

Crownwise Limited

Crownwise Limited - Streatham Common South

Inspection report

22 Streatham Common South
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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

About the service

Crownwise Limited - Streatham Common South is a care home that provides care and support for up to 7 people. At the time of our inspection there were 6 people using the service including older people, and those with a physical disability or mental health challenges. The care home accommodates people in one building.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, and staff thought that Crownwise Limited - Streatham Common South was a safe place for them to live and work. Risks to people were regularly assessed, reviewed and this meant people could take acceptable risks, enjoy their lives and live safely. Accidents, incidents, and safeguarding concerns were reported, investigated and recorded. There were enough suitably recruited staff to meet people's needs. Staff safely administered medicines and prompted people to take them. If required staff used Personal Protection Equipment (PPE) effectively, safely, and the infection prevention and control policy was up to date.

People and their relatives, and healthcare professionals told us effective care was given, people were not subject to discrimination and their equality and diversity needs were met. Staff were well trained, and supervised. People and their relatives thought the care staff provided was good and met people's needs. Staff encouraged people to discuss their health needs, any changes to them, and concerns were passed on to the management and appropriate health care professionals. This included any possible change to services if people's needs changed. People were protected by staff from nutrition and hydration risks and they were encouraged to choose healthy food options, and balanced diets whilst meeting their likes, dislikes and preferences.

People received care and support from staff in a friendly way and attention was paid to small details that made all the difference. People felt respected and staff acknowledged their privacy, dignity, and confidentiality. They were encouraged and supported to be independent and do things for themselves. This improved their quality of life by promoting their self-worth. Staff cared about people, and were compassionate, and passionate about the service they provided.

The provider was responsive to people's support needs which were assessed, reviewed, and care plans were in place that included any communication needs. People were provided by staff with person-centred care, and they had choices, and were encouraged to follow their routines, interests and maintain contact with relatives, and friends. They were also supported to interact with others living at the home so that social isolation was minimal. People and their relatives were given appropriate, easy to understand information

about the home to make their own decisions regarding whether they wished to live there. Complaints were recorded and investigated.

The home had management and leadership that was visible with an open, positive, and honest culture. The provider's vision and values were clearly set out, understood by staff and they followed them. Areas of responsibility and accountability were identified for management, and staff and a good service was maintained and regularly reviewed. There were thorough audits, and records were kept up to date. Wherever possible community links and working partnerships were established and maintained to further minimise social isolation. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals told us the service was well managed and met people's needs in a professional, open and friendly way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was Good (published 16 February 2018).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good, rated service to people.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crownwise Limited - Streatham Common South on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Crownwise Limited - Streatham Common South

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Crownwise Limited - Streatham Common South 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. An application has been made to the CQC and the applicant is awaiting the outcome.

Notice of inspection

Inspection activity started on 18 September 2023 and ended on 16 October 2023. The inspection visit on 20 September 2023 was unannounced.

What we did before the inspection

We reviewed all the information we had received about the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke in person with the proposed manager, various other managers and the proprietor. We also spoke with 4 people using the service, 3 relatives, 2 staff and 6 healthcare professionals to gain their experience and views about the care provided. We reviewed a range of records. They included 2 staff files containing recruitment, training and supervision information, and 3 peoples' files containing care and medicine records, risk assessments, care plans and reviews. We checked a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures. After the inspection we continued to seek clarification from the provider to validate evidence found and requested additional evidence. This included staff rotas and training information, and provider quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives told us the home was a safe place to live and they were treated with kindness and respect by staff. Our observations of people and their body language, towards staff reflected this. There was a relaxed and positive atmosphere indicating that people felt safe. One person said, "I do feel safe living here, it's a good place to live." A relative told us, "We think the home is safe."
- Staff received safeguarding adults training as part of their induction which was routinely refreshed. Staff knew how to recognise and report abuse and were able to explain how they would spot signs if people were at risk of harm. A member of staff told us, "I would tell the manager or owner straight way if I saw anyone being abused at the home. If it were the manager doing it, I would tell his boss and the CQC as well."
- Staff understood their responsibility to refer safeguarding incidents to all the relevant external agencies without delay, ensure they were fully investigated and take appropriate action to minimise the risk of similar incidents reoccurring.
- Staff advised people how to keep safe and any areas of concern about people, was recorded in their care plans.

