

Mr & Mrs A Skatulla

**Cristos**

## 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

### Overall summary

We inspected Cristos on the 14 and 16 October 2014. Cristos is a family run care home, registered to provide accommodation for up to 11 adults with a learning disability or older people. On the day of the inspection, 10 people were living at the home. The age group of the people currently living at the home ranged from 60 years to 90 years old. Many people living at the home had lived there for over 10 years and had formed strong friendships with staff and management. The individual care needs of people varied within the home. Many people required support with maintaining independent living skills whilst other people required daily personal care support.

Cristos is centrally located in Hove, the home provides access to the city centre and seafront. There is good access to public transport. Many people living at the home regularly accessed the local community to do their shopping, go to work or voluntary work. People spoke highly of Cristos. One person told us, "I love it here."

A registered manager was in post, who was also the provider/owner. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

‘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.

At the last inspection in May 2014, we asked the provider to take action to make improvements in the management of infection control, quality assurance of the home and record keeping. An action plan was received from the provider which stated they would meet the legal requirements by 31 July 2014. At this inspection we found improvements had been made but areas for improvement were still identified.

Feedback was regularly sought from people, relatives and staff. This helped to improve the quality of the care provided. However, the provider’s system of monitoring, assessing and evaluating the quality of the home required addressing. We have made a recommendation for improvement in this area.

Each person had a care plan that outlined their needs and the support required to meet those needs. Care plans were personalised and included information on people’s individual likes, dislikes, daily routine and the strengths of the individual. However, people’s health and social care needs were not always considered in their care plans. We have identified this as an area of practice that required improvements.

Staff were seen smiling and laughing with people and joining in activities in the home. From observing staff interact with people, it was clear staff had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building friendships with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People could choose how to spend their day and they took part in activities in the home and the community. People’s freedom in the home was not restricted. People regularly went out and about, coming and going from local day centres, jobs and voluntary work. People had their own front door key and were able to lock their bedroom door as well for their own privacy.

Staff received training that was relevant in supporting people with learning disabilities and older people. Staff received on-going support through handovers and staff meetings. Staff commented they felt valued, supported and could approach management with any concerns. One staff member told us, “I feel valued as an employee of Cristos.”

People were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People’s medicines were stored safely and in line with legal regulations. People told us they received their medication on time. Staff were confident in medication administration and demonstrated a sound awareness of the importance of monitoring for any side effects of medicines.

There was a friendly, relaxed atmosphere at the home. There was an open and honest culture within the home. Staff had a clear understanding of the vision and philosophy of the home. Staff spoke passionately about how Cristos was a family home with ‘family values’ embedded into care practice.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Cristos was safe. People told us they felt safe living at Cristos and were supported to take everyday risks. Staff were aware of what steps they would take to protect people from abuse.

Individual risks to people had been assessed and risk assessments developed and implemented. Staffing levels were sufficient and recruitment records demonstrated there were systems in place to ensure staff were suitable to work with adults at risk

Medicines were managed appropriately and people confirmed they received their medication on time. People received care in an environment that was clean and tidy and maintained adequately.

Good



### Is the service effective?

Cristos was effective. People's nutritional needs were met and people could choose what to eat and drink on a daily basis.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people. People could see, health and social care professionals, when they needed to.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good



### Is the service caring?

Cristos was caring. People told us they were happy with the care and support they received and their needs had been met. Staff had a good understanding of people's care and support needs and knew people well.

People were treated with dignity and respect by staff and were supported in a caring fashion. Staff were warm and caring towards people. People responded to staff with smiles.

People were involved in decisions about their care and treatment.

Good



### Is the service responsive?

Cristos was not consistently responsive. People had their needs assessed and their own individual care plan. Care plans were personalised to the individual, however, some information regarding people's health and social care needs were not recorded.

People had access to a wide range of meaningful activities and were supported to be involved in their local community.

Requires Improvement



# Summary of findings

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

## Is the service well-led?

Cristos was not consistently well-led. There was not a robust system in place for monitoring, evaluating and assessing the quality of care. We have made a recommendation to the provider.

