility needs of people. Corridors were wide enough to allow wheelchair use, with lifts available to allow people to access different floors of the building. Grab rails were also installed in hallways for those who required them for mobilising.
- People were able to personalise their rooms to their own taste with decorations such as pictures that were personal to them. People had also been involved in choosing the decoration in the communal areas. For example, one person was interested in motor vehicles, so wallpaper with vans on was hung outside their room. Pictures of themes that were of interest to people were also hung around the building.
- A motivational message from the registered manager was on display in the lounge. It read, "Dear all, it's about helping to create little moments in daily life that make the biggest difference. Let's do it together." They told us, "[One person] told me the positive display made his day. He's expressing himself more. Something small can make a big difference for people, and that's how we work here."

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.

- People's legal rights were protected in line with the principles of the MCA. Decision specific mental capacity assessments had been completed in areas such as covert medicines and consent to personal care. Best interest decisions had also been completed as part of this process, including people who were involved in people's care such as their next of kin and GP. Any best interest decisions made had been the least restrictive options for people.
- DoLS applications had been submitted to the local authority when restrictions had been put in place on people. These included restrictions such as key padded doors and one to one care.
- Those found to have mental capacity had their decisions respected, even if it felt they were unwise. For example, one person had mental capacity to choose to smoke. Staff had offered advice and support to stop smoking but respected the person's decision to continue.
- Staff were knowledgeable in the principles of the MCA and gaining consent from people when delivering care. A relative confirmed, "I always hear staff asking him for his consent when they are helping [my family member], they are very good at that and making sure he is happy with what is happening." A staff member told us, "It's my job to know who has capacity and who doesn't, just like it is for all the staff here. People have different levels of capacity and everyone is different. It's about understanding everyone's different capacity and how you can support them to do as much as they can." The registered manager said, "I feel staff are aware of the principles. They know decisions need to be specific and followed by best interest meeting and DoLS. We also have training too."

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

- People and their relatives felt staff were kind and compassionate towards them. One person said, "The staff are very kind and caring and always know when I'm having a bad day. They're always popping in and stopping by for quick chats and that's nice. Some people here are really difficult, they deal with them brilliantly." Another person told us, "The staff are overall very good and I enjoy spending time with them. They're so caring and kind." A relative added, "They treat [my family member] like they're one of their family. It's so nice to see. They genuinely seem quite fond of him which is so nice for me to see when I come to visit."
- Relatives were made to feel welcome and comfortable when visiting their loved ones. One person told us, "My family visit often, they can visit whenever they want. It's my home, there are no rules of visiting times." Another person said, "My family are always invited to the BBQ every year, and Christmas day dinner. It's such a lovely day and it's nice to see my mum and my brother and his children."
- We observed kind interactions between people and staff. One staff member approached a person and said to them, "You are looking great today." The person responded positively to this and laughed with staff member. Another staff member said, "I know you can do it" to a person who was attempting to take part in an activity. The person responded by waving their arms in the air and smiling.

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

- People told us they were involved in reviews of their care. One person said, "I am involved with reviews and they always make changes to my care plan when my health changes, like recently. They always involve me which is good." People's families were involved if they were unable to due to reasons such as cognitive impairments.
- People were encouraged to make decisions around their day to day care. A staff member told us, "People can choose to do what they want and how to spend their day and we support them to do things they wouldn't normally have the opportunity to do." Another staff member said, "Even small choices mean so much to some of the people living here. Like what they would like to wear, what they want to eat and how they want to spend their time." We observed staff giving people options throughout the day, such as where they would like to eat their lunch and if they wanted to partake in an activity.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One staff member told us, "This is their home, we're visitors and it's about giving people privacy they want it and respecting them." Another staff member said, "I always

make sure you respect people's choices and their personal space." Personal care was delivered behind closed doors, and staff were respectful in the way they spoke to people.

- People were encouraged to be as independent as possible. A staff member told us, "Having independence is one of the most important things to people, and we try to help them as much as possible to do things that they like and enjoy." Peoples care plans stated what tasks they were able to do for themselves, such as making their own bed. We observed people were giving adapted equipment to further maintain independence as long as possible, such as adapted cutlery and plate guards.

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 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; 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

