

Faircross Care Home London Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Faircross Care Home London Limited is a residential care home that provides personal and or nursing care for up to five people with learning disabilities. At the time of the inspection there were three people living at the service receiving care.

People's experience of using this service:

People and relatives told us they were happy with the care provided by Faircross Care Home London Limited. One person told us, "I like living here and I am going to stay a little while longer." One relative told us, "Overall I'm happy – I've seen the best the worst and the in-betweens and They provide really good care for [person]." Another relative said, "They are very good, practically family."

There were safeguarding processes in place and staff knew what to do if they suspected abuse. Risks to people were recorded and reviewed, however, there was no input from people and their relatives within the review process. Lessons were learned when things went wrong and we found incidents had been recorded and referred to the local authority appropriately. Recruitment practices were robust. There were sufficient staff working at the service. Medicines were recorded and managed properly. There were robust infection control measures in place.

Some staff had not completed their mandatory training though the person applying to be the registered manager was aware of this and had plans to correct it in early 2019. Staff received inductions, supervisions and appraisals. We checked whether the service was working within the principles of the Mental Capacity Act (MCA), legislation that protects people with mental capacity and memory issues, and found them to be compliant. However, some staff had not received training on the MCA. People's needs were assessed before they received a service. People were supported to eat and drink healthily. Staff communicated effectively with each other about people's needs using a variety of methods. People were supported to lead healthier lives.

People and their relatives told us staff were caring. People and their relatives were supported to express their views and were involved in decision making about people's care and treatment. People's privacy was respected and their independence promoted.

People's needs and preferences were recorded in care plans and they received care from staff who knew them. People and their relatives knew how make complaints and the service responded to these appropriately. People's end of life wishes were recorded and some staff were trained to work with people if they were at end of life, though no one was at the time of our inspection.

The person applying to be registered manager was highly thought of and had a positive impact on the service. They were aware of their responsibilities and knew there were still areas of the service that required improvement. There were adequate quality assurance measures at the service. People, relatives and staff

were engaged and involved with the service through meetings and surveys. The service had good links with others.

Rating at last inspection: The home was last inspected on 26 April and 02 May 2018 when it was found to be in breach of seven health and social care regulations. These breaches related to safe care and treatment, safeguarding adults, complaints, good governance, staffing and fit and proper persons employed. The home was rated Inadequate overall and therefore this service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection, the provider demonstrated to us that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. However, we found some areas that required further improvement and therefore the home has been rated 'Requires Improvement'.

Why we inspected: This was a planned inspection based on our scheduling of regulated services.

Follow up: We will continue to monitor intelligence we receive about this service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Faircross Care Home London 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: There was one inspector.

Service and service type: Faircross Care Home London Limited 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.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed:

- The information we already held about this service, including details of its registration
- Any notifications of significant incidents the provider had sent us

- We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make
- Information contained within action plans we asked the provider to complete at our last inspection.

On the day of inspection:

- We spoke with two people using the service
- We spoke with two relatives of people who used the service
- We spoke with the person who had applied to be registered manager and two other members of staff.
- We reviewed the care records relating to all people who used the service at the time of inspection
- The recruitment and training records of all staff
- We checked policies and procedures
- We examined the quality assurance and monitoring systems in place

After the inspection:

- We reviewed information sent to us by the service following on from our inspection feedback

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing levels

- At our previous inspection on 26 April 2018 the provider had failed to ensure staff were suitable to work in a care setting. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we noted that improvements had been made and the service was no longer in breach in relation to this.
- The service employed sufficient staff to provide care. One relative told us, "Yes I'm happy with staffing." Staff told us there were sufficient staff and that the service will bring in more staff if felt necessary. One staff member told us, "Christmas we'll have a party, we'll have more staff in." We saw that the staff rota was completed weekly by the registered manager and there were adequate numbers to ensure that people were cared for safely.
- The provider had robust recruitment processes. They sought people's employment histories, references from former employers, completed identification checks on all employees and completed Disclosure Barring Service (DBS) checks on them. DBS checks verify suitability for working with vulnerable people by looking at their criminal history and whether they've been added to any lists that indicate they are unsuitable for care work. This meant that people were kept safe through the safe recruitment practices of the service.

