

Chrissian Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Chrissian Residential Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides residential care in one adapted building for up to 22 older people, some of whom are living with dementia. There were 19 people living in the service when we inspected on 9 and 12 February 2018. This was an unannounced comprehensive inspection.

We last inspected this service on 9 January 2017 and rated the service as required improvement. During that inspection we found that the care plans did not always reflect people's current needs or risks associated with their care. This meant there was an increased risk of people receiving the wrong care or staff not taking correct actions to ensure people's needs were met.

This was a breach of Regulation 9 Person centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that the service was not adequately protecting people from risk associated with their care because records did not show adequate assessment, planning and evaluation of risk or actions staff should take to keep people safe. This was a breach of Regulation 12 Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 key questions Safe and Responsive to at least good.

During this inspection on 9 and 12 February 2018, we found that improvements had been made to meet the requirements to help ensure that people received a safe and responsive service.

Chrissian Residential Home Limited has 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 people who lived in the service told us that they felt safe and well cared for. There were systems in place that provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe.

There were processes in place to ensure the safety of the people who used the service. These included risk assessments, which identified how risks to people were minimised. Some radiator covers had been removed in preparation of them being updated. However, this left people at risk of being burnt, as they were very hot to touch. The manager immediately arranged to get the radiator covers replaced and took action, after

developing risk assessments, to keep people safe.

There were sufficient numbers of trained and well supported staff to keep people safe and to meet their needs. Where people required assistance to take their medicines there were arrangements in place to provide this support safely, following best practice guidelines.

Both the manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager knew how to make a referral if required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

There were arrangements in place to make sure the service was kept clean and hygienic. On our first day's visit we found some minor examples of poor cleaning practices, but on our second day we saw that action had been taken to rectify the matter and the cleaning schedule had been amended to lessen the likelihood of this practice continuing.

We saw many examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their assessed needs. The service listened to people's experiences, concerns and complaints. Staff took steps to investigate complaints and to make any changes needed.

People using the service, and the staff, told us that the registered manager had made positive changes in the service and that they were open and had good management skills. There were systems in place to monitor the quality of service offered people.

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?

Good ●

The service was safe.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were robust and contributed to protecting people from staff not suitable to work in care

People were provided with their medicines and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

We saw examples of positive and caring interaction between the staff and people living in the service.

People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on.

Staff protected people's privacy and dignity.

Is the service responsive?

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

People were supported at their end of their lives to have a comfortable and dignified death.

Good ●

Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result, the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good ●

Chrissian Residential Home Limited

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 unannounced comprehensive inspection was carried out on 9 and 12 February 2018. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion our expert by experience had personal experience of caring for a relative living with dementia and supporting them while living in a residential service.

Before our inspection, we reviewed the provider information report (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.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunchtime.

We looked at five people's care plans and spoke with ten people who used the service and two people's visitors. We also spoke with the registered manager, the deputy managers, the nominated individual six members of staff. A nominated individual is the person nominated by the provider as the Commission's main contact and has overall responsibility for supervising the management of the regulated activity, and

ensuring the quality of the services provided.

We looked at records relating to the management of the service, three staff recruitment records, training, and systems for monitoring the quality of the service. After our inspection, we asked five health care professionals and other professionals involved with the service for their opinion of the service.

Is the service safe?

Our findings

During our last inspection on 9 January 2017, we found the service was not always safe, and was rated Requires improvement in this key question. We found that there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the service were not adequately protecting people from risk associated with their care because records did not have adequate assessment, planning and evaluation of risk or actions staff should take to keep people safe. The provider sent us an action plan that detailed the improvements they planned to make.

At this inspection, we found that improvements had been made, and the provider was no longer in breach of a regulation. Risks to people were managed well. Staff were observed supporting people to manoeuvre safely using equipment such as hoists and walking frames and we noted that staff ensured that pressure relieving equipment was used if needed. People's care records included risk assessments, which identified how risks could be minimised without limiting people's independence more than necessary to keep them safe. These included risks associated with pressure ulcers, mobility and falls. Where people had been assessed as being at risk of developing pressure ulcers there were systems in place to minimise the risk. This included seeking support from health professionals, providing pressure relieving equipment and supporting people to reposition. Where people had experienced falls, there were systems in place to analyse them for trends and develop ways of reducing future incidents. Risk assessments and interventions were in place that identified potential triggers for anxiety and distress for some people so staff could limit behaviour that some may find challenging.

The service ensured that risk assessments associated with emergency situations were carried out. For example, there was a fire risk assessment in place for the building and each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed in times of emergency.

