Crecy Care Home Limited

Crecy Care Home

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Crecy Care Home 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.

Crecy Care home was registered for 40 people . There were 34 people living in the home at the time of our inspection. People had a variety of care and support needs related to their physical and mental health.

This unannounced inspection took place on the 8 and 12 December 2017 with final calls being made on 29 December 2017. At our last inspection in June and July 2016 we identified breaches of regulation. These breaches were related to risk management and the use of monitoring to ensure improvements in the environment. At this inspection we checked to see if the provider had made the improvements necessary to meet the requirements of these regulations. We found that people were protected from harm associated with identified risks and that environmental improvements had been made.

There was a registered manager for the service. 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.

People, professionals, staff and relatives all spoke highly of the home and identified the respectful and individual care and attention that people received. The service was very caring. People received compassionate and kind care from staff who went the extra mile to promote their well-being. For example one member of staff was sourcing televisions for people who he had noticed had often lost these belongings after years within mental health services. The caring nature of the staff team was also reflected in highly personalised end of life care that staff were able to provide due to their knowledge of people and the supportive and respectful relationships they developed.

People were happy with their care and they shared appreciation and confidence in the staff team. They told us the staff were kind and friendly. Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection.

Staff were consistent in their knowledge of people's care needs and spoke with confidence about the support people needed to meet these needs. They told us they felt supported in their roles, by the management and by colleagues. They told us they had taken training that provided them with the necessary knowledge and skills to carry out their roles. There was a plan in place to ensure staff received refresher training as deemed necessary by the provider.

People felt safe. They were protected from harm because staff understood the risks people faced and how to reduce these risks. Measures to reduce risk reflected the person's preferences. Staff also knew how to

identify and respond to abuse and told us they would whistleblow if it was necessary.

People told us they received the care and support they needed. People had support, care and considerate attention, when they needed it, from staff who had been safely recruited. People also told us they saw health care professionals when necessary and were supported to maintain their health by staff. People's needs related to ongoing healthcare and health emergencies were met and recorded. Health professionals told us that staff followed guidance and ensured they had the information they needed. People received their medicines as they were prescribed.

Staff understood how people consented to the care they provided and encouraged people to make informed decisions about their lives. Care plans reflected that care was being delivered within the framework of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been applied for when necessary.

People enjoyed their food and there were systems in place to ensure people had enough to eat and drink.

People were able to fill their time with activities that reflected their preferences, including individual and group activities both in the home and the local area.

Quality assurance systems were effective in securing improvements in the quality of care people received. People and relatives felt that they were listened to and their views were considered and acted upon.

Where people had received end of life care at Crecy Care Home feedback from relatives and professionals was consistent in its acknowledgement of the kindness, compassion and professionalism of the staff team. Compliments highlighted that staff ensured people's wishes and needs were respected and met.

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. People felt safe and there were enough staff to meet their needs. People were supported by staff who understood the risks they faced and spoke competently about how they reduced these risks. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. People who were able to consent to their care had done so and told us they directed the care they received. Staff provided care in people's best interests when they could not consent. Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately. People's needs had been assessed and they were cared for by staff who understood these needs. People had the food and drink they needed and saw a range of health professionals when they needed. People lived in an environment that was being utilised effectively to support their day to day lives.

Is the service caring?

Outstanding ☆

The service was exceptionally caring. People received compassionate and kind care from staff who went the extra mile to promote their well-being. Staff communicated with people in a friendly and warm manner. Staff developed relationships with people and took the time to get to know them individually. This provided the basis of caring person centred care. They treated all people, visitors and colleagues with dignity and respect. People and their relatives were listened to and felt involved in making decisions about their day to day care.

Is the service responsive?

Good

The service was responsive. People told us they were supported to live their life the way they chose to. People , and relatives, were confident they were listened to and knew how to complain if they felt it necessary. People were cared for with compassion at the end of their lives.

Is the service well-led?

Good

The service was well led. People, relatives and staff had

confidence in the management and spoke highly of the support they received. There were systems in place to monitor and improve quality including seeking the views of people and relatives. Staff were committed to the ethos of the home and were able to share their views and contribute to developments.

Crecy Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 8, 12 and 29 December 2017 and was unannounced. The inspection team was made up of two inspectors. An inspection manager also visited the service on the second day of our inspection.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather current information about the PIR content during our inspection.