Systems and processes

- During our last inspection on 26 April 2018 we found that the home was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found there was a risk people were not appropriately safeguarded from abuse and improper treatment. During this inspection, we saw that improvements had been made and the service was no longer in breach in relation to this.
- One person told us, "Yes I feel safe." Another person told us, "I feel safe here." One relative we spoke to said, "It's safe."
- The service had systems and processes in place intended to safeguard people from harm and abuse. The service was in the process of changing the company they use to help provide their policies, in lieu of this happening the registered manager was using the local authority's information and guidance on safeguarding. There was a safeguarding folder with information on how to contact the local authority if abuse was suspected. There were also posters with similar details displayed throughout the property so people and relatives knew what to do if they had safeguarding concerns. Staff told us they knew where to find safeguarding information, they had been trained in safeguarding and safeguarding was regularly discussed in team meetings. We saw evidence of all these things. One staff member told us about their training, "Yes - different types of abuse, finance, sexual, physical, how to raise an alarm." This meant that people were cared for by staff who understood abuse and knew what to do if they suspected it.
- The service had completed appropriate safeguarding alerts to the local authority and we saw communication between them and the service. The registered manager told us, "I would liaise with the

borough if I was unsure whether there was a safeguarding incident or not."

- The service was responsible for looking after some people's money. We found agreements made with people or their relatives that consented to this. We looked through the records they kept and counted the money they held. We found everything in order. This meant that people were safely supported to manage their money.

Assessing risk, safety monitoring and management

- Risks to people were assessed to keep them safe. Care plans contained comprehensive risk assessments and reviews that monitored risks to people and outlined risk management actions to mitigate risks. Risk assessments looked at people's risk if they were to be without support. This included who could be harmed, how could they be harmed, how is the risk managed and does anything else need to happen to manage the risk. These were followed by action plans detailing who needed to complete actions and timescales. However, we raised concerns with the person applying to be registered manager that risk assessment reviews did not appear to involve people or their relatives. The manager acknowledged this and stated changes would be made. This meant people would be kept safe through effective planning against situations of potential risk.
- There were numerous other risk assessments and safety monitoring completed by the home regarding the property the service was based in. We saw a detailed weekly maintenance inspection check list where appropriate actions were requested and completed. There were other general risk assessments for the property seen that were completed at regular intervals that highlighted hazards and sought to ensure risks to people and visitors were minimised. One example we saw focused on the en-suite bathroom and sought to reduce the risk of items that could be thrown if people present displayed behaviour that challenged. There were various risk assessments seen for the storage of medicines, getting people into and out of baths, distressed behaviour, fridge and freezer as well as many more. These risk assessments were supported by various health and safety policies. This meant people were kept safe from potential environmental risks.

Using medicines safely

- During our last inspection on 26 April 2018 we found that medicines management at the home were not operating safely which resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we saw that improvements had been made and the service was no longer in breach in relation to this.
- People and relatives told us the service administered medicines well. One person told us, "Everything is fine [with medicines]." One relative told us, "Yes I do know [about person's medication] they've asked me to look at things and I've been there and found that they've given [person] medicines appropriately."
- Medicines at the home were managed appropriately. We counted the medicines at the home and these were accurately recorded in people's Medicine Administration Record (MAR) sheets. The registered manager audited the medicines weekly to ensure that all medicines were correct and knew when to order more. Medicines were stored securely and correctly. MAR sheets were kept in folders where other useful information about people's medicines and their health were kept. There was information about people's allergies and guidance from health professionals for when people should be provided medicine they don't need to take all the time. For example, 'Inhale two puffs if [person] struggles to breathe or has a wheezy chest.' This meant that people were kept safe when being administered medicines.
- Staff who were trained to administer medicines, were competency assessed to ensure they understood how and why they were administering medicines. They followed policies that were in place, though these policies were due to be changed as the provider sought to have more thorough and robust policies in place, following on from our last inspection. The registered manager informed us that staff who had not received training were due to do so in the new year and would be receiving their training from the pharmacy who provide the medicines.

Incidents and accidents, Learning lessons when things go wrong

- During our last inspection on 26 April 2018 we found that the home was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to issues regarding poor recording and management of incident recording. During this inspection, we saw that improvements had been made and the service was no longer in breach in relation to this.
- The service recorded incidents and accidents. One staff member told us, "We have a form and we inform the manager. We also make sure staff taking over gets the report about what happened." We saw the forms used for reporting incidents and accidents were completed appropriately. We saw good examples of care as staff used good distraction techniques and positive behaviour management when there were incidents of challenging behaviour. For example, one form recorded 'staff used distraction techniques, talked to [person] in a low voice. Given time and space, offered their favourite hot chocolate drink.' It was apparent in people's care plans that the service sought prevention of escalation as a primary form of averting incidents of challenging behaviour. There was guidance in care plans around triggers and techniques, how to minimise risk and calm people if agitated. The service used the local authority's safeguarding serious incidents policy. This meant that the service sought to keep people safe by preventing incidents occurring, but when they did they recorded them appropriately.
- Incident and accidents were discussed in meetings. We saw that when there were incidents and accidents, these were discussed in staff meetings. Minutes highlighted the topic for discussion and sought staff input on how to ensure they did not happen again. One example we saw lead directly to guidance being put in a person's care plans. This meant that lessons were learned when incidents or accidents occurred.