People told us that they felt safe in the service. One person said, "Carers are careful, I have complete confidence in [the staff]." Another person told us, "Security of the place is brilliant, each night they check all the doors are locked." A relative commented that they felt that their relative was kept safe and well looked after.

There were systems in place designed to keep people safe from abuse. People received support from staff trained to recognise and report abuse. Where a safeguarding concern had arisen records showed that the service learnt from the incident and used it to improve the service. For example, the theft was reported to the police when one person had money go missing. The service acted on recommendations made by them. People who chose to look after their own money and not have the service manage it were reminded to use the locked drawers in their bedrooms to keep their valuables safe.

To help ensure that people were safe, regular health and safety checks were carried out regarding the building and environment, such as legionella water checks, fire alarm tests and fire drills. Regular servicing schedules were in place to make sure that services within the home were properly maintained and safe to use. This included fire safety equipment, gas appliances and hoists for example.

In preparation of them being updated, some radiator covers had been removed in the communal areas. However, they were very hot to touch and this left people at risk of being burnt if they came in contact with them for a prolonged period. The manager immediately arranged to get the radiator covers replaced and took action, after developing risk assessments, to keep people safe.

People told us that the service was clean and hygienic. One person said, "The environment is good, my room's cleaned every morning, seven days a week. The bathroom is excellent and air fresheners are used." Another person said, "The girls [the domestic staff] are always on the go, my room is always clean." One person's relative said, "I haven't noticed any smells and it's always clean."

On the first day of the inspection, we noticed that there were some minor examples of poor cleaning practices, including bathroom sinks not being properly cleaned and lime scale on taps. Having discussed this with the registered manager, on our second day we saw that action had been taken to rectify the matter and the cleaning schedule had been amended to lessen the likelihood of this practice continuing.

Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to infection control and good hygiene. The service had achieved the rating of five in their latest food hygiene inspection, which is the highest rating awarded.

There were systems in place to reduce the risks of cross infection. There were hand sanitisers provided throughout the building. All the bathrooms and toilets had liquid soap and disposable paper towels for people to use. There were gloves and aprons around the service that staff could use to limit the risks of cross contamination. We saw that staff used the disposable gloves and aprons while preparing to support people with their personal care.

There were suitable numbers of staff to meet people's needs. People and staff told us that there were enough staff working at the service. One person's relative said, "I think there's enough [staff], there is always someone around if [my relative] needs help." We noted that call bells were answered quickly and staff were available if people were looking for help. One person told us, "They come very quickly, they don't hang about, I get on alright with the staff." Another person told us, "They're soon here, it's the same all day, at night it's not long before they come, they've got enough staff." The rota reflected the staffing levels we had seen during our inspection and what we had been told about the planned staffing levels.

We saw that there was a policy and procedure in place for the safe recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service checks on staff. This meant that recruitment processes were robust and contributed to protecting people from the employment of staff who were not suitable to work in care.

People told us that they received their medicines on time. One person said, "I'm taking pain killers four times a day, staff see to that and always stay with me to make sure I take them."

Medicines were safely managed. Staff had undergone regular training and their competencies were checked regularly. Storage was secure and stock balances were well managed, we checked stock balances, including drugs which carried a higher risk, and found they corresponded to medicines administration records (MAR) and the correct records. Records were comprehensive and well kept. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended.

People received care in a manner that minimised the risk of a recurrence of any accidents or incidents.

Staff reported and maintained accurate records of incidents such as injuries and falls. The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of repeated accidents.

Is the service effective?

Our findings

During our last on 9 January 2017, we found the service was effective, and was Good in this key question. At this inspection, we found the service remained effective.

The registered manager completed full assessments of people's individual needs before they started using the service. This meant that the resulting care plans were able to reflect people's needs holistically. The areas covered in the assessment included their physical, mental, social needs and future plans. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way.

The registered manager was able to demonstrate that they had a good understanding of relevant guidance and standards and made sure they were aware of changes in legislation that would affect the service. The registered manager told us that, "We receive regular communication and contact from the Clinical Commissioning Group (CCG) about any updates or changes. We receive email updates from CCG, National Institute for Health and Care Excellence (NICE), CQC, Suffolk Brokerage and Skills for care. This provides us with up to date information and changes in legislation."

They were aware of the recent changes to our inspection process and our recently introduced new key lines of enquiry (KLOE), and knew how the changes would affect our inspection. Staff meeting notes evidenced that updates were shared with the wider staff team.