The home's philosophy and vision was embedded into everyday care practice. People, staff and relatives all commented on how Cristos was a family run care home with family values at the forefront of care delivery.

Systems were in place to obtain the views of staff, people and visitors. People spoke positively of the provider and commented that they felt listened to and valued.

**Requires Improvement**



# Cristos

## 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 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 home, and to provide a rating for the home under the Care Act 2014.

We visited the home on the 14 and 16 October 2014. This was an unannounced inspection. The inspection team consisted of two inspectors.

During the inspection, we spoke with six people who lived at the home, two visiting relatives, a health and social care professional (nurse) visiting the home, two care staff, the deputy manager and the provider. The visiting nurse provided feedback which has been shared within this report.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. .

We spent time observing how staff interacted with people and spoke with people at length. During the inspection we reviewed the records of the home. These included quality assurance audits, staff training records and policies and procedures. We looked at five care plans and five risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Cristos. This is when we looked at their care documentation in depth and obtained their views on how they found living at Cristos. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

People told us they felt safe living at Cristos. One person told us, “I feel much more secure living here.” Another person told us, “I know that I am safe here. Staff always know who is coming in and out.”

At our last inspection in May 2014, we were concerned about infection control as the provider was in breach of Regulation 12 of the Health and Social Care Act 2008. This was because protective personal equipment such as gloves and aprons were not readily available. A quality assurance framework was not in place to evaluate the standards of cleanliness and infection control. They had now addressed all areas of concern.

People told us they thought the home was clean and tidy. One person told us, “They are always cleaning.” Infection prevention measures were effective; staff actively washed their hands and used gloves and aprons were readily available throughout the home and disposed of appropriately.

Cristos now had a daily cleaning schedule that covered bathrooms, bedrooms, communal areas and the kitchen. Staff signed when the cleaning task had been completed. Alongside this, a designated infection control lead had been appointed. Their role was to improve standards of cleanliness and infection control. Infection control audits were now in place which governed

Cristos’s quality and standards of infection control and cleanliness. The audit looked at areas such as the environment, equipment and personal protective equipment. Where shortfalls were identified, a plan of action was implemented along with action points. The provider told us, “The audit is now helping us monitor our systems and help us evaluate the overall mechanisms in place, whether they are working or not.”

At the inspection in May 2014, the inspection team identified mould in one person’s bedroom and the presence of damp in the laundry room. They had now addressed all areas of concern. The damp in the individual’s bedroom had been addressed and their bedroom was now regularly ventilated to reduce the risk of mould returning. The laundry room had a new extractor fan in place which was now used on a daily basis. The provider had a rolling programme of scheduled maintenance work underway to ensure the premises were well maintained

and kept people safe. The registered manager told us, “We have an on-going list of maintenance work to be completed.” On the day of the inspection, the carpets were being measured to be replaced and building work to the roof was underway.

Medicines were stored and administered correctly. Controlled drugs were all stored correctly and Medication Administration Records (MAR charts) we reviewed all indicated that medicines were administered appropriately. MAR charts are a document to record when people receive their medicines. Records confirmed medicines were received, disposed of, and administered correctly.

People told us they received their medication on time. One person told us, “I feel confident in staff giving me my medication.”

Staff had a clear understanding of people’s medication. Staff commented they felt confident in medicines administration and demonstrated an awareness of any side effects. One staff member told us, “Any new medications prescribed, we will read the leaflet provided and make sure we are aware of the medication so we can explain to the person and be aware of any side effects.”

The provider and staff members supported and enabled people to take positive risks. These included baking in the kitchen and going out and about independently. People moved freely around the house and garden and were able to make choices about how and where they spent their time. People told us they regularly went into town and enjoyed the freedom. During the inspection, we saw people going off to day centres, volunteering or off to work.