Preventing and controlling infection

- Staff understood the need for infection control. One staff member said, "We've got our book which we sign daily to ensure cleaning and no cross contamination and using the right mops." Another staff member said, "I've done quite a lot of training - we have a folder, a daily action sheet and initial who's done the task." We saw the daily task sheets where cleaning and infection control measures were recorded. We also saw that water temperatures and food storage was monitored to ensure safety from infection. The service held infection control certificates and completed an infection control audit tool. This meant that people were kept as safe as possible from infection through good infection control practices.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff skills, knowledge and experience

- At the previous inspection on 26 April 2018 we found issues with training and supervision that resulted in a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on staffing. We found at this inspection improvements had been made and the service was no longer in breach in relation to this, though there was still room for further improvement.
- People and relatives thought staff were sufficiently skilled and knowledgeable. One person told us, "Yes they are [skilled and knowledgeable]." One relative told us, "I think so [they are skilled and knowledgeable], they understand his needs – I honestly believe they have right empathy." We saw that the service maintained a list of mandatory training and had records showing what staff had completed training. However, we noted that not all staff had completed mandatory training. At the time of inspection, no staff had completed training in Control Of Substances Hazardous to Health (COSHH). One staff member, who had recently joined the service, had received no training at all. Three staff members had not received training in Deprivation of Liberties Safeguards and only two staff had received training in Moving and Handling. One staff member had not received training in Mental Capacity Act. These inconsistencies in staff training meant people were not always receiving care from staff appropriately trained to provide it.
- We conveyed our concerns to the person applying to be the registered manager and they told us they were addressing these concerns. They stated they had planned to ensure any outstanding training would be completed in early 2019 and these training needs had been superseded by the other more issues that the previous inspection report had highlighted. After the Christmas and new year period they sent us updated training records which highlighted that everyone had completed COSHH training but other training was still outstanding.
- Staff received inductions when they began working. One staff member said, "Yes, I shadowed and had an induction day - routines and get to know the clients." The induction documentation we saw highlighted 'first day formalities - Fire, medical equipment, gas points, keys, conditions of employments, admin, policies and procedures, daily and weekly routine'. This meant people could be assured that new staff were ready to support.
- Staff received supervision and appraisals. One staff member said, "Appraisal, yes, very supportive." We saw one to one meeting forms in staff files and noted that areas for development and staff wellbeing were recorded. This meant that if staff had concerns they could discuss them with management.

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Not All staff at the service had received training on the MCA. However, staff we spoke with had an understanding of what it was. One staff member told us, "[I've had] MCA training. It links in with DoLS. [Person] and [person] are on DoLS, assume capacity." Staff also told us, with regards to consent, that in a situation where care was being refused they would, "Give [people] space and time - if longer than normal then contact manager and inform of situation." We saw that the service had completed best interest decision documents for people who lacked capacity. We saw best interest decision forms related to harnesses in cars, supervision and support for medicines and personal evacuation plans. The service had a policy in place for MCA and DoLS and also kept DoLS authorisations from the local authority in people's care plans. This meant people with mental capacity issues were supported to lead as normal lives as possible.

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

- People's needs had not always been assessed before they started receiving care. However, this specifically related to people who had joined the service when it had been managed by a previous provider. These people's needs and preferences were known to the service and were well documented in their care plans. We asked the person applying to be registered manager about the lack of assessments for people at the service and how they could benefit people should they move elsewhere. The manager told us they would complete assessments for people who did not have any.

- People who had joined the service since the new provider had been in place had received assessment before being admitted. Assessments were detailed and comprehensive. They contained information about people's needs and preferences and covered a wide variety of topics focused on physical and mental health and their risks and histories. This meant that people were cared for by staff who knew what their needs were and how to provide care in a way people liked.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink. A relative told us, "Yes they do [get supported to eat well and healthily] – He gets fed properly." We saw people being supported with food and drink and being prompted to make healthy choices where appropriate. People's care plans recorded foods people liked, whether they had special dietary requirements and what support that entailed. This meant that where necessary people received support with their diet and eating and drinking.

