Crystal Hall Limited

Crystal Hall

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

The inspection at Crystal Hall was undertaken on 15 and 16 May 2017and was unannounced.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the (CQC) 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. The last inspection was carried out on 14 November 2014, when there were no concerns identified and we rated the service as GOOD in all five areas of service delivery, and Good overall.

Crystal Hall is located in a rural area of Preston. The property is a period farmhouse with purpose built extensions. There are well maintained grounds surrounding the property, enclosed courtyards, a sensory garden and Japanese ornamental garden. The home is registered to accommodate a maximum of 67 people at any one time and at the time of our inspection 65 people lived there. Crystal Hall specialises in the care and treatment of mental health in younger adults and in particular specialist care categories, bipolar/manic depression, head/brain injury, Huntington's disease, multiple sclerosis, Parkinson's disease and schizophrenia.

Staff worked within a well-trained team and had ample time to support individuals in a meaningful way. This was because there were sufficient staff numbers who were deployed to provide person centred approach to care and people's safety. We found that the recordkeeping systems at the service were thorough and consistent. However, we have made a recommendation in relation to staff recruitment, to ensure that the service provider ensures that appropriate employment references are always sought when appointing new staff.

Staff had completed training that enabled them to improve their knowledge in order to deliver care and support safely. We found care records contained detailed, personalised and specific care plans, risk assessments and medicines management care plans. We observed staff followed these in a safe and caring way when meeting people's assessment needs. Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions taken by the home to protect people.

Staff recorded best interest meetings and transparently documented mental capacity assessments and decision-making processes. We saw this followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). We observed staff treated people with respect, and were offered options whenever they engaged with them.

People and their representatives said staff worked collaboratively with them to ensure they received high standards of care. We found Crystal Hall had a warm and welcoming atmosphere throughout. We saw people were relaxed and staff had a caring attitude. Food standards were maintained to a high level. When

we discussed the quality of meals with people and their relatives, they said food was of a high quality.

Relatives told us they felt extremely well supported and encouraged to maintain their important relationships with those who lived at Crystal Hall.

We saw staff were responsive to each person's changing needs and adapted care plans accordingly. The management team provided opportunities for people to engage social activities. People were supported to maintain their own health and appropriate referrals were made on people's behalf to healthcare professionals as and when required. We observed people's dignity and privacy were actively promoted by the staff supporting them. People living in and visiting the home spoke highly of the staff and told us they were very happy with their care and support.

There was a clear management structure in place and staff were happy with the level of support they received. The management team had a wide range of systems to gain their feedback. This included a variety of meetings and satisfaction questionnaires. Relatives and visiting professionals told us the home was highly organised and exceptionally well-led. The provider and registered manager regularly completed auditing systems and acted swiftly to address any identified issues.

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.

Care files held thorough risk assessments to mitigate each hazard to people's safety and welfare.Staff had a good awareness and approach of safeguarding principles.

We found Crystal Hall had effective and safe staffing levels, with a good skill mix to enhance people's safety and welfare.

Recruitment procedures were in place to safeguard vulnerable people from the employment of unsuitable staff.

We found staff followed clear processes to meet safe standards relating to the management of people's medicines.The service had appropriate systems in place to ensure environmental safety, and the safe operation of equipment.

Is the service effective?

Good

The service was effective.

The provider had a good appreciation of the standard of training needed to ensure staff were skilled to meet people's assessed care needs.

The management team and staff viewed consent processes as important in providing effective care and support.

Staff received MCA and DoLS training and when we discussed this with them, we found they had a good awareness.

The provider had appropriate systems to protect people from the risks of malnutrition and related medical conditions.

Is the service caring?

Good

The service was caring.

We observed good examples of caring and positive interactions

between the staff and people living at the home.

We saw good evidence of staff working collaboratively with people and their relatives about their care planning.

Staff respected people's decision making, and showed empathy and kindness to people at the home and their relatives.

End of life care plans and practice was person-centred.

Is the service responsive?

Good

The service was very responsive.

The provider and activities staff went to great lengths to ensure people were supported to engage in meaningful and fulfilling activities that they enjoyed, using a range of resources both within the home and externally.

The registered manager developed personalised care plans to guide staff to provide responsive and holistic support.