Risk assessments were in place to enable people to take part in activities with minimum risk to themselves and others. Risk assessments included personal safety, money management, orientation, social awareness and falls. Each risk assessment considered the level of risk, such as whether it was high, medium or low. Along with the measures to reduce the risk. We looked at one risk assessment for a person going out and about. The risk assessment identified the person became anxious and distressed when out in the community. Their individual risk assessment identified they wanted to access the local community as they enjoyed shopping. It was agreed that a member of staff would support them when they went shopping. This allowed them to be independent but also provided them with reassurance.

## Is the service safe?

Staff were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge others. Information was readily available in people's risk assessments. This included information and guidance on the behaviour, triggers and guidelines on how to support the individual. For example, one person's risk assessment recorded they could be anxious or unsettled about bathing. Their individual care plan and risk assessment looked at the reason why and included guidelines on how to ease their anxiety. Staff members commented on how they supported the person to ease their anxiety during bathing and commented on how they played their favourite music.

Staff were clear on how to provide reassurance and support to people in times of anguish or anxiety. For example, during the inspection, one person became increasingly upset and distressed. Staff responded sensitively, providing comfort which clearly settled the person and eased their distress.

Any concerns regarding people's safety or wellbeing, were taken seriously by staff and would be reported appropriately to help ensure people were protected. At the last inspection in May 2014, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008. This was because staff had not received formal training on safeguarding adults at risk. We found improvements had been made at this inspection. Training schedules and talking with staff confirmed they had received training. Staff also told us how they would recognise and report abuse and were confident that any allegations made would be

fully investigated to ensure people were protected. Safeguarding policies and procedures were in place and were up to date and appropriate for this type of home. For example, the safeguarding policy corresponded with the Local Authority and national guidance.

Cristos employed enough skilled and experienced staff to ensure the safety of people. Throughout the inspection, we observed that people received care in a timely manner and call bells were answered promptly. Staffing levels were calculated upon people's individual care needs and ensuring they received support to meet their needs. The provider told us, "Staffing levels are dependent on the needs of people and whether people are going to any appointments, day centres or want to go shopping." We saw that staff had time to sit and talk with people, take them out to appointments, pick up from day centre or to just go into town. People informed us that they felt the home was suitably staffed. Staff members also confirmed they felt staffing numbers were sufficient. One staff member told us, "We work as a team and I always feel that we have the time to provide personalised care." Another staff member told us, "I have no concerns with the staffing number."

People were protected as far as possible by a safe recruitment system. Staff files confirmed that a robust recruitment procedure was in place. Files contained evidence of disclosure and barring service (DBS) checks, references included two from previous employers and application forms.



# Is the service effective?

## Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively.

Relatives of people told us, “Staff are fantastic.” “Nothing is too much trouble.” People told us, “I’m very happy with the staff.” Another person told us, “Staff are definitely well trained.” A visiting healthcare professional expressed confidence in the skills and abilities of care staff. They told us, “They know when we need to be contacted or not.”

Staff members had a clear understanding of the Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. At the inspection in May 2014, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008. This was because staff had not received training on the Deprivation of Liberty Safeguards (DoLS). During this inspection we reviewed training schedules and found all staff had now received training. Staff demonstrated a sound understanding of the legal requirements of DoLS. One staff member told us in detail about certain scenarios and how they could be seen as a deprivation of liberty. On the day of the inspection, no one was under a deprivation of liberty safeguard. People’s freedom were not restricted. We saw people spending time in the garden and coming and going from the home as they pleased.

Training schedules confirmed staff had received training on the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make specific decisions. Policies and procedures were also available to staff on the MCA and DoLS. These provided staff with guidance regarding their roles and responsibilities under the legislation. Staff had a sound understanding of the MCA. One staff member told us, “We presume everyone has capacity unless something indicates they may not.” Another staff member told us, “People can make unwise decisions; this does not mean they lack capacity.” The provider told us, “Everyone we support is able to make informed decisions and also unwise decisions, however, we have a good understanding of the requirements if someone was unable to make a specific decision.”