Staff providing consistent, effective, timely care within and across organisations

- At our previous inspection on 26 April 2018 we had concerns about communication with other services that constituted in a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach in relation to this.

- Staff communicated effectively with each other. People's movements and activities were recorded across several different logs and notes. We saw communications books, handover books, activities books, menu books and daily notes that all recorded exactly what people were doing and when and whether there was any important information staff needed to share with each other on different shifts. We noted communication with healthcare professionals and other professionals, such as day centre and educational

staff. This meant that people's needs were met as staff shared relevant information with each other.

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

- People's healthcare needs were monitored and reviewed. A relative told us, "Yes they do [support with healthcare needs] – how I know is the GP, they've got my phone number, I redirect them back to Faircross – the things that need to be done are being done. For example [person] needed their teeth looked at, it's been done." We observed staff supporting people with their healthcare needs by arranging appointments for them with healthcare professionals. People had specific healthcare folders that recorded all information about their health care needs and were updated whenever there was input from healthcare professionals. These folders also contained plans to remind people and staff about recurring health reviews to ensure people's needs were being met. We saw interaction and guidance from a range of healthcare professionals including speech and language specialists and psychiatrists. This meant people were supported with their healthcare care needs.

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

- The service was apt for people's needs. People living at the service were able to access all appropriate parts of the service they needed to and had their own rooms. People told us they could decorate their rooms how they wanted and we saw this to be the case. This meant that people could live somewhere that looked how they liked.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and their relatives told us that staff were caring. One person said, "Staff are very nice." Another person said, "Yes [staff are kind and caring]." One relative told us, "Since [person] came here I am very happy, the family and friends are happy. [Person] is happy and relaxed."
- Staff interacted with people in a compassionate and understanding manner. There were numerous occasions on inspection we witnessed staff supporting people in a friendly and patient way, giving people time and space to do what they wanted. We saw staff providing suggestions to people for activities with the sole purpose of making them happy. We also witnessed people smiling and laughing with staff. We saw compliments that had been written by relatives that demonstrated they were content with the way staff treated people. One comment we read stated, 'Thank you for your hard work. [Person] is happiest I've seen them'. This meant that people at the service were well treated by staff.

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

- People and their relatives were involved in the planning of their care and treatment. One relative told us, "We always communicate together." Another relative told us, "They ask us about things every step of the way."
- We saw people and their relatives signed documentation consenting to their care and treatment. The relatives were happy with the level of care provided and felt that they were involved appropriately with the care being provided to their relatives. However, we noted that when care plans were being reviewed there was no explicit input from people or their relatives. We spoke with the person applying to be the registered manager and they recognised this could be improved upon. We would recommend the provider follow best practice guidance around care planning.

Respecting and promoting people's privacy, dignity and independence

- Staff gave people appropriate time and space. One relative told us, "Yes they do [respect people's dignity and privacy], [person] needs their privacy, they'll intervene [only] when they need to." A staff member told us, "I make sure I knock on doors and I call out before I come in and give them their space." Another staff member said, "I will knock before going into rooms." We observed staff respecting people's privacy and dignity, calling to them and knocking on their doors. This meant that people's privacy and dignity were respected by staff.
- Staff understood the need for confidentiality. One staff member said, "Office door we keep locked ... [Registered manager] has keys for locked away files." We saw that people's information was kept in lockable cabinets and on password protected computers. This meant people's private information remained confidential.
- Importance was placed on promoting people's independence. People's care plans recorded information

on people's preferences and capabilities. Staff maintained activities books to record people's activities and what they would like to do. People were supported to attend places of interest to them. This meant that people were supported to remain independent as possible.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People we spoke to received personalised care and treatment that they were happy with. One person said, "I'm happy here, I get to do things I like." Another person said, "Yes [I get outside the home and have been on daytrips]." A relative told us with regards to day to day activities, "Yes as much as [person] can, they [staff] do the best they can."
- People's care plans were detailed and personalised. The service maintained relevant information about people's ongoing needs as well as their preferences. This information assisted staff to provide the care and treatment people wanted and needed. Care plans contained specific information such as people's histories, their physical and mental health needs and plans and guidance on how to support people with their day to day lives. A staff member told us, "We're involved [with care planning], the service users are involved and the registered manager." This meant people received care and treatment that was personal to them from staff who knew their needs.
- People were supported to do things they liked. One person told us, "We went to city airport to look at the planes and all the lights." This was something the person had stated they had wanted to do. The service maintained an activities book and there were weekly calendars to support people to attend activities. We observed people come and go, with the support of staff, attending things they wanted to do. These activities and plans for future activities were recorded. This meant people could lead full and meaningful lives participating in activities they wanted to.