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. We also observed care practices, spoke with 12 people living in the home, four relatives, six members of staff, the registered manager and two senior members of staff from the provider. We also looked at five people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits and accident and incident forms. Following the inspection we asked the registered manager to send us information about planned decorative work. We received this information as agreed.

We also spoke with five healthcare professionals who had worked with the service.

Good

Is the service safe?

Our findings

At our previous comprehensive inspection in July 2016 we identified that the risks associated with eating and drinking were not being monitored safely. There was a breach of regulation. The provider wrote to us and told us they would meet the requirements of the regulation by October 2016. At this inspection we found that these improvements had been made and the risks associated with eating and drinking were managed effectively.

People told us they felt safe and relatives shared this feeling. One person told us: "I feel safe. The staff here are good to people." A relative reflected on how the staff communicated with them to reduce risks: "They (loved one) are very safe. We can talk with the manager or staff about any little problem and it is addressed. They phone us if anything changes." People described what made them feel safe including kind and attentive staff and were confident they could tell someone if this changed. Some people could not communicate with words about their experience of care. They were relaxed around staff and initiated interaction. This was evidence of their comfort and ease.

There was a safeguarding policy in place which had been reviewed by the provider in April 2017. The procedures contained the latest contact details for the local safeguarding team. Staff had all received training in how to follow the safeguarding process and were able to describe how they would report suspected abuse. They were confident any concerns would be taken seriously and acted on. One member of staff told us: "If I noticed changes in a person I would talk with senior staff first. I would also contact safeguarding if necessary." The registered manager assured us that if it was identified as appropriate, people would be provided with access to an independent advocate to support them through the safeguarding process.

People were supported by staff who understood the risks they faced and respected their right to live full lives involving risk taking. This approach was supported by organisational policy and the behaviour of senior staff. Staff described the risks people faced and the measures that were in place to mitigate these risks. Risk assessments were in place for each person. These assessments reflected individual need such as those associated with: people's mental and physical health; eating and drinking safely; skin damage and falls. Staff described the individualised responses to these risks explaining how to approach and speak with people, what distractions worked best for individuals and understood how people's previous experiences impacted on how they took risks. One person declined food and drink regularly and staff described how they always left them drinks within reach irrespective of what they said as they would often drink if this was done. The fluids the person drank were monitored and showed this technique was working. This helped ensure they maintained a safe level of hydration. Where people faced risks associated with social isolation, lifestyle choices were considered in the support they received. This approach meant that equality was considered and people were protected from discrimination.

Equipment owned or used by the registered provider, such as specialist beds and hoists, were suitably maintained. Effective systems were in place to ensure equipment was regularly serviced, and repaired as necessary.

There were enough staff on duty to meet people's needs. People told us that staff were sometimes busy and we saw this was the case, however, staff also had time to sit and chat with people and did so throughout our visits. We spoke with the registered manager who explained that staffing levels were determined with a dependency tool that reflected both physical and mental health needs. They told us the rota allowed staff to meet people's care and social needs. This promoted people's well-being. The service also employed cleaning, kitchen, and maintenance staff to help ensure the service ran effectively. These staff received appropriate training and were actively involved with people living in the home and worked effectively with the care team.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. People were encouraged to contribute to the recruitment process when possible. Candidates were invited to visit the home and this gave people a chance to meet them.

Staff received effective training in safety systems, processes and practices such as in moving and handling, fire safety and infection control. Staff were clear on their responsibilities to ensure infection control was effectively managed. Staff had also received training on how to use equipment to help evacuate people from the building in an emergency.

The registered provider had a policy regarding the operation of the medicines system based on current guidance such as issued by the Royal Pharmaceutical Society and NICE (The National Institute for Health and Care Excellence). This policy covered the administration of covert medicines (medicines hidden in food and drink) and self-medication. Pharmacist advice had not been recorded regarding the administration route of covert medicines. We raised this with the registered manager who took immediate action to ensure this advice was recorded.

The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had undertaken training and had their competency assessed. Some medicines were being used that required cold storage, there was a medicine refrigerator at the service and the temperature was monitored and within the acceptable range. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines which required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Refused medicines were kept securely and returned to the pharmacy. Medicine Administration Records (MAR) were completed and audited appropriately. Medicines were given in a way that promoted independence and individual preference. For example one person took the medicines out of their container and took them individually. Staff waited and observed this process unobtrusively to ensure safety respectfully.