There was an induction programme and on-going training schedule to make sure all staff had the skills and

knowledge to effectively meet people’s needs. Staff had received essential training and staff told us they had received training which supported them to do their job properly. Staff had received training which was specific to the needs of people with a learning disability and older people. Training included epilepsy awareness and diabetes management. One staff member told us, “The training has been really good. We are always attending training.” Another member of staff told us, “The opportunity for training is really good.” Overall staff spoke positively of the training provided and said that it provided them with the necessary skills.

Staff received on-going support from the provider and deputy manager. Supervisions were held every three months. Supervision is a formal meeting where training needs, objectives and progress for the year were discussed. These provided staff with the forum to discuss any concerns, practice issues, training needs and also how they are doing. Staff members told us how they found the use of supervision helpful and provided them with the opportunity to raise any worries. Records also confirmed that staff received a yearly appraisal.

People were supported to maintain good health and received on-going healthcare support. People told us they were well looked after and had regular access to healthcare professionals. One person told us, “If I need to see my GP or dentist, they always take me.” Another person told us, “If I ever feel unwell, they always ask if I want my GP called out.” A member of staff told us, “All people are registered with the same health centre. We have an excellent rapport with the GPs at the centre and if we feel someone requires a GP visit, they will always come out and see the person.” A visiting healthcare professional (nurse) spoke positively of the care provided and how care staff monitored people’s health and could quickly identify when someone was unwell.

People were assigned a named key worker who was responsible for coordinating their day to day needs. Care plans recorded when the person had a healthcare appointment and the outcome from such appointments. People with a learning disability, each had a hospital passport. A hospital passport was specifically designed for people with learning disabilities by the NHS. It includes key information on people’s medical background, along with important information staff should know about them. This included information that is important to the individual



## Is the service effective?

such as what's important to them, along with their likes and dislikes. Older people living at the home were supported to complete a health plan. Their health plan considered their health needs, choices they may make which may not be good for their health and the agreed action plan. One person's health plan identified they did not always drink enough water which wasn't always good for their health. Their agreed action plan was for staff to regularly bring drinks of water to try and encourage their water intake. During the inspection, we observed staff members regularly encouraging the person to drink and ensuring they had a glass of water to hand.

People were supported to get involved in decisions about their food and drink in a variety of ways. These included helping staff when buying food for the home, providing input when planning the menu for the week and helping in preparing dishes. One staff member told us, "We often gather in the kitchen and ice cakes together."

People spoke positively of the food. One person told us, "The food is very good. We always get to choose what we want." Another person told us, "I like the food." A third person told us, "I like choosing each day." The daily menu was on display in the lounge and people were asked each day what they would like for breakfast, lunch and supper. We observed the deputy manager spending time with people during the afternoon exploring options for supper. People were asked if there was anything they fancied or

anything in particular they wanted. It was evident that people could make decisions on what they wanted. The deputy manager told us, "We have a vague menu everyday but this is people's home, if there's something they want, I will make it for them. Hopefully we will have the ingredients in." Individual food plans were on display in the kitchen along with information on people's likes and dislikes.

Staff told us how they monitored people's food and fluid intake and met any special needs people had. "We sit down with people regularly and ask them what they like, don't like, fancy or would like to make." The home's internal nutritional policy documented that people should be weighed every three months or sooner. We looked at a sample of weight records. We found the majority of people were weighed every three months; however, we identified a few people who had gone five months without being weighed. The provider told us, "This is an error on our part. We continually monitor on a day by day basis. We know our residents and if they are off their food or not eating, this would trigger our alarm." When people did experience weight loss, the provider was responsive. Appointments with the GP were booked and supplement drinks offered. We saw that care staff had identified one person who had lost weight. Documentation confirmed the provider had been proactive in seeking specialist advice and the person was now beginning to put on weight.

# Is the service caring?

## Our findings

Everyone we spoke with spoke highly of Cristos. One person told us, “I’m very happy here.” Another person told us, “I love it here.” Visiting relatives spoke passionately of the care and staff members. One relative told us, “I’m happy for my loved one to be here.”

The atmosphere in the home was calm and relaxing for people. People could come and go as they pleased and were encouraged to treat the home as their own. Throughout the day we saw staff interacting with people in a caring and professional way. People enjoyed spending time with staff. During the inspection staff spent time sitting with people in the lounge watching an old country and western film. Staff talked with people about western films, their favourite films and what they liked about them.