- People were encouraged to fulfil their personal wishes and goals in life. One person had been supported to attend their favourite band's concert. They told us, "It was important for me and my mental health. It motivates me and improves my mood. It's important to get myself back to my real me so I can give something back to others because I'm in a better frame of mind. It makes me feel alive. My mood went up a million percent."
- Another person was supported to attend their favourite football team's match some weekends. The person told us, "The staff were very good and happy to come with me. It was a dream come true." This demonstrated how small acts could have such a significant impact to improve a person's wellbeing, self-esteem and mental health.
- Staff had supported a person to go to the bank to resolve issues which had led to them not having access to their account. Through their support, the bank gave the person £100 to buy toiletries until they were able to re-access their account. The person told us, "It helps me feel positive. When I get access to my money, I will be able to buy books locally. I enjoy reading a lot." The person had previously been non-compliant with care and did not want to engage in social activities within the service. However, they told us they were now positive for the future, and staff commented on the positive change in the person's mood and that they were now accepting personal care from staff.
- People were supported to continue practicing their faith. A staff member said, "We visit the local church on Sunday. It is usually a regular visit and we make sure we either do two trips to ensure people who want to go get to go." The registered manager had invited one person to attend a church service with her and her family. The person told us how much this meant to them, saying, "She took me with my family. This was very special for me. My faith has been important to me since I was a child when I used to go with my mother. I felt included in the service and want to go again with other residents who go." They told us this small act of kindness had made them feel human again and valued by society.
- People had access to a range of engaging activities. We observed an exercise class taking place on the day of our inspection. People were keen to join in with staff members, with one person telling us, "I love zumba, it makes me really happy." Another person said, "They always have so much going on. In the summer I enjoy badminton in the garden when the weather is nice." Staff ensured people who preferred to stay in their rooms were still offered the choice to take part in activities. A staff member told us, "I like to find people's preferences if they spend a lot of time on their own and I like to incorporate it into an activity to get them involved."

- Staff delivered personalised care to people as they knew them and their individual preferences well. Care plans included detailed background information around people's lives and interests. One staff member told us, "Everyone is different, and everyone is individual, and it is important all the staff know people's individual need and how to make them happy." Another staff member said, "The care plans are detailed, and you can learn a lot from them, and conversations with family and close friends." The registered manager told us, "If we have good knowledge, people will receive better care."

End of life care and support

- Staff had sensitively approached people and their relatives to gather their end of life wishes. These had then been recorded in individual end of life care plans.
- As some people had lived at the service since young adults, some were approaching or had reached a stage of their life where they were receiving end of life care. The registered manager told us that other people living at the service had found this hard, as they had lived together for many years. They told us, "People here have such compassion. When we lose someone, we all support each other, and we support their family."
- In order to help people with their bereavement, the registered manager had held a memorial for someone who had recently passed away at the service. This included two people planting a flower given to the service by the person's relatives to remember them by. The relatives had included a card which read, "We're so very grateful to you all for providing [person] with a safe home that she loved. Your help and kindness for over 20 years is hugely appreciated by us all." A memorial service had also been arranged at the local church, which people were planning to attend with support from staff.
- The registered manager informed us they had taken time to talk to people individually and as a group about their grief from losing people that were close to them at the service. This had ensured that they were able to express their emotions without further detriment to their mental health.

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's communication needs were recorded in their care plans to guide staff. This included if people had visual or hearing impairments staff should be aware of.
- Staff gave people time to respond when communicating with them. A staff member told us, "You have to take your time to make sure you've completely understood people." Another staff member said, "I make sure I communicate well with people by taking the time to listen to people and take action if they tell you they want or need something." We observed a staff member offer a person a dessert. They did not move on to ask the next person before allowing the person time to respond.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded and responded to in line with the provider's policy. The registered manager had apologised and investigated any concern raised. They had then informed the complainant of any action taken to prevent the concern from reoccurring. A relative had responded to an outcome of a complaint saying, "I am happy that the actions you are putting in place are sensible and practical, and should help prevent any reoccurrence."
- People and their relatives told us they felt comfortable to raise any concerns or complaints if they needed to. One person told us, "If I ever had a problem I would go to the [registered] manager as she is always popping in to see me, or a member of staff, I know they would sort it straight away." A relative said, "I haven't needed to complain, but I would go straight to the [registered] manager and I have no doubt she would sort

it straight away."

- The service had received a number of compliments. A staff member who had left the service in November 2019 has sent a letter saying, "Crest Lodge is not only a nursing home, but it takes people like me in its lap and provides them with food, a job, respect and much more. I received lot of respect and a very shining and bright future." A card from a relative read, "Thank you for being such a lovely manager, Crest is such a lovely place because of you. Thank you for everything."