People were supported to access their GP's, mental health nurses and other consultants who prescribed and reviewed their medicines. Where necessary staff appropriately consulted with medical professionals to ensure types and dosages of medicines prescribed were helping people with their health needs. Health professionals were confident in the feedback and observations of staff.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incident records were all read by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned and shared amongst the staff team and measures put in place to

reduce the likelihood of reoccurrence. For example, one person was at risk of falls and staff were aware of this and checked on them regularly.

People's rooms and communal areas were cleaned throughout our inspection and staff wore gloves and aprons appropriately. Infection control measures were understood by staff and people were supported subtly and respectfully where their own behaviour may have impacted on others well-being.

Good

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any decisions 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). MCA assessments and best interest decisions covered whether people should receive their care the way they did. This included for specific decisions such as whether staff should administer their medicines and whether an alarm system was appropriate to reduce the risks a person faced.

There were systems in place to check if people living at Crecy Care Home had a Lasting Power of Attorney (LPA) for health and welfare arrangement in place. This means they would have appointed people to help them make decisions or make decisions on their behalf. The registered manager understood this process and where these arrangements were in place the LPA was consulted appropriately.

DoLS applications had been made where appropriate and where applications had been made the registered manager liaised with local authority, who supervise this process. Where people had conditions attached to the DoLS these conditions were met and records reflected this.

Staff had received training in MCA and DoLS and demonstrated an understanding of the principles of the legislation. People were asked for their consent before care was delivered. Staff informed people of what they were doing and asked permission before giving personal care. Daily notes showed that, when people chose not to receive personal care, this was respected. Staff supported people to make as many decisions as possible by considering when and how they were asked to make them. For example, people were asked where they wanted to sit at lunchtime and given the information they needed to make informed choices.

Before moving into the service people had their needs assessed across a wide range of areas. This assessment process identified initial support needs and enabled the service to determine whether or not they could meet those needs. The assessment policy made it clear that no one would be discriminated against at admission and staff described how each person would be treated with respect. This meant people were protected from discrimination on the grounds of their gender, race, sexuality, disability or age. We spoke with a health professional who reflected on this in their comments, on the positive attitude of staff when assessing and planning care for a person who had long standing complex mental health needs. Admission assessments on people's files identified basic needs. These assessments were used to develop a care plan for the person so care was delivered in line with current legislation, standards and good practice guidance. The registered manager described how they kept abreast of good practice and developed their knowledge. Staff knew people well and could identify what mattered to them and what they wanted to

achieve.

The use of technology and equipment to assist with the delivery of effective care, and promote people's independence was being explored. There was a call bell system which people could use to alert staff in an emergency and people were supported to use technology. One person had been helped to set up a means of watching films by a member of staff who had realised how important this was to them.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. The staff team was mostly made up of experienced staff who had worked in the home for a number of years. New employees completed a comprehensive induction programme. This consisted of a mix of training and shadowing as well as an introduction to organisational policies and procedures. The induction was designed to reflect the standards required by the Care Certificate. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. The induction process supported staff to familiarise themselves with the organisations' approach to equality and diversity. Staff all spoke about the importance of meeting people as they were and valuing and respecting their individuality.

Records showed staff received comprehensive training which enabled them to carry out their roles. For example, care staff received training in first aid, fire safety, infection control, moving and handling and safeguarding.

Staff told us they felt supported by their colleagues and the registered manager. They all commented on how accessible the registered manager was. One member of staff reflected on the support of the whole staff team saying: "It is like my family." There was a system in place for staff to take part in regular supervision and appraisal sessions. This gave them an opportunity to discuss any concerns, highlight any training needs and discuss their career. Staff were taking nationally recognised training courses to develop their own skills and knowledge.

People were involved in decisions about what they ate and drank. People were asked about what they liked to eat as part of their assessment process and this included any dietary, cultural or religious needs. People fed back about the food frequently and were asked whether they enjoyed the food. If people changed their mind about their choice of food they were offered alternatives. Choices were offered verbally and some people living in the home were using pictures to communicate. The registered manager described how they planned to extend the range of this communication tool.