The provider had arrangements to manage complaints and concerns.

Is the service well-led?

Good

The service was well-led.

The management team set efficient systems and forums to involve people and visitors and gain their feedback.

The management team worked with other agencies in the oversight of Crystal Hall's quality and safety.

We found the provider maintained recognised standards relating to care provision and delivery, and involve staff in service development and improvement.

The management team monitored the home as a high priority to ensure high quality care and quality assurance.

Crystal Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The inspection team consisted of two adult social care inspectors, one of which was the lead inspector for the service.

Prior to our unannounced inspection on 15 May 2017, we checked the information we held about Crystal Hall. This included notifications we had been sent by the provider, about incidents that affect the health, safety and welfare of people who accessed the service. We also reviewed the Provider Information Record (PIR) we received before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of Crystal Hall.

We spoke with a range of individuals about this service. They included seven people who lived at Crystal Hall, 3 visiting healthcare professionals and five visiting relatives. We further discussed care with the management team and nine staff members.

We looked around the building to check environmental safety and cleanliness. We also spent time looking at records. We checked documents in relation to six people who lived at the home and six staff. We reviewed records about staff training and support, as well as those related to the management and safety of Crystal Hall.

Good

Is the service safe?

Our findings

People living at the home said that they felt safe, and were well supported. A relative we spoke with told us they had no concerns about the safety of people at the home. One person who had not been at the home for too long told us, "It's good here, I've been made very welcome and the staff are kind."

People living at the home were found to have varied and sometimes, complex needs that impacted upon their day to day life. This was recognised through the assessment and care planning process, and any risks associated with people's care had been identified and actioned appropriately.

We looked at six care files, and they were found to hold thorough risk assessments that were used to eliminate or reduce the possibility of accidents and incidents taking place, and in turn, promote people's safety and welfare. Records covered care needs such as medicines, environmental and fire safety, nutrition, personal care, continence support and pressure area care.

The risk assessments were found to be detailed and personalised to each person's individual requirements. We spoke to the registered manger, who said, "As a change in someone's circumstances occurs or new risk is posed, staff amend or introduce a new record and process so that people are kept safe. Staff then update the related care plan, and monitor and manage that person's safety." For example, one person who had lived at the home for some time had developed a problem with swallowing food as a result of the illness, and an assessment had been undertaken regarding this. The person was assessed as needing a soften diet, and this had been included in their care plan records, staff had been informed of the change, and the catering staff made changes to the food they provided. These changes had result in reducing a choking risk, and enabled the person to continue to enjoy their meals This was confirmed when we looked at the care records, and through discussions with members of the staff team.

The registered manager had good systems in place to monitor and manage accidents and incidents, and maintain people's safety and welfare. This included records of accidents, any resulting injuries and the actions staff completed to manage them. The service also had appropriate systems in place which were used to report any accidents or incidents to external agencies such as the Commission, or the Local Authority Safeguarding team. Staff told us that following any incident, "The management team and staff analysed and reflected upon events to ensure lessons were learnt. This is done through staff supervision and at staff meetings." For example, one person had developed problems with their mobility, and had fallen on two occasions. The risks around their mobility had been assessed, and arrangements made for them to be supported by two staff via a hoist when moving from the bedroom or from a seated position. The analysis of the falls, and resulting change to the person's support plan had eliminated any further falls.

During our inspection, we found Crystal Hall had sufficient staffing levels to meet people's assessed needs, and this was supported through information held within the staffing rota. One visiting healthcare professional said, "There is always plenty of staff on duty. You can always find a staff member if you need one. I have every confidence in the staff and the way this home is operated."

Information held with the training and personnel records, showed that the staff team had a variety of skills and experience that they used to provide care and support to people at the home. Since the last inspection in 2015, the staff team had been developed, with the addition of a clinical lead, two activities co-ordinators, and two Occupational Therapists (OT). These workers were seen to be an important addition to the way services were delivered. One person living at the home said, "The activities on offer are great. There is always something to do, and the activities co-ordinators are very energetic and motivating, and know how to get people interested."