Assessing risk, safety monitoring and management

- Risks to people were assessed and their safety was monitored.
- People were able to take acceptable risks and enjoy their lives safely. This was because staff were aware of and followed risk assessments that included all aspects of their health, daily living and social activities. The risk assessments were regularly reviewed and updated to keep people safe as people's needs, interests and pursuits changed.
- The provider had recently introduced electronic care plans that contained detailed person-centred risk assessments and management plans to help staff keep people safe. These plans covered every aspect of people's lives including how to prevent or appropriately manage risks associated with distressed behaviours, social isolation and COVID-19. People's care plans were regularly reviewed and kept up to date.
- The home's staff team was well-established, familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. For example, people whose behaviours might be considered challenging at times, had risk management plans in place to reduce those incidences. Records showed that action was taken, as required and the advice of specialist professionals sought when necessary. A member of staff said, "We have been taught how to prevent and de-escalate distressed behaviours."
- Staff demonstrated good understanding of fire safety. A member of staff told us, "We practice fire drills 3 monthly and test the fire alarm weekly." Fire-resistant doors we tested during this inspection, all closed

automatically into their doorframes when their release mechanisms were activated. There were regularly reviewed and updated general risk assessments that included reference to equipment used to support people. This equipment was regularly serviced and maintained.

Staffing and recruitment

- The provider had a thorough staff recruitment process that records demonstrated was followed. There were enough staff to meet people's needs.
- People told us the care home had enough staff to meet their care and support needs. A person said, "There's always at least 1 member of staff on duty in the house during the day and at night and usually 3 or 4, especially in the morning, which can be busy." A member of staff added, "We always have at least 2 support staff on duty during the day and the manager will often be here to function as a third member of the team when we have to take people for their appointments."
- Staff were visibly present throughout this inspection providing people with the care and support they needed, and we observed staff respond quickly to people's requests for assistance or to answer their questions throughout this inspection. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely.
- The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, and, knowledge of care and support for older people including those with dementia. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 month probationary period with a review. This could be extended if required so that staff could achieve the required standard of care skills.

Using medicines safely

- Medicines systems were well-organised, and people received their medicines safely, as prescribed.
- The provider used an electronic medicines system which ensured medicines records were kept up to date. We found no recording errors or omissions on any electronic medicines records we looked at.
- Medicines were regularly audited, and appropriately stored and disposed of.
- Only care staff who had been trained and assessed as competent were able to handle medicines, and this training was routinely refreshed.
- People told us staff ensured they took their prescribed medicine's as and when they should. One person said, "Staff make sure I always get my medicines on time."

Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. One person said, "The staff always wear facemasks."
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- The care home had a written procedure for identifying and managing possible confirmed COVID-19 cases.
- The care home looked and smelt hygienically clean. People told us the care home was kept clean. A person said, "This place is always kept so clean."

Visiting Care Homes

- The care home's approach to visiting followed current government guidance and the impact on people in

relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- The home kept regularly reviewed accident and incident records to reduce the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were confident in and prepared to use.
- Any safeguarding concerns and complaints were reviewed, responded to and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them from happening again. This was shared and discussed with staff during team meetings and handovers.
- Healthcare professionals thought the home provided a safe environment for people to live in.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed, and care provided appropriately. This meant their needs were met effectively.
- People said, and our observations indicated, the service was effective. People's positive and relaxed body language towards staff confirmed this. The feedback from healthcare professionals was that the service was effective.
- People's physical, mental and social needs were assessed, and their care, and support were delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies.
- A thorough assessment of people's needs was conducted by various external mental health and social care professionals and agencies. These assessments helped the provider identify people's emotional needs, which reflected the Care Programme Approach (CPA), a type of care planning specifically developed for people with mental health needs. People were invited to view the service, introduced to people already living there and staff identified if they wished to move in. The speed of the pre-admission assessment and moving to the service took place at a pace that suited people's needs.

Staff support: induction, training, skills and experience

- Staff were provided with induction and mandatory training. This enabled them to support people in a way that met their needs effectively.
- Staff told us the training they received was always relevant and enabled them to meet the needs of the people they supported. A member of staff said, "We have lots of mandatory refresher training, so that helps us keep our knowledge and skills up to date."
- Staff told us they received a mixture of e-learning and in-person practical training that was refreshed at regular intervals. This ensured staff's knowledge and skills remained relevant. New staff were also able to shadow more experienced ones as part of their induction. This improved their knowledge of people, their routines and preferences.
- Staff demonstrated good awareness of their working roles and responsibilities and said they received all the support they needed to perform their duties well.
- The training matrix identified when mandatory training required updating. There was specialist training specific to people's individual needs, with detailed guidance and plans. This included dementia awareness and cognitive issues, seizures and epilepsy.
- The training staff received was based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. The expectation was that staff would

complete the certificate, and support was available should staff need it.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficiently to maintain a balanced diet. This supported people to keep healthy.
- People told us they were happy with the overall quality and choice of meals and drinks they were offered at the care home. A person said, "The food is all right. Some days are better than others, but it's always edible." A second person added, "I am a vegetarian and the staff make sure they no longer prepare me any meals with meat in them. You always get a choice about what you can have for your breakfast here."
- Staff observed and recorded the type of meals people ate and encouraged a healthy diet to ensure people were eating properly. Whilst prompting people to eat healthily staff also supported people to eat meals they enjoyed.
- People's care plans included health, nutrition and diet information with health care action plans. These included nutritional assessments that were regularly updated and there were fluid charts, if required. Staff working with other agencies to provide consistent, effective, timely care
- Staff supported people to keep in good health by maintaining good working relationships with external healthcare services and providing ongoing healthcare support.
- There was written information provided for health and hospital visits as required.