People were supported to have a balanced diet that supported their health and well-being. Some people had been identified as being at risk because they did not want to eat or drink enough to maintain their health. Food and fluid charts were kept and people's intakes were monitored and their weight was regularly checked. Care plans contained guidance for staff on how to support people to eat enough and information about people's preferences. Where people had safe swallow plans drawn up by a speech therapist these were followed.

The Food Standard Agency had awarded a top rating of five following an inspection in January 2017. This meant they had met standards of hygiene and safety. Kitchen staff were aware of people's specific needs. They were knowledgeable about people's likes and dislikes and demonstrated a creative approach to encouraging people to enjoy food.

Meals were spaced and flexible to meet people's needs. People chose where they ate their meals.. We observed people at lunch and saw it was a relaxed and social occasion. People were able to take their time

eating. Some people required assistance and this was done patiently and with kindness. Most people told us they enjoyed the food. Comments included; "The food here is good" and "I ask for tea and I get tea."

People's day to day health needs were dealt with in conjunction with health care professionals. One person told us: "They look after us." Healthcare professionals described how staff in the home made contact appropriately and followed guidance. Records showed that people had regular contact from a range of health professionals such as: nurses, GP's, mental health nurses, dentists and, opticians. People's views, histories and lifestyles were respected as part of the support they received to maintain their health.

The physical environment was being used in a way that supported: independence, people to maintain relationships and spend their time meaningfully. One person told us: "It is a community here. We sit and speak with each other." Another person sat alongside their friend smiled and told us: "We sit together." The service was on four levels and there were working lifts in place but consideration was given to people's mobility at assessment. There was access to secure outdoor spaces where seating and planting provided a pleasant environment. Work was planned to enable people who used wheelchairs to access all parts of the garden. The house alongside the main home provided a more self-contained living for people who did not need staff with them all the time. The registered manager acknowledged that this house required decorative work and new furnishings to ensure a clean environment could be maintained that reflected the preferences of the people living there. They spoke with their line manager about this during our inspection and were given assurances that this would be addressed.

Outstanding ☆

Is the service caring?

Our findings

The service was exceptionally caring. People who often had histories of being rejected by services, due to the challenges they could present, were respected and valued as individuals. A healthcare professional told us staff 'can see beyond challenges'.

One person told us: "It is a bit like a club here. It grows with the people." Feedback on the caring approach of the staff team was universally positive. People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people included: "The staff are all really lovely." and "they are alright" said with a smile by a person who was not effusive in their praise of anything during our visit. Other people, who did not use words as their main means of effective communication, came and found staff engaging in what was clearly well rehearsed and reassuring banter and laughter. For example repeated phrases, or requests, were met with warmth and shared humour. Relatives commented on how happy they were with the care their loved ones received. One relative told us: "Things could not be better. They are all wonderful." The relatives we spoke with said they could visit the service at any time and always felt welcome.

Staff all told us they enjoyed their work and liked spending time with the people they supported. They were kind, compassionate and caring and spoke with enthusiasm for their work. They all expressed their motivation for their work being the people living in the home making comments such as: "The main thing is the people. " They also spoke with respect for their colleagues describing how staff went "above and beyond" to ensure people were cared for in ways that made them happy and reduced anxieties. They told us staff would come in when they were meant to be off duty if people needed something or if a colleague was unwell.

Staff cared for people in ways that exceeded expectations. An example shared by the registered manager identified how a member of the housekeeping team had noticed that many people who had spent time in mental health services and living with chronic challenges to their mental well-being didn't have televisions when they moved in. They had resolved to address this and had encouraged anonymous donations and then helped people to set up the equipment and access the sort of shows, music and films they enjoyed. People who had received televisions enjoyed using them to follow current affairs, watch music and films and television shows in accordance with their preferences. We heard from one person about a film they were just about to watch. The staff understood how much they liked this genre of films and the person discussed it enthusiastically with them. The television had enabled this person to enjoy their hobby and provided a conversation topic that supported their relationships with others.