Staff relationships with people were strong, supportive and caring. Staff told us the best thing about their work was “Seeing people happy.” People were called by their preferred name and staff had clearly developed good rapports with them. Staff were respectful and courteous in their approach. We regularly heard staff and people laughing together and spending time in the communal lounge.

People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. One person told us, “I choose what I wear every day.” One person proudly showed us her painted nails. One person told us, “I enjoy getting my hair done. It’s really important to me.”

Staff treated people and their relatives with dignity and respect. People told us their privacy and dignity was maintained and upheld. One person told us, “They always knock and make sure I answer. Other residents also knock before they come into my room.” Another person told us, “Staff always cover me up when I have a wash or a bath.” Staff had a clear understanding of the principles of privacy and dignity. One staff member told us, “I make sure that the curtains and door is closed when providing personal care.

Knock before entering and providing people with private time.” People choose whether to be in communal areas or have time alone in their room and these decisions were respected by staff.

Staff spoke fondly about the people they supported and demonstrated a commitment to providing high quality care and support. Staff told us in great detail about each person living at Cristos. They told us, with compassion, about the person’s likes and dislikes, their personality traits, their life history and how they provided personalised care to that individual. One staff member told us, “We are family here. This is not a care home, we are a family home and we get to really know people who live with us.”

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. During the inspection, we regularly observed people approaching staff for support with their personal care needs. People recognised their own care needs and felt confident asking staff for help. People we spoke with confirmed they felt involved in their care. One person told us, “I can make my own decisions and I know when I need help from people.”

People told us that staff and the provider consulted with them about the care they received and what they wanted to do. One person told us, “We can talk to staff about things or anything we want.” Another person told us, “Staff always talk with us.” The provider told us, “If someone wants to go out or do something and wants us to go with them, we will go shopping with them or go out for a walk.”

People were supported in maintaining their independence and community involvement. We regularly saw people coming and going from the home. People told us they had their own key to the front door and to their bedrooms. Two people regularly enjoyed going round local supermarkets in the area. On the day of the inspection, we saw that they asked staff if they needed anything. The deputy manager asked for a couple of items to assist with making lunch. The deputy manager told us, “They regularly ask if there’s anything they can get. We either give them the money or they come back with the receipt and we reimburse them.”

# Is the service responsive?

## Our findings

People told us they were well looked after and supported to do activities which were important to them. However, care plans did not consistently consider people's healthcare needs.

At the last inspection in May 2014, the provider was in breach of Regulation 20 of the Health and Social Care Act 2008. This was because care plans had not been reviewed regularly or was not always accurate or fit for purpose. For example, risk assessments had not been updated and guidance was not available to staff on how to provide safe and responsive care. We found improvements were still needed as care plans still lacked sufficient guidance and information.

Each person living at Cristos had their own care plan. Their physical health, mental health and social care needs were assessed and care plans were developed to meet those needs. Care plans included information on the person's next of kin, medical background, dietary needs and health needs. Information was readily available on people's religious and cultural needs. At the time of our inspection, Cristos was not supporting anyone with any practicing religious needs. The provider commented, "If anyone requests or wishes to attend church or have a minister, priest come, we will also arrange that and support them."

Two people had had health and social care needs that required monitoring. These included vision impairment, history of falls, diabetes and risk of skin breakdown. Their individual care plans looked at these areas and the support required. However, the information recorded in their care plan did not provide guidance on how to manage the individual risks and healthcare needs. One person's daily notes recorded their skin integrity was beginning to become compromised. Their care plan identified they required "assistance" with washing. Information was not recorded on how to minimise the risk of skin breakdown. Staff members had a clear understanding of the person's healthcare needs and could clearly tell us what they were doing to reduce the risk. We identified concerns as this information was not documented in the person's care plans. Therefore, for new members of staff or agency staff, guidance was not readily available. The inspection team identified that there had not been a breach of regulation, but this has been identified as an area of practice that required improvement.