The provider's policies and procedures that were aimed at protecting people and staff from discrimination were displayed within the home and were reflected in the service's statement of purpose, which set out the organisations expectations, culture and approach to equality. Staff received equality and diversity training, which helped them to support people in a way that gave them the opportunity to achieve their potential, free from prejudice and discrimination. One staff member told us, "We go out of our way to support people how they want to be supported." The manager told us that these were topics that were revisited during staff supervision and at team meetings.

The staff and management attitudes gave us confidence that the service was a welcoming environment for LGBT+ people. Assessments and care planning offered the opportunity for discussion of sexuality and gender identity.

Assistive technology was used within the service to support people in their everyday life to make life easier or to help keep them safe. For example, for some people who were at risk of falling because they were unsteady on their feet, monitors were in place to immediately alert staff when they got out of bed and may need assistance.

People had access to Wi-Fi throughout the service so they could use their electronic devices. People were supported to stay in contact their friends and relatives by email or video conferencing.

People told us that the staff had the skills to meet their assessed needs. One person said, "They [the staff] are there when I need them and know how to help me." One person's relative told us, "The staff seem skilled, they get my [family member] to do things I can't persuade them to do. They have good ways of working with people."

Staff told us that they had the training and support they needed to carry out their roles. They were provided with training and the opportunity to achieve qualifications relevant to their role enabling them to meet people's needs effectively. Staff were provided with the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role. Training provided to staff included safeguarding, moving and handling, fire safety, and dementia. Staff files evidenced the training staff had achieved.

The registered manager monitored standards and provided staff with the support they needed in order to fulfil their roles and responsibilities. Records and discussions with staff showed that they were supported. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. The registered manager told us that they liked to be visible throughout the home. Staff told us that, if needed, the manager and deputy managers led by example and helped on the 'floor'. One staff member told us, "We can always ask for help, the manager and senior staff are there if we need them."

There were systems in place to support people to move between services effectively. For example, there were folders in people's care records which included important information about the person which was sent with them if they were admitted to hospital. The service is part of the Red Bag initiative, which is a best practice project aimed at improving communication between the hospital and care homes.

People told us they were supported to access health professionals when needed. One person told us, "If I'm not well you say and the doctor is called. They [the service] make sure the chiropodist, dentist, optician and district nurses come if we need them." People's records included information about treatment received from health professionals and any recommendations made to improve their health was incorporated into their care plans. This ensured that people continued to receive consistent care. One visiting health professional told us that the staff were helpful when they were visiting. They also told us that the staff worked well with them and referrals were made to them appropriately.

The service supported people to maintain a healthy diet. Lunch was a relaxed, social event and people spoke well of the food. People told us that they chose what and where they wanted to eat. Drinks were plentiful throughout the day, the tea trolley was taken to each person sat in the lounges for them to choose which sandwiches they wanted. One person told us, "The food is excellent, we get the choice of two hot meals, the staff ask you what you want and if you don't like the options they ask what you want. I said I fancied scrambled eggs on toast, I got just that." Another person said, "Food is very good, I like the fish and chips, I never go hungry", and another person simply told us, "Grub is excellent."

Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals. In addition, records were kept to allow the staff to monitor if people had enough to eat and drink; where people required assistance to gain weight high calorie items such as drinks were provided. The cook on duty during our inspection was knowledgeable about people's assessed needs and preferences in relation to food, they told us that staff kept them updated and said, "I do fortified food for those that needed it, and we'll add calories to mashed potato with extra butter and cream." Staff told us that finger foods were available for people who had difficulty sitting down at the dining table to eat, people living with dementia for example. This meant that they were able to eat as they walked to maintain their

nutritional intake.

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). We checked whether the service was working within the principles of the MCA.

Staff received training in MCA and DoLS and they were able to demonstrate they understood the MCA and how this applied to the people they supported. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service. People's care records showed that DoLS had been applied for or had them in place. We observed that staff knew people well, including who was subject to DoLS restrictions, and this allowed them to support people in making decisions regardless of their method of communication.

We saw that the rooms were individual to the occupant; people had added furniture and effects to make it personal to them. If people liked to have their possessions close to them they were able to, and they were able to keep their rooms how they preferred. People were complimentary about the environment that they lived in. One person said, "This is me, the room is as I like it and I feel very comfortable and at home." Another person told us, "This place is comfortable and homely." The registered manager told us her plans to update the service, decorate and make it more homely. She said that she asked people to help her chose colours and artefacts to decorate the home.

The registered manager had taken steps to make the service easier for people living with dementia to orientate themselves and find their way around the service, with the use of signage and different coloured corridors for example.

Is the service caring?

Our findings

During our last inspection on 9 January 2017, we found the service was caring, and was Good in this key question. At this inspection, we found the service remained caring.