One visiting healthcare professional said, "The fact that people in this home have access to their own OT's on site, makes a massive difference to people's lives. Not only do the OT's provide advice and guidance on how people can engage in activities of daily living, their knowledge relating to assessing risks is good, and they help in devising support for people in relation to daily activities." Another professional said, "The clinical lead is a great addition to the team in terms of identifying healthcare needs, and any associated risks." We found information held with people's individual care records to support this.

Despite having a clear policy and procedure in place for the safe recruitment of staff to the home, its implementation was not as robust as it should have been. We found good practice to show that new starters were required to complete an application form, and supply information about their past and present employment, qualifications and training, skills and abilities, referees, and declare if they had any convictions. Where applicants did not have a full employment history, any gaps or anomalies were discussed with individuals, and checks made to confirm any information supplied. The service also had a system in place to check that those with a professional registration were up to date with their registration, and fit to practice.

Following a thorough interview process, potential new staff undertook a criminal record checks obtained from the Disclosure and Barring Service (DBS). The registered provider had a system for seeking employment references; however, we noted that out of six personnel files that we inspected, two did not have references from the person's last employer. We asked about this, the registered manager and provider explained that one staff member had worked at the home through an agency before they were permanently employed, and as a result, they were familiar with the person's care practice and attitude. The second staff member had been employed at two jobs at the time that they had applied for work at Crystal Hall, and the registered provider had sought a reference from what turned out to be their pen-ultimate employer.

Once these discrepancies were pointed out to the registered provider and manager, action was taken to rectify the problem. A full audit of the service's personnel files was undertaken to identify any further anomalies, of which there were none, and contact was made with the two previous last outstanding employers, and satisfactory references were obtained. We recommend that the registered provider and manager ensure that their updated and robust recruitment procedures are closely followed in the future in order to ensure that people's health and welfare is promoted and protected.

The provider ensured staff received training to underpin their roles and responsibilities in protecting people from harm. Staff had a good awareness of safeguarding principles and where to report any concerns. One staff member said, "I would have no problem in reporting issues or potential abuse to the manager, social services or the police. I am confident the manager would deal with them straight away. The contact details for the safeguarding team are available at various places within the home, and if there was an issue with the approach of any member of staff, visitor or even the management, then as a staff team, we know who to contact."

Following any safeguarding incidents, we found the registered manager met with staff to debrief and explore

system improvement and lessons learnt. For example, when two people living at the home had been involved in a small number of altercations, the staff had spent some time looking at why this occurred, and changes where implemented to offer the two people more support through "chats" with staff, and discussion and encouragement to use different parts of the house in order to reduce the possibility of the two people coming to together.

We observed people received their medicines on time and when required. Specific care plans and risk assessments detailed each person's requirements and agreed support, along with symptom management and potential side effects. The documents also assisted staff to understand any impact, medication may have on the individual's mental and physical health. Documentation included information relating to consent and best interests. The service had a system of audits which were used to review any administration, recordkeeping or other errors. We saw the management team addressed identified issues quickly to maintain the safe management of medicines.

We noted that some people needed to use PRN medication (as and when required), and we found that there were clear protocols in people's care files to assist staff in the administration of this type of medicine. We recommended on the day of the inspection, that these protocols would be better placed within people's Medicines Administration Record (MAR), so that staff could access all the medicines information they need in one place. This was accepted as good practice, and a change was made immediately.

We looked at records relating to environmental and equipment safety, and spoke to staff about how they and the service responded to emergencies or untoward events. We found that the fire alarm system was correctly tested in line with current best practice, and that staff were aware of how to respond in the event of either finding a fire, and/or hearing the alarm. People living at the home also were found to be aware of how respond in the event of fire. Care files were found to contain up to date information on how to evacuate people in the event of a fire, and the staff we spoke with were clear about this, and were able to explain the process in detail.

There was a system in place for assessing, recording and responding environmental risks. This was primarily dealt with by the registered provider, manager and maintenance team, however, all the staff we spoke with understood the need to be vigilant, and report any new risks to the appropriate person, and take appropriate action to ensure people were safe.

There were systems in place to regularly check the safety of equipment operated within the home. The maintenance manager explained that he and his team primarily undertook this process. He added, "There are items of equipment that are under contact from other service providers, and they visit to undertake safety checks as and when required." Information held within the maintenance records confirmed this.

Good

Is the service effective?