Improving care quality in response to complaints or concerns

- At the last inspection on 26 April 2018 there were shortfalls regarding complaints that resulted in a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made since the last inspection and the service was no longer in breach in relation to this.
- People and their relatives told us they would complain if they had concerns. One person told us, "I know who to talk to if I wasn't happy – that person is always asking me if I'm happy." The service maintained a complaints log and we saw that complaints were dealt with appropriately. The service kept blank complaints forms by the front door so that people and their relatives could readily access them. The provider had a policy on complaints that we saw was due to be updated. Following the inspection, the person applying to be the registered manager informed us this had occurred and the policy included accurate information about the role of the Care Quality Commission and time frames for investigating complaints. This meant that people and their relatives were able to make complaints and their complaints were acted upon.

End of life care and support

- At the time of our inspection the service was not working with anyone who was at the end of their life.

However, they had done so previously. Records indicated that some staff had received training for this. Care plans also held information around end of life and, where appropriate, people and their relatives had assisted with the recording of people's wishes for end of life. This meant that people were supported at the end of their life.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the previous inspection on 26 April 2018 we found issues around good governance that resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Though there was still room for improvement we recognise that the service had made improvements since the last inspection, and the service was no longer in breach in relation to this.
- People, relatives and staff held the management in high regard. One person said, "[manager] is good." A relative told us "[manager] very prescriptive in what needs to be done and you can talk to him about any issue."
- The service had a manager who had applied to become a registered manager. At the previous inspection there had been a different registered manager who was no longer with the service. It was apparent from people, relatives and staff we spoke to, that this current manager was highly thought of and was the main proponent of the positive changes that had occurred since the last inspection. The manager knew their primary responsibility was the safety and welfare of people using the service and was overseeing systematic changes to ensure people were cared for by staff who understood their needs. However, there were still issues outstanding from the previous inspection such as the training shortfalls, poor policies and lack of statement of purpose. The manager was aware of these and planned to address them in early 2019. This meant although the service had made improvements there was still some way to go to ensuring people received the care they should.

Continuous learning and improving care

- Quality assurance measures at the service had improved since our last inspection. Previously we found unsigned assurance forms and a lack of checks on the quality and safety within the service. At this inspection we saw that improvements had been made and that the outstanding actions raised in audits were dated and signed for as being completed. We saw that the service maintained an audit report that compiled data from other audits and general feedback of the service. We saw audits on medicines, maintenance, staff files, care plans and infection control. All these audits would indicate that the service sought to continuously learn and improve the care of people living at the service.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The person applying to be registered manager was clear in their understanding of the challenges the service faced. They were working with the local authority to ensure that the service they provided was in line with health and social care regulation and quality person-centred care. The manager was attending a

leadership management course provided by the local authority and some staff members were completing qualifications in health and social care. This working in tandem with the local authority and improving staff knowledge through qualification and certification demonstrated the provider wanted to provide a good service for people.

Engaging and involving people using the service, the public and staff

- People, staff and relatives attended meetings regarding the service. It was evident that people and relative's views were sought and captured at these meetings. We saw meeting records for people's meetings where their feedback on the service was sought and whether improvements could be made. Staff meeting records identified meetings were held regularly and topics covered the welfare of people using the service, action plans to address shortfalls identified in our last inspection report and incentives for improving the service. This meant that people, relatives and staff were engaged and involved with the service.
- There were numerous surveys for people, relatives and staff. These sought feedbacks on where the service could improve and general sentiment about the service and its management. These were all positive and reflected what people, relatives and staff had told us.

Working in partnership with others

- The service worked in partnership with others. We saw evidence that the home was working well with the local authority and had links with other providers and professionals. We saw a compliment from a local authority regarding respite the service had offered to a person. It stated, 'Faircross was the only care provider that came along and made [person] feel wanted and were quite happy to provide the care they needed so badly. They were instrumental in getting them to the position where they are today, in that they are engaging well with professionals and their treatment plan.' This meant that the service worked in partnership with others for the benefit of people using the service.