The service was caring, people told us that staff treated them well and that they were kind and caring. One person said, "It's alright here, staff are very good, they help and care for me and are friendly, the care I am getting is very good." One person's relative told us, "Staff sit and have time to talk with my [relative], for hospital appointments [they] always have the same chaperone. The manager normally rotas the same staff to go, but once it was [their] day off, but they came in to do it anyway." This demonstrated that there were times staff went above and beyond their duties to ensure people received a caring service.

We saw examples of positive and caring interactions between the staff and people living in the service. When staff interacted with people, they were open and friendly; we saw there was a light-hearted atmosphere and staff found time to stop to chat with people. For example, we saw the registered manager kneel by one person who was unable to eat because they had experienced a dream that had upset them. The registered manager made good eye contact, held the person's hand and talked about the dream. She showed compassion and offered reassurance. The person soon settled and was more relaxed when the registered manager left them.

From the discussions we had with staff, it was obvious that they knew the people they supported well. They were able to tell us people's preferences, background and the help and level of support they needed to retain as much independence as possible. When staff talked with us about people, they did so in a respectful manner and protected their privacy. When working with them, we saw that staff closed bedroom doors when they were supporting people with their personal care needs and spoke softly to them when asking if they needed to use the toilet, which showed they respected people's dignity and privacy. One person told us that, "I like one bath a week, the [staff member] gets me settled then goes out of the room and I have a lovely soak, I could have one every day if I wanted."

Staff had developed friendly and warm relationships with people and approached them with a bright greeting and people responded in the same way. Our inspection took place during the Winter Olympics, which people were watching on the television and there was plenty of fun and laughter when the deputy manager demonstrated their skiing expertise. A staff member spent time to sit with another person and chatted with them about their love of the music that they were listening to. The person's face was animated during the conversation, showing that they were enjoying the discussion.

People told us that staff encouraged them to maintain autonomy and to continue to make life decisions in regards to future plans and their care. One person said, "I have a preference for female carers and that's what I get." People's care records identified that they had been involved in their care planning and where required, their relatives were involved as well. The care plans included people's usual routines, likes, dislikes, and preferences. During the assessment process, people were asked if they had any cultural needs or different lifestyle choices that they wanted to be met by the service, if there were any we saw them recorded

in their care plans. People had signed the documents to show that they agreed with their contents.

The registered manager told us, "All staff have undertaken dignity training provided by the local authority's provider support team. We have dignity champions and also new staff complete the care certificate which includes providing dignity and respect."

Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships. There were areas in the service where people could entertain their visitors, in private if they wished. This included people's bedrooms, the main lounge and the conservatory. We saw people receiving their visitors; one person's relative told us that they were always welcomed when they visited their relative. They said, "I can visit anytime, there are no restrictions. If my [relative] wants to speak to me between visits they help them use the phone."

Is the service responsive?

Our findings

During our last inspection on 9 January 2017, we found the service was not always responsive, and was rated Requires Improvement in this key question. We found that there was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found that care plans did not always record people's current needs or show how risks associated with the person's care were mitigated. The provider sent us an action plan that detailed the improvements they planned to make.

At this inspection, we found that the service had kept the care plans updated and had individual risk assessments in place with actions recorded that would help protect people from harm. The provider was no longer in breach of a regulation. We saw that the care plans recorded information about the person's likes, dislikes, aspirations and their care needs. Care plans were person centred and detailed enough for the staff to understand how to deliver care to people in a way that met their needs and without discrimination. Staff supported people in ways that reflected their wishes. For example, one person was supported to maintain a life style choice that was different to others. Another person was supported to look after a pet that was very important to them, they had only agreed to move into residential care if they could keep their pet. This showed that people were able to make choices that were important to them and that their preferences were respected.

People told us they were happy with the standard of care they received. The manager completed an assessment with people before they moved in. On the day of our inspection the manager and nominated individual had visited a person at home to carry out their preadmission assessment. This helped to ensure that the service could meet the person's needs. Records identified that, where they were able, people had visited the service before making a decision as to whether or not they wanted to move in.

People were supported and encouraged to maintain their independence in areas that they were able to, including choosing their own clothes, how to spend their time, what to eat and dealing with their own personal care. We talked with people about how their needs were met, they were positive about the staff's supportive and caring attitudes. For example, one person had a large mirror and a pair of scissors by their chair in their bedroom, pointing to them they told us, "The scissors are to trim my sideboards." Another person said, "I'm a free spirit, I wake at 8am and [the staff] bring porridge and toast to my room, I can do what I want; I go to bed when I want, watch the TV till 8pm downstairs then come up to my room and watch TV until about 12am."