In addition to games and items provided by a reminiscence service, staff had also brought in objects that were placed around the home to add purpose to people's movements. We saw that people stopped whilst walking to pick up objects or to show them to staff or each other. The registered manager explained that staff had gone out of their way to find objects that related to the likes of individual people. For example we spoke with two people with musical backgrounds and there were percussion instruments made available. In some instances these were left in communal areas that the person walked in, in others people were helped

to decorate and furnish their personal spaces with items that reflected their personal preferences. One person had a menu board in the shape of a dog this used the person's love of dogs to encourage them to consider their eating options. Another person loved cats and staff had sourced a lifelike furry cat that could be counted on to stay sat on their lap. These thoughtful and considered actions on the part of staff made people smile and provided them with warm emotional memories.

Staff were very skilled at stimulating people to have conversations and to reminisce. For example, one staff member had some embroidered dresses and cushions and asked people about embroidery, dressmaking and the patterns and flowers. Other staff joined in jokingly modelled the dresses which made all of the people laugh and talk about Christmas parties. Another person was proud of their time as a prefect at a local grammar school and staff sought out memorabilia such as ties and caps to help the person discuss this part of their life. We also heard how these skills enabled staff to understand people's life experiences and use this information to personalise the support they provided. For example a conversation that identified a person's love of boats and animals led to regular trips to the harbour and a farm for one person, allowing them to reconnect with their life before they needed care and support. People's strengths and interests were also used to help solve practical problems. One person had been unable to use the call bell system due to the impact of their dementia. A member of staff who understood how much this person enjoyed old motorbikes had found a rubber bulb horn and attached it to the person's walking aid. This innovative and person centred action had enabled the person to 'honk' to get staff's attention. The registered manager identified that this had gone some way to resolving the person's difficulty in making their needs known.

A professional shared another example about how staff supported a person with care at the end of their life. They told us; "They looked after them so carefully." They told us the staff knew the person so well and that they were able to provide absolutely individualised care that the person, who struggled to accept care due to their complex mental health needs, was able to tolerate. They did so by working with the person at their pace, in a way that was acceptable to the person. The health professional was convinced that nowhere else would have been able to provide this care. This meant the person retained their dignity and was kept comfortable.

We also received feedback from a range of professionals about the way another person had been supported at the end of their life. This had been a challenging experience for staff due to the choices the person made about how they faced their death including a refusal of all medical intervention. Staff described how they had supported each other and were supported by senior staff to respect the person's choices and this enabled them to provide continued, empathetic and respectful care that did not reflect their own wishes as individuals, and as a staff team, for the person to be free from pain.

The staff also cared for each other and we heard examples of how where individual staff faced serious challenges in their personal lives how colleagues and senior staff provided support that made them feel safe and enabled them to carry out their work supporting the people living in the home.

Throughout our inspection there was a calm and welcoming atmosphere in the home, punctuated regularly with singing, banter and laughter. We observed all staff interacting with people in a caring and compassionate manner. For example, during lunch staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle when needed. One person was upset and they were offered help and reassurance in a way that responded to their emotional needs and respected their need to determine when and how they were helped.

People were encouraged to use all the communal areas in the main house. People in the first floor lounge were very relaxed and comfortable in each other's company. They chatted with each other, held hands and

actively engaged with one another and staff. One person whose bedroom was on the lower ground floor chose to spend time with people on the first floor. Staff encouraged and supported people to make and maintain friendships and they recognised that this increased people's well-being. Throughout our inspection people spent time in small groups or in pairs caught up in conversation or sharing time when conversation was not possible due to the impact of dementia.

Staff took time throughout the day to sit and talk with people in the lounges and visiting people in their rooms. Some conversations were light hearted and familiar and this was appreciated. One person took a break from laughing at the festive antics of one member of staff to tell us: "We do like to laugh."

Staff were also quiet and attentive when people needed reassurance or were focussed on a task that mattered to them. We spoke with staff about people who could no longer communicate easily with words due to the impact of dementia and they described how a combination of their facial expressions, movements they made and noises communicated how they felt and what they might need. One person who was living with dementia became anxious about the people they were sat with staff immediately noticed this and reassured them that they were safe. The staff quickly recognised the person may be more comfortable sitting elsewhere and offered to take them to another quieter seating area. Staff knew people very well and were very in tune with their emotions and feelings. This meant they noticed any slight changes in people's well-being and were able to respond to this. Relatives of people with dementia commented on the staff's ability to support their loved ones. One relative told us that this was because they: "Know and care about (the person)"

People and their relatives told us staff respected people's privacy and dignity. Staff knocked on people's doors before entering and did not share personal information about people inappropriately. Where possessions were important to people their bedrooms were personalised with belongings, such as furniture, photographs and ornaments. One person spoke with us about the pictures on their wall and another person had photos within their line of sight as they chose to spend a lot of time lying on their bed. People were encouraged to make decisions about their appearances for example what they wished to wear. People appeared well cared for and staff supported them with their personal appearance. Some people were not interested in this aspect of life and staff were respectful of this, providing appropriate and unobtrusive support for people to maintain their personal hygiene and maintain a safe environment for others.