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

- The home was appropriately adapted, equipped and decorated and furnished to a reasonable standard. The people's needs were met.
- People told us the service was a relaxed and comfortable place to live. A person said, "I Like my bedroom it's got everything I need."
- We saw the premises were kept free of obstacles and hazards which enabled people to move safely around the care home.

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

- People told us the service was good at helping them access external health care services, gave support when they needed it, and collaborated well with community mental health care professionals and agencies. A person said, "Staff always help me make my appointments so I can see my GP and psychiatric nurses whenever I need them."
- Records showed staff ensured people routinely attended scheduled health care appointments and had regular check-ups with a range of health and social care professionals including, their GP, community psychiatric nurses and dentist.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. 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.

- Staff understood their responsibilities regarding the MCA and DoLS.
- Everyone using the service who required them, had DoLS authorisations in place.
- Mental capacity assessments and reviews took place as required.
- Consent to treatment was obtained and recorded in care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's human rights and diversity were respected, and they were treated with compassion and kindness by staff. This meant their rights and dignity were maintained and they were involved as partners in their care.
- People typically described the staff as "friendly" and "kind." A person told us, "The staff are nice here. Always friendly." A second person added, "The staff treat us well at the home."
- People looked at ease and comfortable in the presence of staff and the interaction with people was characterised by warmth. Staff spoke about people living in the care home in a very respectful and positive manner.
- People's positive and relaxed body language and affectionate response to staff showed they felt well cared for, enjoyed staff's company, and were relaxed in it. People also looked very comfortable with each other, and smiled and laughed a lot, during our visit.
- Staff knew about people's diverse cultural heritage and spiritual needs and how to protect people from discriminatory behaviours and practices.
- Care plans contained detailed information about people's spiritual and cultural needs.
- Staff demonstrated a good understanding of people's spiritual needs, wishes, and cultural heritage. One person said, "They respect me and my beliefs."
- The feedback from healthcare professionals was that the service provided a caring environment due to the positive approach and attitude of staff.
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognising and respecting their differences. This was reflected in inclusive staff care practices that made sure no one was left out. People were treated as adults, staff did not talk down to them and they were treated respectfully and equally.

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

- People were supported to express their views and involved in deciding their care through regular house meetings and care plan reviews. This meant they had control over their lives.
- People's care plans clearly identified how people expressed themselves, which enabled staff to support people to make informed decisions.
- Staff told us regular group meetings were held in the care home for people who lived there to help staff plan the weekly menu, discuss social activities they might like to participate in and raise any concerns they might have.

- Staff knowledge and experience of people's likes, dislikes and preferences was built up by people and staff forming relationships, and bonds. It was demonstrated that these methods worked by people doing activities they had chosen.
- People told us they were able to express their choices and live their lives the way they wanted. One person said, "I can do what I want."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was promoted by staff being committed to the people they cared for, and delivering care with kindness, in an empowering and nurturing way. Their knowledge of people, their wishes and preferences meant people were respected and their right to privacy, dignity and independence was observed.
- People were actively encouraged and supported to maintain their independent living skills. They did as they pleased with staff support.
- People told us staff supported them to be as independent as they wanted to be. A person said, "I often go out on my own to buy food at the local shops and will probably go out later today." We observed several people throughout this inspection make themselves hot drinks in the communal kitchenette and leave the care home unaccompanied by staff. Staff confirmed most people who currently lived at the care home were able to travel independently in the wider community safely.
- Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.
- People said staff respected their privacy and dignity and were aware of the importance of recognising this was someone's home, treating it with respect and acting accordingly. One person said, "Staff do knock on my bedroom door before they come in." We observed staff knocking on people's bedroom doors and waiting to be invited in by the occupant throughout our inspection. A relative told us, "The staff appear to be well trained, friendly and observe dignity." A member of staff told us, "I always make sure I close the bathroom door whenever I support anyone with their personal care."
- Staff were trained to respect people's rights to be treated with dignity and respect and provided support accordingly. This took place in an enjoyable environment and was reflected by positive staff practices throughout our visit. Staff were caring, patient and provided friendly support that respected people's privacy. This included discreetly attending to people's personal care needs.
- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. There was a visitor's policy that stated visitors were welcome at any reasonable time with the agreement of people. Relatives said they were made welcome, treated with courtesy and this was what we found when we visited.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received planned person centred care that meant they had choice, control and their needs and preferences were met. People's positive responses reflected the appropriateness of the support they received.
- People told us staff gave them choices about how they lived their lives. A person said, "I can choose when I get up and go out. The staff also know I like to eat my meals in my bedroom and they respect my wishes on this."
- Senior management cover and staff made themselves available to people and their relatives to discuss any wishes or concerns they might have. People said staff met their needs and wishes in a timely way and manner that people were comfortable with and enjoyed.
- People and their relatives were encouraged and supported to participate in care planning. People's care plans were individualised and recorded their interests, hobbies and health and life skills needs. This was as well as their wishes and aspirations and the support required to achieve them. People's care and support needs were regularly reviewed and updated to meet any changing needs with new objectives set.
- Care records were kept securely and access was limited to those with overall responsibility for the day-to-day care of people using the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the provider and staff with easy to understand written information provided for people and their families.
- The provider met people's communication needs by providing staff with training and information about people's communication preferences, which were recorded in their care plans and guidance on how best to communicate with them.
- One person said staff communicated clearly with them which enabled them to understand what they meant and were saying. They were also given the opportunity to respond at their own speed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation by staff encouraging them to develop and maintain relationships. They were supported to participate in various recreational activities at the care home.