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 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.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked hard to educate people and staff members further to improve both care in the service and the environment. They had set a goal for the previous year to promote healthy lifestyles and eating within the service. This had included encouraging people to give up smoking and supporting them if they wished to. The registered manager told us, "Three people gave up smoking last year with support from the GP and staff. We also promoted healthy foods. People with mental health are on a lot of medicines which can lower their motivation to get up and about. Therefore, we introduced gym equipment into the lounge and provided healthy snacks like rice cakes instead of crisps. Not only did it improved their weight, but they've told me it helped them sleep better at night. This in itself improves their mental health."
- A new goal had been set for the new year. The registered manager told us, "We started a project last week to help save the planet. We created ten points we want to stick by, like cutting our plastic use and to have one veggie meal a week ."
- One of the points within the project was for people to go litter picking in the local community. One person told us, "It made me feel part of the community. That's the dignity of work." The registered manager said, "It's important for the community to know people here as people and not for their care needs. They're so compassionate and have got so much to give."
- The registered manager had arranged for police community support officers to speak to people and educate them around their safety in the community. People were able to discuss their past and present experiences of the public's attitude towards them and how this affected them emotionally. The community support officers were able to offer advice as well as provide people with an ID card. This included information on the person's mental health conditions which they could hand to a member of the public if they required help in the community. This was due to their needs not always being physically visible or the person not always being able to fully communicate how to help them in times of distress .
- The service had also raised money for other local and national charities. The registered manager had arranged a cake sale at the local church, which raised £400 The Children's Society, a charity which supports vulnerable children and young adults. The charity had sent the service a letter which read, "Thank you so much for helping in our mission to change the lives of vulnerable children by donating £400 in support of our work. Your kindness and generosity will make a significant difference to our work and I want you to know how grateful we are for your dedication and support." The service had also raised £200 for a local school as part of a 'feeling good' week. The registered manager sent a letter to the school saying, "Crest Lodge believes children need a stable background to promote good self-esteem, leading to future health and

happiness. The residents of Crest Lodge fully supported this project and felt valued to be part of it." People were excited to tell us about the fundraising they had completed and were clearly proud of their achievement.

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

- People and their relatives felt the registered manager was approachable. One person told us, "The manager is nice, always around and very smiley." A relative said, "She is always floating around and always so friendly. She seems very organised, has good relationship with staff, professional but personal at the same time."
- Staff echoed this, confirming they felt fully supported and valued by the registered manager. A staff member said, "She's approachable and she listens, she's always around as well to help and support me if I need it." Equally, the registered manager felt supported by the senior management team. They told us, "From the beginning I have always been supported from my managers. If I ever need to check anything, I can call them and ask them. They are always supportive."
- Staff shared a clear vision for the service, which was led by the registered manager. One staff member told us, "This is a lovely home for the people living here and they get support when they need or ask for it. We're always there for them when they need us." Another staff member said, "It is very good, a unique service. If this service wasn't here I don't know where some of these people would live, and that is what makes it so great. It's quite simply to give the people living here the best quality of life as possible." The registered manager confirmed, "We all discussed our philosophy of care. Staff all said the same thing, that they want to care for people and enjoy it. I tell staff it's important for them to know my vision for the service. When you treat people here as you would anyone else without their mental health, this is important to them and gives them motivation."
- People were encouraged to do every day activities where possible such as walk to a local shop to buy a newspaper. This was to promote a day to day lifestyle that allowed people to lead as normal life as possible and not focus solely on limitations due to their mental health needs. The registered manager told us, "With all the planning of trips for the next year, and simple things going to different events, we make people feel valued and normal. We've been told we do that exceptionally well here. We care for people who have been down and not engaged in anything. Then we start by getting them to walk to the shops, and suddenly their mood improves massively. It's a complete turn around."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- Robust quality audits identified issues which staff then worked to resolve. For example, the service improvement plan from November 2019 identified the emergency fire grab bag required evacuation map within it. We found this had been resolved by the day of our inspection. The registered manager told us, "Audits are very important as it shows you what's missing or what needs improving."
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service.
- As part of the service's regulatory requirement, the registered manager had ensured the service's previous rating under the previous legal entity was displayed both within the service and on their website.

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

- Feedback from people and relatives was sought to improve the service. Surveys were given to people and relatives monthly, with responses analysed and checked if improvements needed to be made in any areas.

All responses received had praised the kindness and professionalism of staff. Where a suggestion had been made for improvement by a relative, the registered manager took action and confirmed this with the relative.

- People also had the chance to provide feedback to the registered manager at resident's meetings. Minutes from meetings showed that topics discussed included asking people if they needed emotional support whilst their friends who also lived at the service were in hospital and nominating a resident of the month. One person had been nominated for looking after a person's animals while they were in hospital. The person fed back they were proud to be awarded this and was happy for this to be displayed around the service .

- The registered manager involved staff members in the running of the service. Staff were able to discuss ideas and suggestions at regular team meetings. For example, staff members raised that they were coming in earlier than the start time of their shift to feel confident they had time to complete a thorough handover with other staff members. The registered manager told us, "I'm glad I've been made aware of this, because now I can try and solve this for them. It's important for me to know their feedback." A staff member told us, "We're asked for our ideas regularly and you can see little changes that are made in response to suggestions which is nice." A further staff member confirmed, "They're so proactive and really listen to my suggestions which I think is important."

- Staff members had been given lead roles in areas of care such as nutrition, bed rails and infection control. As a lead in these areas, staff were expected and encouraged to provide other staff members with best practice knowledge and information.

- People were consulted in any changes planned to the service. The registered manager informed us the building had previously included an indoor smoking area. When they had plans to close this, people were informed and asked for their opinion. The registered manager went on to say, "It's important to talk to people too and let them know what's going on. Not everyone was happy but now it's in place they enjoy it."