Our findings

People we spoke with told us the food was always very good. A relative we spoke with said, "There is a good choice of food". We saw that food and drinks were made available at any time throughout the day. A visiting professional said, "The staff always seem to be well trained and knowledgeable."

We saw staff had received training to underpin their skills in supporting people at Crystal Hall. This covered, for example, food hygiene, safeguarding, the Mental Capacity Act, movement and handling, environmental and fire safety, communication and medication. The registered manager checked staff implemented their learning in their care practice through competency testing and supervision.

Supervision was a one-to-one support meeting between individual staff and a senior member of the care or management team to review their role and responsibilities. Records showed that supervision sessions and appraisals for staff members had been completed regularly and consistently.
We established that new employees were issued with a range of information when they first started to work at the home, including job descriptions and terms and conditions of employment, and had completed a thorough induction programme.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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). 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. 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 were being met.

We found people's mental capacity had been appropriately assessed and this had been carried out on a decision specific basis. In the examples we reviewed, an advocate had been involved, and in another, a family member. We saw that in all cases where a person was being deprived of their liberty, there was a current Deprivation of Liberty authorisation in place, or an application had been submitted to the local authority for an authorisation to be considered, there were also copies of mental capacity assessments which had been carried out and records of best interest meetings which had taken place where a person lacked capacity to make their own decisions. People who had conditions linked to the Deprivation of Liberty authorisations, had these conditions reflected within their care plans.

We saw that the manager reviewed each person's circumstances regularly to ensure that the measures in place were appropriate and current. This meant that people's human rights were being protected and that the registered provider was working within the current legislation.

We observed people for lunch and found there were menus available to show what options were available. We observed two individuals did not want what they were given, so staff asked what they would like instead. They returned immediately after their chosen meal was prepared. We observed people were smiling and relaxed throughout lunch. One relative told us, "The food is great and I know the staff will encourage [my relative] to eat as much as possible." Another relative confirmed, "The food is lovely." People living at the home told us that there was always a good choice of food, and that it was "tasty."

Care records we looked at held detailed documentation in relation to each person's nutritional needs. This included up-to-date nutritional risk assessments and control measures to minimise the risk of malnutrition. For example, people were weighed regularly and we saw the input of GPs and/or dieticians had been requested to give guidance for staff to support people where concerns about their food intake or weight had been identified. Where additional, associated risks could potentially occur, such as choking risks or medical conditions, the management team implemented further, separate processes.

We found the chef had maintained the kitchen to a high standard and had all required documentation in place and up-to-date. We noted in one person's care file that there were some discrepancies relating to the specialised diet they followed. These issues were discussed with the management team, the catering staff and the person themselves, and clarifications were made regarding their dietary intake.

In order to ensure an all-round approach to the continuity of people's care and treatment, the management team worked with other healthcare professionals. They promptly recorded actions taken when individuals displayed changing health needs; ensuring people received the best care possible. The registered manager ensured that people saw the doctor or community nurses when they needed support with physical health care or health promotion. We noted that, when required, people also saw specialist health practitioners and others such as dentists and opticians.

Good

Is the service caring?

Our findings

One person we spoke with said, "I have never been better looked after. Another person told us, "The staff are all very helpful."

The atmosphere in the home was calm and relaxed. We saw that the interactions between staff and people living in the home demonstrated genuine affection, care and concern. Staff were happy and smiling in their work and had built very strong bonds with those who lived at Crystal Hall. They consistently provided a warm, calm space within the home. We saw that staff engaged with people when they took part in activities, making appropriate use of encouragement and praise. Our observations indicated that staff were empathic in their interactions and appropriately used humour and clear explanation when talking with, and supporting people. A visiting health professional told us staff had good caring skills and a compassionate attitude.

We observed a person became agitated. Without invading personal space, a staff member approached the person and spoke softly to them. They checked why the person was upset in a caring manner, offering options in response to their expressed needs. The person appeared to calm down almost immediately, and reacted positively, and moved off with the staff member and started to take part in a planned activity run by the activity staff. Information held with people's care records showed that staff prompted people to take responsibility for their own personal care where they could and were given choices if at all possible. The registered manager said that, for some people, promoting independence was a slow process but that this was written into their care planning if appropriate.