Along with their preferences and expectations, if people were happy to share them, their personal histories were recorded. This enabled the staff to get to know people well and to be able to support them in the way they wanted to be. Care plans were clearly written and had been reviewed and updated to reflect peoples' changing needs and preferences. The registered manager told us, "People and their relatives are invited to participate in monthly reviews if they wish and also the yearly reviews, this gives them the opportunity to provide feedback or alter their own care plans."

Different activities and outings were planned and staff worked together to make sure people were provided

with the opportunity of participating in activities to reduce the risks of boredom. Activities staff planned the programme of activities, which was displayed around the service. People chose whether they wanted to take part and the staff acted in accordance with their wishes. There were photographs in the service of people taking part in activities. One person said, "Once a week I do the flowers, I like to play snakes and ladders and I have just made a woollen doll." A staff member explained, "We made woollen dreamcatchers yesterday and [one person] spoke about woollen dolls they made as children. I asked my mum how to make the woollen dolls and she showed me. Three people have made them so far."

Outside entertainers were booked to visit the home. Parties and social gatherings were arranged for cultural celebrations and other important days. This included people's birthdays and family celebrations. In the summer, the service organised garden parties and people's families and friends were invited.

People told us that if they needed to complain they were confident it would be handled quickly and dealt with properly. When asked if they had made any complaints, one person said, "No, I haven't needed to complain, the [staff] are quick to sort things out if things go wrong." Another person said, "The manager will always listen to me if I want to have a moan. She understands and will put things right for me." One person's relative told us, "I have never had any worries or concerns since my [relative] has been here." The registered manager told us, "All complaints are treated with openness and honesty, the procedure is displayed in the home and is also available to be printed if people want a copy. Complaints are always investigated and we check that people are happy with the outcome."

People's care records included information about the choices that people had made regarding their end of life care. This included whether they wished to be resuscitated and where they wanted to be cared for at the end of their life. One relative told us, "The care they gave my [relative] was very caring, right to the end. If I have to go into a residential home when I'm older, I hope my sons choose Chrissian for me."

Is the service well-led?

Our findings

During our last inspection on 9 January 2017, we found the service was well-led, and was Good in this key question. At this inspection, we found the service continued to be well-led.

There was a registered manager in post and people and relatives were complimentary about the management of the service. One person said, "The manager and I get on alright, she quite often pops in and sees if I am alright." All of the people we spoke with told us that they liked the registered manager and felt she was committed to improving their quality of life. One person told us that, "There is nothing too much trouble, the manager and the deputy managers go out of their way to make us comfortable."

The registered manager said they were well supported by their two deputy managers and the providers. She told us that she could rely on the providers to support her moves to improve the quality of care offered to people, they told us, "Since I have been the manager I have put everything into getting things right."

The service promoted an open culture where people, relatives, visitors and staff were asked for their views of the service provided. This included 'resident and relative meetings' and satisfaction questionnaires. If negative comments were received, the service addressed them. For example, there were comments about the position of the television in one of the lounges; some people said they could not see it clearly. The furniture was immediately moved about so the television could be seen by all.

Staff told us that the manager was often seen around the home, saying that the manager was very visible and supportive. One staff member said, "She is there if you need help, even on her days off you can call her if you need advice."

The minutes of staff meetings showed that they were kept updated with any changes in the service or to people's needs and they were encouraged to share their views and comments to improve the quality of care. Staff told us that they were happy working in the service. One staff member said, "The senior staff here are approachable and give us support when we need it."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses. One professional involved in the service told us, "I have worked closely with the staff who work at Chrissian residential home. The staff are very caring. The management team have implemented a lot of changes to improve the service; the service has improved greatly from when I first went there a year ago." A healthcare professional told us, "I have been involved with Chrissian, in particular [the registered manager] is very good at coming forward for support regarding care issues."

The service made sure that they kept us updated about important events within the home in the form of notifications. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. The records were kept locked in a cupboard at all times.

The management team and the provider assessed the quality of the service through a regular programme of audits. These included audits on medicines management, health and safety, care records and the care provided to people. These were effective in identifying shortfalls where improvements were needed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. This contributed to enhancing the quality and safety of the service people received.

A nominated individual is a person, nominated by the providers to have overall responsibility for supervising the management of the service, and ensuring the quality of the services provided. At Chrissian the nominated individual was at the service daily and helped around the service with practical help, such as carrying out simple repairs. The providers also regularly visited the service and monitored the quality of care people received.