Terrys Cross House Trust

Terrys Cross House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on the 14 November 2018 and was unannounced. Terrys Cross House is run by a registered charity and has a committee of trustees who oversee the service. Accommodation and personal care is provided for members of the clergy, missionaries, their dependents and those associated with them. The service has an integral chapel where regular services are held. People with no association to the church would also be considered if their care and support needs could be met.

Terrys Cross House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Care is provided to up to 12 people on a permanent basis or for respite care. At the time of the inspection nine people were living in the service, but one was not present during the inspection. The service is situated in Woodmancote with easy access to local amenities and transport links.

The service had a new registered manager who had commenced working in the service in August 2018. 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 and associated Regulations about how the service is run. One person told us of the new registered manager, "We needed someone at the helm. They were wonderful when there was not a manager. But we have found a champion a real winner. It's made the house feel more complete." A member of staff said, "(Person's name) is passionate about the place and she gets things done. She is involved with the people and out and about. You could not ask for a nicer boss. It's made such a difference. She will muck in anytime. We are like a small family."

At our last inspection on 26 September 2017 we rated the service Requires Improvement. We found breaches in the regulations in relation to recruitment procedures and there had been a failure to establish and operate effective systems to assess, monitor and improve quality and safety. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the areas highlighted. This was the focus of this inspection. We found improvements had been made and the breaches have been met. However, we have identified further areas in need of improvement. At this inspection we found the evidence continued to support the rating of Requires Improvement.

There was a period since the last inspection when there was not a registered manager on site. The trustee and registered manager acknowledged due to staff changes there had been a period when some of the systems to be followed had fallen behind or had not been fully maintained. For example, staff training, supervision and appraisal had been delayed. Some quality assurance checks had fallen behind, for example no infection control audits had been completed. Care plans and risk assessments needed updating. Some building checks for example in relation to legionella, risk assessments and fire drills had not been completed. There were records of checks of the hot water delivered. However, these records detailed the temperature was not at the recommended safe temperature of 43 degrees Celsius. There were no

supporting risk assessments completed. However, senior staff had sought the advice and support of an external company to work with them. They spoke to us about the work already completed and booked to address the issues highlighted. They were aware of the shortfalls identified in the report there was a robust action plan was in place which they had been following to address this. These were areas in need of improvement.

People were protected from the risks of abuse as staff understood the signs of abuse and how to report concerns. People had information to enable them to raise any complaints or concerns they had about the service. People felt any complaints would be dealt with in a timely way. People were also regularly visited by Trustees of the charity, with whom they could raise any issues. Medicines were stored correctly and there were systems to manage medicine safely.

People told us they had continued to feel involved and listened to. The culture of the service was open and inclusive and encouraged people to be part of the running of the service. The registered manager worked with staff to develop the service with people at the heart of the service.

Staff had the knowledge and skills to provide the care and support that people needed. Staff told us they felt well supported and had received supervision and appraisal's. They spoke of a team that worked well together. A member of staff told us, "I am really happy here. It's such a nice place and it does not feel like work." Another member of staff said, "We all mix in." Infection control procedures were in place.

People lived in a service with a relaxed and homely feel. They were supported by kind and caring staff who treated them with respect and dignity. A member of staff told us, "It's lovely here. It's more like a family and their home. It's very family orientated. It's like looking after your grandparents. We are all very close. You get to know them very well. It's like looking after your own family." They were spoken with and supported in a sensitive, respectful and professional manner. People were supported to be independent and have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had a good understanding of consent.

People were supported with their food and drink and this was monitored regularly. People continued to be supported to maintain good health and access healthcare professionals when needed.

People had been supported to join in a range of activities.

People, a visitor, staff and a visiting health and social care professional told us the service was well led. Staff told us the registered manager was always approachable and had an open-door policy if they required some advice or needed to discuss something. A system was in place to respond to any concerns raised. People and their relatives were regularly consulted about the care provided through reviews, residents meetings and by using quality assurance questionnaires.
Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people had not all been identified and action been taken to minimise these risks. Some repairs and renovations were still needed to the building.

Robust recruitment procedures had been followed. People were supported by sufficient numbers of staff to meet their needs.

Medicines were managed safely.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities from the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) Care staff had a good understanding of consent.

Staff had a good understanding of peoples care and support needs. People were supported by staff that had the necessary skills and knowledge.

People were supported to make decisions about what they wanted to eat and drink and to stay healthy. They had access to health care professionals when they needed them.