Staff supported people to maintain their independence in all aspects of their lives and the impact of this support was evident throughout our inspection. For example, a person needed some physical assistance and lots of verbal encouragements to stand and transfer from their chair to wheelchair. Staff quietly, calmly and patiently talked the person through how they could stand up themselves and offered lots of reassurance that they could do it. Staff were not rushed and eventually the person was reassured enough that they could stand up and they smiled when they were able to.

This promotion of independence also extended to supporting people appropriately to retain autonomy and dignity whilst expressing their sexuality. This had been achieved through discreet and respectful support from staff who understood the importance of this aspect of people's lives and felt enabled to provide appropriate support. The registered manager told us: "Staff felt strongly that sex and sexuality is something that should be discussed within a care setting and were happy to have what many may see as difficult conversation after noticing what would otherwise have been an unmet need for this resident."

Independence was promoted whenever possible. One person explained how much they valued this support and told us: "They are helping me with my confidence." Another person said: "I used to be critical but I see they are very effective and good now." Some people had lost skills because they had spent long periods of

time living within mental health services; others were at risk of losing skills. This was addressed by staff who supported people to use domestic appliances such as the washing machine. The impact of this focus on independence was profound for some people. One person, who had needed one to one support when they moved into the home, had started to go out independently as a result of planned support and the trust they had built with the staff team. The person was described by the registered manager as having achieved this due to the 'trusting and therapeutic relationship' they had established with the staff supporting them. When people became more independent this was addressed. The registered manager had highlighted to professionals that a person did not need as much support as they had done previously. They had advocated that support to enable this person to return home should be considered and this process had been started

People's cultural and spiritual needs were respected. Some people had visitors from a local church and others expressed their spirituality in a way that suited them. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms including time spent in privacy. The support people received to stay in touch with people who mattered to them was specific to each individual. For example one person now met up with a relative in a local pub rather than in the home and this had increased their contact. When staff felt they needed guidance about how to support people with their emotional well-being and relationships they sought it from appropriate professionals.

Good

Is the service responsive?

Our findings

People were supported to live their lives the way they chose and staff respected these choices. Staff described people's needs without judgement and emphasised people's individuality in all their discussion with us. Care plans were current and covered a range of areas including mobility, communication and nutrition and hydration. They were individualised with some information about people's likes and dislikes. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people safely.

Care plans were updated as people's needs changed and reasons for the change were recorded. When care plans had been updated it was clear what had changed and why this change had been made. This meant it was possible to monitor people's changing needs.

Professionals spoke highly of the staff's ability to respond to people's needs. One visiting professional told us: "A commendation on Crecy is that they are able to take complex patients other people are rejecting." and "Crecy have handled it well they can see beyond challenges." Another health professional told us: "There are a lot of complex people here. They do really well. People go out a lot."

There was a focus on ensuring people had meaningful things to do with their time. An activity co-ordinator supported group and one to one activities. People told us that staff spent time chatting with them and they enjoyed this. We also saw and heard about musical entertainment and animals visiting the home. There were activities available throughout the home and people were prompted to stop and talk about items or do puzzles by staff. People were also being supported to go out into town; for walks, to go shopping, and to meet friends and family in the pub. People's care plans included information about how they enjoyed to spend their time and this information was being developed. The garden was being developed as an accessible part of people's lives. Chickens had moved into a secure home and people had chosen names for them. A wildlife area was also being developed to encourage people outside. Events were also organised to celebrate important events in people's lives, and the lives of those they cared about.

Any communication needs were identified at assessment before people moved into the service. These were recorded in the care plan so staff had information about people's needs. The care plans were updated to reflect changes and new information. One person was registered blind and they had a copy of their care plan and all information about staying safe and complaining made available to them in braille.