People were actively involved in their care. Care plans were reviewed on a three monthly basis or sooner. At each care review, the individual's short and long term goals would be evaluated. The effectiveness of the care plan would be considered and whether or not the person continued to have any unmet needs. People told us they felt involved in their care. One person told us, "When I first moved here, I wasn't interested in my care but now, I'm feeling more involved in my care." Another person told us, "Staff go through everything with me."

Care plans were personalised to the individual. Information was readily available on their likes, dislikes and personal history. The strengths of the person were explored along with their favourite activities. For example, one person had keen interest in needle work, colouring and shopping. Their care plan stated they enjoyed keeping busy but a change to routine could cause them anxiety.

Staff were kept aware of any changes in people's needs on a daily basis. This was supported by a system of daily records which were filled out and contained information about each person's day and what they had done. There were also verbal handovers between staff shifts. Staff told us there was good communication within the home.

People's bedrooms had been decorated to reflect people's personal taste and there were photographs and other personal mementos on display. The provider told us, "People can decorate their rooms how they wish." Two people had asked to share a bedroom. Together they had chosen a colour scheme and their bedroom had been decorated according to their wishes. Communal areas also contained photographs of people taking part in various activities.

People took part in activities that were relevant to their interests both inside and in the community. For example, people enjoyed attending a local day centre. One person enjoyed being taken shopping by staff. The deputy manager told us, "We are currently organising for a couple of people to go on holiday which they are looking forward to."

People told us they enjoyed the activities provided. One person told us, "I go out nearly every day which I love." Another person told us, "I like going to pound land and buying table clothes for us to use." A couple of people enjoyed spending time in their room. One person told us, "I like sitting in my room watching television." On the day of

## Is the service responsive?

the inspection, one person's television had broken. The individual's main source of enjoyment was from their television. The provider was actively sourcing another television, obtaining television aerials and spending time with the individual while the television was getting fixed.

The provider kept an activities book which recorded the activities done on a daily and weekly basis. Regularly care staff would sing and dance with people. Some people enjoyed making jewellery with staff while others enjoyed a nail painting session.

The provider and staff members provided care and support that was responsive to people's individual needs. Staff members clearly knew each person and the support required to promote their psychological, emotional and social well-being. For example, one person required regular support from the community nurses. The provider and deputy manager always made sure they were available when the nurse visited to discuss any concerns or changes in treatment plan. For people with learning disabilities, staff members recognised their individual traits and what were important to them in promoting their psychological wellbeing. One person required clear routines; a change in routine could cause great distress. Staff members were able to clearly tell us about this and how they supported the person in line with their routines and how they wanted

their day planned. Two people were at heightened risk of experiencing recurrent urinary tract infections. Therefore staff monitored for any signs or symptoms and regularly contacted the GP with any concerns.

From our observations, it was clear people received personalised and responsive care. Care was based on the person's own needs, wishes and what was needed to promote their wellbeing. Despite supporting people with learning disabilities and older people, staff understood the importance of a learning disability and what that meant for the individual. For older people living at Cristos, staff had a good awareness of the aging process and the impact on their individual health and psychological well-being.

The provider had a complaints procedure but this was not clearly displayed in a format that would be easily accessible to everyone who lived at the home. This could make it difficult for people who were unable to understand the written procedure to make their concerns known. People told us that if they had any worries or concerns, they could talk to management or staff. Visitors told us they felt confident raising any concerns and any issues raised would be addressed immediately. The home had not received any formal complaints in over a year. The provider told us, "We have not received any formal complaints but any concerns from visitors or people, we take seriously and address immediately."

# Is the service well-led?

## Our findings

At our last inspection in May 2014, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008. This was because the provider did not have a quality assurance system in place. Feedback from people was not regularly obtained and there was no systems in place to monitor and analyse incidents and accidents.