Is the service caring?

Good

The service was caring.

Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

Is the service responsive?

Good

The service was responsive.

Care plans had been reviewed.Staff had information that enabled them to provide support in line with people's wishes, including the best way to communicate with people.

People could participate in activities which reflected their interests.

There was a system in place to manage complaints and comments. People felt able to raise any concerns and were confident they would be listened to and any concern would be acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

We identified a number of areas on this inspection that told us the service's systems had not always been maintained.

The leadership and management promoted a caring and inclusive culture. Staff told us the management and leadership of the service was approachable and very supportive.

There was a warm, welcoming and inclusive culture.

Terrys Cross House

Detailed findings

Background to this inspection

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

This inspection took place on 14 November 2018 and was unannounced. One inspector undertook the inspection.

Before the inspection we looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. The provider had completed a Provider Information Return (PIR). 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.

During the inspection we spent time with people who lived at the service and observed the care and support provided. We looked around the communal areas and people's own rooms when we were invited to do so. We observed lunch and took time to observe how people and staff interacted to understand their experience of living in the service. We spoke with five people individually. We spoke with a trustee, the registered manager, a cook, a domestic assistant and a member of care staff. After the inspection we received feedback from a visitor to the service. We also spoke with a visiting healthcare professional. We spent time looking at records, including three people's care and support records, a staff recruitment file, staff training records, and other records relating to the management of the service, such as policies and procedures, complaints and compliments, and accident/incident recording. We looked at the provider's own improvement plan and quality assurance audits. We also 'pathway tracked' the care for two people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about people receiving care.

We previously carried out a comprehensive inspection on 26 September 2017 and rated the service overall 'Requires Improvement'.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 26 September 2017 we found a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always being protected because robust systems for staff recruitment were not in place. The service had a fire precautions (Workplace) risk assessment but this was only partially completed. At this inspection we found these issues had been addressed. However, we found other areas in need of improvement in relation to building checks and the completion of risk assessments.

There had been limited recruitment of new staff since the last inspection. Recruitment procedures were in place to check that staff were of suitable character to carry out their roles. Criminal checks had been made through the Disclosure and Barring Service (DBS). One new member of staff was in the process of being recruited and had completed an application form, attended an interview and had the required checks completed. Supporting risk assessments had been completed where needed. The PIR detailed, 'The staff now have a more structured human resources system in place and this supported by an outside company.' We looked at staff rotas and our observations showed that there were sufficient, suitably trained staff on duty to support people using the service. On the day of the inspection, we observed the service to be calm with a relaxing atmosphere. A member of staff told us, "I love everything about coming to work. It's a beautiful team and we all mix in and cover each other." The registered manager looked at the staff and skills mix needed on each shift, to ensure sufficient staff were on duty and people were safe. Staff told us there were adequate staff on duty to meet people's care and support needs.

Terrys Cross House is a period property in surrounding grounds. At the last inspection we were informed parts of the building needed repair or renovation. There were some issues with the roof. The registered manager and a trustee confirmed this repair work had been completed. However, further work was now in need of completion. We were told there was a further leak had been found again in one person's room. This had continued to be held up because of a bat colony in the roof that had been identified during an ecological survey. They were protected by law. However, agreement had now been received for a new roof to be built in Spring 2019. The registered manager told us interim work which had been completed again to protect the person, who had again been offered alternate accommodation until the repair was completed but they had declined. We spoke with the person again who confirmed they were not troubled by this, as it did not affect a part of the room they used.

There was a maintenance programme in place. People told us the maintenance person checked with them for any repairs needed. One person told us," (Person's name) is responsible for any repairs. There is also a book in the hall to record any repairs needed." Maintenance checks were carried out by staff or external companies. For example, staff had completed checks of the fire alarm system, in between the checks and maintenance made by an external company. A new fire risk assessment had been completed by an external agency. Personal emergency evacuation procedures (PEEPs) had been completed, reviewed and met people's needs. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people, who may need assistance during an emergency. However, regular fire drills had not been carried out. We discussed this with the registered manager who told us of the plans to rectify

this. This was an area in need of improvement. Legionella checks were not fully in place. The registered manager could show us the work in progress to address this. This was an area in need of improvement. There was an emergency on-call rota of senior staff available, for help and support. Contingency plans were not in place to respond to any emergencies, such as flood or fire. However, the registered manager subsequently sent us a completed copy.