There was a system in place for receiving and investigating complaints. People and relatives confirmed they knew how to make a complaint and felt any concerns raised would be dealt with to their satisfaction. They told us they did not have any complaints. There were no on- going complaints at the time of the inspection.

People were cared for in ways that met their own wishes at the end of their lives. We heard from visiting professionals about the individualised care that people had received. Where appropriate people had a care plan which outlined their wishes and choices for the end of their life. When appropriate the service consulted with the person and their representatives about the development and review of this care plan.

The staff all expressed pride in the support they provided to people at the end of their lives and this pride was justified by the comments made by professionals and relatives. The registered manager was championing person centred end of life care that included ensuring that: "whatever we need to facilitate we will facilitate." Staff and people were offered support and care when a person in the home passed away. We heard from staff about how individuals grieved when a person had died and how they had been supported to discuss this in a way that suited them. People were offered the opportunity to attend funerals alongside staff who had cared for the person. When we visited a member of the staff team had made Christmas wreathes in remembrance of the people who had passed away in the home. The home had received compliments from relatives of people who had died. These compliments highlighted the kindness and compassion of staff.

Good

Is the service well-led?

Our findings

At our previous comprehensive inspection in July 2016 there were areas in the home that smelled strongly of urine and the oversight systems had failed to address this. There was a breach of regulation. The provider wrote to us and told us they would meet the requirements of the regulation by October 2016. At this inspection we found that these improvements had been made and the home smelled pleasant throughout.

The home had a knowledgeable and enthusiastic registered manager in post and a stable staff team had been established. The registered manager worked within the service so they were aware of day to day issues and knew all the people living there well. People reacted with familiarity to them and this was reciprocated. The registered manager spoke highly of the whole staff team and explained they were all motivated to do the best for people. They told us that nurturing the staff team to be secure and supported was an important motivation for them and they saw this benefitting the people living in the home. Staff had access to training to develop their knowledge and support to implement this knowledge. The manager utilised different methods with different members of staff to ensure they were able to contribute to developments and decisions in the home. Staff appreciated the support they received both from the registered manager and other senior staff in the home. One member of staff told us: "It is a good place to work. We are supported." Policies reinforced the importance of professional and personal development.

Professionals and relatives also spoke highly of the registered manager commenting on their knowledge. They had utilised this knowledge to build links with a local college where they spoke with students and provided an opportunity for work placements. The college wrote thanking them for the support student's received.

Staff spoke with pride about their own work and that of their colleagues in securing good outcomes for people. There was a culture of openness evident. Staff and relatives described this and records indicated that information was shared with significant others after incidents or near misses. Staff told us they would be confident to whistleblow if this was necessary. They were appreciative of the openness and availability of the registered manager to address any concerns. The registered manager shared a "permission to" activity which whilst light hearted in its approach was designed to encourage staff to make requests and make challenges with the aim of improving people's experience of care and staff's experience of support. When given to the staff it was immediately put into action with a member of staff requesting resources for some craft work.

The service had a clear management structure with senior staff working within the home and the registered manager reporting to their line manager from the provider organisation. The registered persons had ensured all relevant legal requirements, including registration, safety and public health related obligations, and the submission of notifications had been complied with. There had been some confusion regarding notifications when the local authority identified concerns did not meet their safeguarding threshold. This was addressed immediately.

The previous rating issued by CQC was displayed in the home in a prominent permission. The registered

manager said issues relating to previous inspections had been communicated to staff and staff reflected open discussion about areas where improvement could be made. The registered manager explained staff had a clear understanding of their roles and responsibilities and this was evident to us throughout the inspection with communication between staff ensuring that information was shared.

Records were stored securely and there were systems in place to ensure data security breaches were minimised. Staff had log ons to access computer based records and rooms containing records were locked when not occupied by staff.

The registered provider had a quality assurance process that included regular provider visits to the home. This involved a qualitative approach to monitoring with observations of people's experience central to the process. The registered manager undertook audits and these were effective in identifying where improvements were necessary to ensure quality in all areas of the service. Their oversight had been effective in developing quality, for example in improving staff deployment and risk management. The approach to quality assurance also included completion of an annual survey and informal feedback from people. Relatives and people told us they were able to comment on all aspects of the service with confidence.