We saw that people's care records were written in a positive, person centred way and included information about the aspects of daily living that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life.

Staff made sure people were given privacy and told us that they had been trained to maintain confidentiality. The staff took appropriate actions to maintain people's privacy and dignity. We saw that people were asked in a discreet way if they wanted to go to the toilet and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care to protect their dignity.

The management team were clearly enthusiastic and exceptionally passionate about the provision of high standards in end of life care. This attitude filtered down to staff, who told us they felt honoured to support people at the end of their lives. The care records contained information about the care people would like to receive at the end of their lives, taking into their healthcare needs, and who they would like to be involved in their care.

Good

Is the service responsive?

Our findings

A visiting healthcare professional told us, "The care planning system here is very good. The records are always very thorough, and there is very clear information in each person's care file to show what their specific needs are, and how to meet those needs. Whenever there is a change to people's health or well-being, then changes are made to reflect that change, and the staff are informed."

Crystal Hall provided care and treatment for people who lived with complex needs and some with mental health conditions. We observed staff were patient, encouraging and appropriately praised people. Staff built support plans around initial and on-going assessment, developed from a variety of sources. This included observations of people's normal routines, as well as discussions with them, their families and other healthcare professionals involved.

Documents were comprehensive and extremely personalised so that staff provided the best possible care. We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

The management team and staff reviewed people's care planning. This covered their general progress and all aspects of their mental, physical and social health. The detailed record was easily available to GPs and other healthcare professionals who came to Crystal Hall. A visiting professional said staff monitored people's health "Really well". Care records we looked at contained information about each person's preferences, likes and dislikes throughout all aspects of their support planning. This included choices about, for example, care and treatment, nutrition, preferred name, sleeping patterns, personal care, safety and activities. This meant the provider created opportunities to help staff understand each person, who they were and what they liked to do.

The provider's approach to activities was innovative, person centred and inclusive and ensured all people were encouraged and supported to do the things that were important to them.

We saw numerous examples where the activities coordinator, with the full support of the registered manager and the provider, had responded to people's views about the activities. These included chair bound exercise, art and crafts, bingo, topic discussion, quizzes, trips out in the local community, cooking and gardening. There was a varied range of programmed activities on offer at the home. These comprised of physical exercise, board games, team games, crafts, bingo and music, and trips out. The programme was displayed in the home to help people choose what they wished to participate in. One activity co-ordinator told us they spoke with people when they first moved in to find out their individual interests to ensure that activities were person centred.

People confirmed they were consulted on the activities and outings taking place and it was their choice if they participated or didn't participate. People who used the service had an individual activities support plan

which was reviewed and updated on a regular basis. The activities co-ordinator explained that they had a system for collecting and collating data on people's participation in activities, and this helped to identify if someone' level of engagement had declined. If trends were identified, then extra support and interaction was offered and provided to people. Information held with the records supported this, and people told us that they found this helpful.

We spoke with one of the activity co-ordinators who presented as being extremely enthusiastic and passionate about what they did. The activity co-ordinator told us, "I am pretty proud of the activities here. I enjoy seeing people take part, and we as a staff part, enjoy sharing happy times with people. Meaningful activities make happy residents." People's spiritual needs were acknowledged and provided for. There were links with local churches and some people who used the service had retained their connection with their churches. A visiting healthcare professional said, "They work hard to find activities that residents like prior to admission to the home and their activities co-ordinator works well with residents to try to get them involved in activities. They will concentrate on individual activities as well as group activities."

A relative commented, "Things go on all day long. No matter what time of the day I come, there's always something going on." We observed staff provide activities on a one-to-one basis such as reading the newspaper with one person, and in a group setting, for example chair bound exercise. Those who participated were appeared happy, smiling, laughing and relaxed. The provider went to great lengths to ensure people were supported to engage in activities they enjoyed and their known interests and hobbies. One set of care records showed that the activities staff had gathered a lot of data regarding people's involvement in activities, and produced weekly and monthly reports regarding this. The information was displayed in the form of a graph, and we could see clearly and quickly who had and had not been involved in activities, the type of activities, and for how long. The activities co-ordinators and the OTs worked closely together, and planned their day together so as to ensure people's therapy and social needs were met.