The registered manager acknowledged that risk assessments were not fully in place. Each person's care plan and supporting risk assessments, which were specific to their needs were in the process of being updated. For example, where people were self-medicating the risk assessments needed updating. This was an area in need of improvement. The registered manager told us a new external company had been commissioned and started to work with staff to address this. A risk assessment for the environment had just been completed with an action plan to address issues highlighted which staff were working through. Control of Substances Hazardous to Health (COSHH) information had been updated and work had started to update the risk assessments. This was an area in need of improvement. We looked at records in relation to the safe delivery of hot water. Regular checks of the water temperature had been completed. We were told hot water was not controlled by thermostatic mixer valves at outlets and we noted the records detailed hot water was being delivered above the recommended temperature of 43 degrees Celsius. There were no supporting risk assessments to indicate if this posed a risk to people and if so detail measures in place to protect people. We discussed this with the registered manager during the inspection who acknowledged this and told us they were working with the external company to address this and put risk assessments in place. This was an area in need of improvement.

Systems were in place to ensure the cleanliness of the service. The most recent environmental health visit to the kitchen had awarded the service the top rating of five. During our inspection, we viewed a selection of people's rooms, communal areas, bathrooms and toilets. We saw that the service and its equipment were clean and well maintained. Staff had good knowledge in this area and had attended training. PPE (Personal protective equipment) was used when required, including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these. Feedback from people and observations on the day was that the service was clean. The registered manager told us of the improvements which had been made since the last inspection to cover any absence of domestic staff with the use of agency staff or care staff undertaking additional shifts to ensure there were domestic staff on duty to keep the service clean.

People and a visitor told us they felt people were safe, happy and were well treated. The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They were aware they had to notify the CQC when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. A member of staff told us they would, "Raise the alarm and report to a senior member of staff."

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

Most people living at the service managed their own medicines. Where people were assisted with their medicines there were appropriate arrangements in place to ensure the safe management of medicines. Systems were in place to ensure repeat medicines were ordered in a timely way and any medicines disposed of correctly. Care staff were trained in the administration of medicines. A member of staff told us of the training they had completed and of the competency check and said, "It was quite a while before I was left on my own." Staff told us the system for medicines administration worked well in the service. Medicines were stored safely.

Good

Is the service effective?

Our findings

At the last inspection on 26 September 2017 we found not all areas of the service were being well maintained. We found dusty surfaces, cobwebs and a broken wardrobe in the respite room. At this inspection we found this had been addressed and has been detailed in the Safe domain.

People told us staff were skilled to meet people's care and support needs and provide effective care. People's support was provided by staff who knew them well, and were very knowledgeable of their preferences regarding any care or support needs. We observed care staff interacting with the people and taking the time to meet their needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff had a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. There was a system in place to request and update DoLS applications when needed. We observed staff asking people for their consent before any care and support was provided. A member of staff told us, "They make all their own decisions. I always ask if they are happy and comfortable. You always give them an option and do things on their terms."

People were supported by staff that had the knowledge and skills to carry out their role and meet individual people's care and support needs. New care staff had completed an induction and shadowing programme. The registered manager showed us this was in the process of being updated to ensure it incorporated all the requirements of the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. A member of staff spoke about their induction and the shadowing they had completed, "It gave me a look into what I needed to do. I started with some evening shifts. I feel well supported there is always someone to go to." Staff had access to essential training and regular updates. They had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualifications Credit Framework (QCF) in health and social care.

Staff told us that the team worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. They told us they were provided with supervision and appraisal. This was through one-to-one meetings with their manager. These processes gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. There was a supervision and appraisal plan which senior staff followed to ensure staff

had regular supervision and appraisal. Additionally, there were regular staff meetings to keep staff up-to-date and discuss issues within the service. The registered manager said there had been a delay in providing staff training updates, supervision and appraisal. However, they had identified this and could show us they had a robust action plan in place which they had implemented and of the work undertaken to address this. Feedback from staff was they felt well supported and there were always opportunities to talk with senior staff when they needed to.

Staff had a good understanding of equality and diversity and told us how people's rights had been protected. The registered manager completed an assessment of people's care and support needs before they started using the service. Where appropriate, family members and health and social care professionals were also consulted. People's differences were respected during the assessment process and there was no discrimination relating to their support needs or decisions. Staff had a good understanding of equality and diversity and told us how people's rights had been protected.