Systems were now in place to seek the views of people, relatives and staff. Staff meetings were held on a monthly basis. These provided staff with the forum to air their views and provided the opportunities for them to contribute to the running of the home. Staff commented that the meetings allowed them to think of ways to make improvements or discuss current concerns. Staff we spoke with confirmed they could approach the deputy manager or provider with any concerns, requests or worries. One staff member told us, "The provider is so approachable, we can discuss anything." Staff also commented that as employees for Cristos they felt valued and listened to. One staff member commented, "We can all approach management with ideas or suggestions, they will always listen to us." We discussed our concerns with the provider who confirmed it would now be their role to undertake supervisions and ensure they are completed every three months.

People living at the home were asked on a monthly basis whether they were satisfied with the care provided. This was done using a survey which had been adapted to take into account people's limited writing skills. Any negative feedback, the provider would meet with the individual to see how improvements could be made. People we spoke with confirmed they were regularly asked for their views and opinions. One person told us, "We get a questionnaire which we go over and say how we feel."

Relatives were also consulted regularly. This was in the form of an annual satisfaction survey as well as regular and on-going contact. One visiting relative told us, "I feel very involved in the home." Another relative told us, "Staff always keep me informed of any changes." Resident meetings were held regularly. These provided an open forum for people living at the home to discuss the running of the home and suggest any improvements to be made.

There was a management structure in the home which provided clear lines of responsibility and accountability.

Staff members were aware of the line of accountability and who to contact in the event of any emergencies or concerns. Staff members spoke positively about the leadership and management style of the provider. We were informed that the provider was approachable and supportive. We observed that the provider took an active role in the running of the home and had an excellent knowledge of the people and staff. People appeared very comfortable and relaxed with the provider and deputy manager.

There was a system in place for recording accidents and incidents. We reviewed a sample of these and found recordings included the nature of the incident or accident, details of what happened and any injuries sustained. However, we could not identify how the provider monitored or analysed incidents and accidents to look for any emerging trends or themes. We have identified this as an area that requires improvement.

Cristos had implemented an 'audit tool' to help assess and monitor the quality of the service. The audit looked at various areas including mental capacity and respecting and involving people. However, the tool was only partially completed. We could not see when the audit had been completed and when further action was required, there was no target date or who was responsible for ensuring the action point was met. The provider told us, "We have started the internal audit but not yet completed it as we have identified a new audit framework which we think will be better."

The provider had elements of a quality assurance framework in place. For example, obtaining feedback from people and staff, holding staff and 'resident meetings' and daily environmental checks. However, a formal audit to identify and manage the quality of the care provided had not been completed. The inspection team found this had no direct impact on the quality of the care provided but have identified this as an area of practice that required improvements.

**We recommend that** the service considers the Department of Health guidance on The Adult Social Care Outcomes Framework 2014/15.

Cristos had clear visions and articulated values in place. Cristos is a family run home that had been open for nearly 40 years. We were informed that many people living at the home had lived there for over 10 years or more. The

## Is the service well-led?

provider told us, “We run as a family. We look after people as everyone would want their family to be looked after. We try and make it as personal as possible.” The deputy manager commented, “We are one big family.”

We found that the values of the home were embedded into the home’s culture and delivery of care. Every staff member we spoke with was aware of the philosophy and visions of the home. One staff member told us, “This is very much a family run care home.” Another staff member told us, “Some people living here have no family; therefore, we are their family.” People told us they felt at home living at Cristos. One person told us, “This is my home and family.”

Cristos had adapted a culture of honesty and transparency. We asked the provider what the key challenges had been during the past year. The provider told us, “Paperwork is our key challenge. Making sure care plans and other key

documentation is maintained. We are a small home and we are aware that things can lapse.” Staff believed the home was honest and worked hard to achieve good outcomes for people. One staff member told us, “We have areas to improve on, but we all love working here.”

Throughout the inspection, the inspection team commented on the atmosphere of the home and how the home had a friendly feel. Staff spent time sitting with people, chatting, watching television and taking people out and about. People looked at ease with staff members and laughter was continually heard throughout the inspection. It was clear the provider and staff had created a home where ‘family values’ were a philosophy and vision set. Everyone we spoke with commented they were happy living at Cristos.