People's care plans contained information about their social interests. There were also support plans. One support plan helped staff support a person who was at risk of becoming socially isolated in their bedroom.

- There was access to a range of facilities and dedicated spaces within the care home, and garden where they could take part in organised activities or just relax.
- Staff supported people to plan and attend social activities and events that they had expressed a wish to participate in. Activities included handicrafts and art sessions. One relative told us, "We are aware of day trips, holidays and [Person using the service] has 2 peer support workers who each visit him weekly. They engage in going to the gym, taekwondo classes, walking and trips to coffee shops."
- The feedback from healthcare professionals was that the service worked hard to promote and maintain professional links to ensure that people had access to the external support they required.

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording and investigating complaints, that was followed. One person told us, "When I'm not happy about something here I do feel able to talk to staff about it. They do listen to us."
- People said any complaints or concerns were appropriately addressed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a person-centred culture that was open, inclusive, and empowering.
- People told us the home was well-led and this was reflected in people's positive, relaxed body language towards the proprietor, manager and staff which indicated the service was provided in a way that met their needs. One person said, "I think the place is well-managed by the people in charge and all the staff that work there."
- People and relatives said the home was well organised and run. Staff worked hard to meet people's needs, and make their lives enjoyable.
- People had the services provided explained to them and their relatives so they understood what they could and could not expect from the home and staff. This was revisited in the statement of purpose and guide for people that also set out the provider's vision and values. Staff understood them, and people said this was reflected in staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour responsibilities and was open and honest with people when things went wrong.
- People and their relatives were told if things went wrong with their care and support and provided with an apology. This was due to the provider and staff contributing a positive and proactive attitude.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider, manager, and staff clearly understood their roles, the quality assurance systems and there were clear lines of communication. This meant the service ran smoothly.
- People living at the care home and staff working there all spoke positively about the way the service was well run. One person told us, "They do a good job, in a nice way." A relative said, "The home in our opinion is exemplary and has no shortcomings."
- The quality assurance systems contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, and occurrences, such as accidents and incidents. Staff knew they had specific areas of responsibility such as record keeping and medicines management and

carried them out well. This was reflected in the praise from people and their relatives.

- The provider, team, and staff carried out regularly reviewed audits that were kept up to date. These included care plans, care notes, rehabilitation activities, communal meetings, documentation and health and safety. There were also a development plan. This meant people received an efficiently run service.
- Records evidenced safeguarding alerts, complaints and accidents and incidents were investigated, documented and procedures followed. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home clearly displayed their previous CQC inspection report and rating in a communal area, ensuring this information was accessible to everyone living in or visiting the care home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives, and staff were engaged by the provider, listened to and their wishes acted upon.
- People, their relatives and staff told us they had the opportunity to voice their views about the service. The management team, and staff checked during our visit that people were happy and getting the care and support they needed in a friendly family environment. One relative said, "We get involved in video meetings attended by the homeowner, staff, psychiatrist, and the peer support workers."
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group supervision and work performance appraisal meetings. Staff told us they received all the support they needed from the service management. One staff member said, "We feel listened to and our opinions valued."
- The home sent out surveys to people, relatives and staff and suggestions made were acted upon. The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Relatives said they had regular contact with the home and were kept informed, and up to date with anything about people, good or detrimental and adjustments were made from feedback they gave.

Continuous learning and improving care

- The service improved care through continuous learning.
- The staff team regularly discussed good practice and guidelines during meetings. There were also policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the management team, staff and the provider to learn from and improve the service.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The home maintained close links with services such as GPs, and mental health support teams. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Healthcare professionals thought the home was well managed and there were good lines of communication.