People were supported to access a varied and nutritious diet and to follow any dietary requirements. People could eat together in the dining room or individually in their room. People told us the food was good and it was well cooked and plentiful. One person told us, "The food is very good. Only fault is they are a bit too generous. They know what I like and don't like." People chose from the weekly menu. Staff told us if people did not want what was on the menu they could choose another dish. A member of staff told us, "There is a choice if there is something they don't like. We know them well enough to know their likes and dislikes." Another said, "You get to know their likes and dislikes. They will come and tell me during the day what they would like." People's dietary needs were recorded in their care plans. Staff told us they had monitored what people ate and if there were concerns they had referred to appropriate services if required. Where needed equipment was sought to support people with their independence. For example, a member of staff told us how one person had difficulty with the cups used and who liked to have their cup of tea. So lightweight cups had been purchased. We observed the lunchtime experience and there were sufficient staff on duty to support people as needed.

People continued to be supported to maintain good health. Care staff monitored people's health and liaised with health and social care professionals, involved in their care, if their health or support needs changed. For those people needing support staff had accessed the healthcare services they needed. This included community nursing and GP support where needed. A visiting healthcare professional told us they had no concerns over the service which they visited regularly.

Terrys Cross House was converted from a detached private residence. People had their own rooms and ensuite facilities, which they had personalised with furniture and items of interest. There was a passenger lift to access the first floor. People were observed to use the communal areas and there were spacious grounds, with views to the South Down Hills.

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. People were treated with kindness and compassion. They provided care in a kind, compassionate and sensitive way. We observed staff talking to people politely, giving them time to respond and offering a choice of things to do. Staff were attentive and listened to people. One person told us, "We are very fortunate as all are very supportive and respects ones wishes. It's a nice little community." Another person said, "I fell on my feet when I arrived here. I am in the right place. We are more like a big family. We look out for each other. The staff go to the trouble to tell you if you want to talk just pull the chord." A member of staff told us, "It's more like a family here. It's not institutionalised. People's families say they are always welcome. It's very person centred and we have time to sit and chat. Quite a few people like to come down and chat." Another member of staff said of working in the service, "I have fallen completely in love with it here."

The care and support provided continued to be personal and met people's individual needs. People were addressed according to their preference. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had been involved in the review of their care and support plan. People had a great deal of independence. They decided where they wanted to be in the service and what they wanted to do, deciding when to spend time alone and when they wanted to chat with other people or staff. People were supported to meet their religious and spiritual needs.

Care staff had received training on privacy and dignity. Maintaining people's dignity was embedded within their daily interactions with people. One person told us, "There's a nice balance here between privacy and joining in as well. Your left in privacy. It's very much home from home." People had their own bedroom for comfort and privacy. This ensured they had an area where they could meet any visitors privately. A member of staff told us when providing personal care, they would ensure, "Always give them privacy, make them comfortable, and limit the number of people. Talk with them and make light of the situation."

People were supported in a homely and personalised environment. People were encouraged and supported to have their rooms decorated with their choice of décor, and with items specific to their individual interests and likes and dislikes. People could have access to advocacy services if they required assistance to make their needs known. An advocate can support and enable people to express their views and concerns, access information and services and defend and promote their rights.

Care records continued to be stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy, which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

People consistently told us how the service continued to be personalised to meet people's individual needs.

An assessment of people's care and support needs was completed before they began using the service. This meant staff could be certain that their needs could be met. This information was then used to develop a care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. The registered manager had worked with people to complete, 'This is me' document to help give staff the information they needed to support people. 'This is Me' booklet is a tool that enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. Documentation and feedback from people confirmed they were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. These contained sufficient information for staff to understand their needs and how they liked their care to be delivered. One person told us, "They fall over backwards to meet people's preferences."

People had benefited from a staff team who took account of their communication preferences and needs, and celebrated their successes as individuals. This strengthened the ethos of inclusion and participation. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. Services must identify record, flag, share and meet people's information and communication needs. People's care plans contained details of the best way to communicate with them. Information for people could be created in a way to meet their needs in accessible formats, helping them understand the care available to them. Staff could describe what was in place for one person with a hearing loss. For example, the best way to hold a conversation with them, and when there were meetings and talks written information was provided to help them follow the discussions and not be isolated.

People's care and support needs were varied. Some people continued to go out independently driving or using the public transport to go to their chosen activities. People were invited to take part in activities some which were organised by the other people living at the service if they wished. People told us they enjoyed this. People's interests were known and encouraged and supported where possible. People were using their own computers and mobile phones. The registered manager acknowledged that people's needs were varied and changing and that some people would now welcome more activities run in the service or outings. People confirmed this was being discussed in the resident's meetings and ideas were being sought as to possible activities, for example visiting a local garden centre for lunch. There was an attractive mature garden with seating areas and mature planting, areas which people spoke of using. Paving was accessible with benches and chairs for seating. People also had close links to the local community and churches in Henfield and Woodmancote.