Crystal Hall was found to have a separate craft area, kitchen and dining room, that was used by people living at the home with the assistance of the activities and OT staff. Individuals or groups would use the resource to prepare and cook their own meals, bake cakes, sit eat and socialise. This was seen by many in the home and by visitors as a valuable resource. People living at the home were given time to maintain their existing skills, practice and develop new skills, and engage in activities of their own choice, independent to what was going on in the home.

It was clear from our observations, reviewing of records, speaking with staff, the registered manager and a representative of the provider that theon-going improvement to all people's lives was a fundamental aim of this service. For example, people received care and support from the staff team to lead meaningful lives through personalised and group activities, and people with mental or physical health conditions were cared for by nursing and care staff with input from external professionals. One person with Huntington's Disease had periodic medication reviews to ensure they were not experiencing any unusual side effects. Another person who experienced mental health issues, had a clear care plan in place, and directions for how the staff should respond when this person needed any extra support.

The provider had arrangements to manage complaints and concerns and carried out their duty of candour with a transparent approach. The registered manager told us they had not received any complaints in the last 12 months. We found information was provided for people about how to make a complaint if they chose to. Details explained response timescales and information about how their complaint would be dealt with. People we spoke with were aware of who to speak with if they wanted to raise any concerns. One person told us, "If I have a problem I just tell them." The registered manager told us they preferred to deal with people's concerns as and when they arose." We checked to see if these "minor" concerns were logged by the

service, and found that they were, and the actions taken by the service to resolve the concerns were also recorded.

Good

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and visitors we spoke with said Crystal Hall was organised and managed to a high standard. We observed the registered manager and provider were 'hands on' in their approach and visible about the home. We found people were at the heart of Crystal Hall's quality assurance programme. Multiple questionnaires were sent out to check experiences of care. This included separate surveys for people who lived at the home and relatives, staff and health and social care professionals. Family members had taken the time to write 'thank-you' cards for the care and treatment their relatives received. Comments included, " Thank you to all the staff for caring for my [relative]. Everything you have done has been wonderful" and "We would like to pass on our thanks for all the hard work everyone has done to make my [relative] as comfortable as possible during their time at the home. We have every confidence in you."

The management team analysed feedback from all surveys to check the quality of service provision. Areas covered included food, environment, infection control, safety and security, care and staff approach. We saw feedback from professionals was actively encouraged and reviewed as part of the home's ongoing development. The management team worked with other agencies in the oversight of Crystal Hall's quality and safety. For example, the provider engaged with the CCG's Quality Monitoring Systems which was used to review the quality of people's care, and provided feedback of events and incidents within the home.

Staff said they had regular meetings to raise concerns or suggestions for improvement and felt they worked extremely well as a cohesive team. For example, staff had determined that the approach they employed to work with one person did not always work, as the person continued to experience agitation. Following a discussion regarding their approach, changes were made, and this had an impact on the person they were working with. They were less agitated, and were found to engage more with the staff. The registered manager held separate day and night staff meetings to maximise opportunities for staff to attend them. Other meetings included those for senior care staff, nursing staff and the management team. We saw minutes from the last team meeting and noted areas discussed included, recordkeeping, residents' current welfare and requirements, personal care and training.

The management team monitored the home as a high priority to ensure high quality care. This included audits of, for example, staff recruitment, accident and incident logs, supervision/appraisal, training, infection control and DoLS processes. The registered manager frequently completed separate care plan and risk assessment matrices. These ensured people's risk management and care provision were continuously updated and met their needs to an effective level. There was a range of communication systems in place to keep staff up-to-date and maintain the highest level of care for people who lived at Crystal Hall, this included handovers and associated records.

Staff completed daily and weekly medication audits to check recordkeeping, medicines stocks and other related procedures were safe and accurate. Records we saw evidenced audits were reviewed, discussed and then new systems were implemented to replace or enhance the old procedures. This gave the provider good oversight of care provision, service quality and everyone's wellbeing.

The management team additionally completed weekly checks for all risk areas. This included call bells, health and safety, window safety and restrictors, water temperatures and fire management systems. We also found the home's safety requirements were up-to-date, monitored and recorded. This included environmental, fire, water, gas and electrical safety. .