People and their relatives were asked to be asked to give their feedback on the care through reviews of the

care provided and through quality assurance questionnaires which were sent out. A further survey was in the process of being sent out. 'Residents meetings' had been held regularly. This had enabled people to find out what was going on in the service and agree menu options and to discuss activities.

The provider had a process for people to give compliments and complaints. No formal complaints had been received since the last inspection. People told us they felt comfortable raising any concerns.

Staff had received training in end of life care. No one at the time of the inspection required end of life care. Where required people's end of life care was being discussed and planned through the review process to ensure people's wishes were recorded and respected. Where people had specific requests, these had been documented. The registered manager told us, where possible, people would be able to remain at the service and supported until the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 26 September 2017 we found a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There had been a failure to establish and operate effective systems to assess monitor and improve quality and safety; assess, monitor and mitigate risks and maintain accurate records. We found that the monthly environmental audits had not been carried out since April 2017. We identified some concerns, for example over the cleanliness and furnishings in the respite room. We found robust recruitment procedures for new staff had not been carried out. The Fire precautions (Workplace) risk assessment had not been fully completed. At this inspection we found these issues had been addressed and are detailed in the Safe domain. We saw policies and procedures were reviewed on 27 July 2017, although one we sampled contained out of date information. At this inspection we found this issue had been addressed. Policies and procedures were in place for staff to follow. These had been reviewed and updated with the support of an external company. However, we found other areas in need of improvement in relation to building checks, audits completed and the completion of risk assessments.

The trustee and registered manager acknowledged due to staff changes there had been a period without a registered manager in the service when some of the quality systems fell behind or had not been fully maintained. For example, staff training, supervision and appraisal had been delayed. Some quality assurance checks had fallen behind, for example no infection control audits had been completed. Care plans and risk assessments were in need of completion or updating. Some building checks for example in relation to legionella, risk assessments and fire drills had not been completed. However, senior staff had sought the advice and support of an external company to work with them. They spoke to us about the work already completed and booked to address the issues highlighted. They were aware of the shortfalls identified in the report and there was a robust action plan was in place which they had been following and they evidenced the work already completed to address this. However, it was not possible to evidence this had been fully embedded into the practices followed in the service. These were areas in need of improvement.

People told us the service was well led. One person said, "I love it here. It's a happy place. All the residents get on well together. The staff are excellent. They let me have whatever I want. I can't praise the staff enough." Another person said, "I am really happy here. I feel very much at home. The people and staff are lovely." A member of staff told us, "There has been a massive change but completely positive."

Terrys Cross House is operated by a registered charity. We spoke with one trustee during the course of the inspection who told us their role in ensuring effective oversight of the service. A member of staff told us, "We are well supported. There is always someone to go to if I need anything. The trustees are contactable and often come in. They come in each week." The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager. Staff told us they felt well supported. One person told us of the registered manager, "We have a professional person in charge. We have an all-rounder,

she is good at the caring but still very professional. Her door is always open. We can access her by email as well. Another person said, "It's a good appointment. (Person's name) is highly competent and all the moves she makes are right. She is moving things at a sensible pace. She's alert and she is listening." A member of staff told us of the registered manager, "You are able to talk to her about anything. Anything you are unsure about you can ask her. It's well managed. Everyone pulls together and helps where needed. We all get on well together."

People were able to be involved in the operation of the service. The service had a management committee with representatives from the adjoining bungalows, flats and a representative from Terry's Cross House. A report was provided by this committee every other month detailing any works or improvements needed and there were regular 'residents' meetings to review any issues at the service and discuss potential developments.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager and provider analysed this information for any trends. Following one incident in the service the registered manager told us the equipment available for staff to use in the event of a person having a fall had been reviewed and further equipment was to be provided.

Feedback from health and social care professionals was of a well-managed service. They spoke of adaptable staff who had worked well with them, who were very aware of people's needs and of person centred care and support being provided.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They spoke of receiving good support from the trustees. They spoke of being committed to keeping up to date with best practice and updates in health and social care. They told us how they had kept up-to- date by attending training to support them in their role. They were aware of their responsibilities under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment. They were aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of the need to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.