

Crest Care Solutions Ltd

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Inspection report

400 Thames Valley Park Drive
Reading
Berkshire
RG6 1PT

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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

Crest Care Solutions Ltd is a domiciliary care agency and supported living service, which provides personal care to people living in their own homes in the Reading and High Wycombe area. This includes 24-hour care and support to people living in 'supported living' settings, so they can live in their own home as independently as possible. At the time of inspection, the service was supporting 5 autistic people, with associated complex needs. The service is also registered to support children between the ages of 4 and 18, younger people, older people, autistic people and people living with learning disabilities, mental health needs, dementia and other associated needs.

In supported living services people's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Crest Care Solutions Limited receives a regulated activity. The service supports other people who do not receive personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Staff understood and effectively delivered care and support in accordance with the principles and values of Registering the Right Support and other best practice guidance. This ensured that people who used the service lived as full a life as possible and achieved successful outcomes.

Right Support:

People experienced good quality care with good outcomes. There were enough staff with the right mix of skills and experience to meet autistic people's care and support needs.

Staff had completed required training to support autistic people, those living with learning disabilities, mental health needs and other associated complex needs, including epilepsy.

Staff had been recruited safely, which meant the provider could be assured they were suitable to work with people made vulnerable by their age, autism, learning disability or mental health needs.

Staff had training in safeguarding and knew how to report any concerns. People's risks were clearly

assessed, and clear guidance given to staff to minimise and manage risks safely. People were supported to manage and take their medicines safely and on time.

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 least restrictive practice.

Right Culture:

The ethos, values, attitudes and behaviours of the registered manager and care manager ensured people led confident, inclusive and empowered lives. The provider promoted a positive culture within the service that was person-centred and achieved good outcomes for people.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. People, relatives and staff told us they felt valued and listened to by the registered manager and staff. The registered manager assessed and monitored the quality of the service and effectively operated systems and processes to ensure compliance with the regulations. This meant the provider assured that required learning and improvements had been identified and implemented.

Right Care:

People experienced personalised care which promoted their dignity, privacy and human rights. People and relatives were supported to express their views and be involved in making decisions about their care.

The registered manager and care manager made sure that staffing was organised so that people received care and support from familiar staff. People and relatives told us they experienced good continuity and consistency of staff, who understood how they wished their privacy and dignity to be maintained. This resulted in people feeling they were respected and valued.

Staff had the required skills and time to recognise when and how to give people compassionate support when they needed it. Staff supported people to make choices for themselves and promoted their independence.

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

Rating at last inspection

This service was registered with us on 6 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Crest Care Solutions Ltd

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 a registered manager in post, who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The provider had two directors, including the registered manager. The other director was the care manager, with responsibility for the management of services in the Reading area.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 June 2023 and ended on 24 July 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed notifications and information we had received about the service since the last inspection. We sought feedback from the local authority quality assurance and safeguarding team, and other professionals who work with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and we looked at the content of the provider's website. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We visited the site office on 30 June 2023, reviewed various material in connection with the management of the service. People using the service were not able to communicate verbally with us. We spoke with five relatives and 1 friend to help us understand their experience about the quality of care people received. We spoke with 8 staff, including the registered manager, the care manger and 6 staff. We reviewed a range of documents, including people's care records and daily notes. We looked at 5 staff files in relation to recruitment, staff training and supervision. These included the most recently appointed staff within the service and those subject to the government's sponsorship scheme. We examined a variety of records relating to the management of the service, including the provider's policies, procedures, accidents and incidents and quality assurance audits.

After the site visit, we continued to seek clarification from the registered manager to validate evidence found and received additional documents and information to inform our inspection. We received feedback from 8 health and social care professionals who engaged with the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and community professionals told us people experienced safe care and treatment from staff they trusted. A relative told us, "Yes [person] is safe," and "They [named staff] know what to do if [person] is upset." Another relative told us, "[Person] is just so happy now with [named staff]. He is no longer at risk because [staff] make him happy and know how to support him so his behaviour doesn't escalate."
- Most community professionals said the registered manager and care manager were extremely responsive to people's needs and had a person-centred approach to ensuring people were safe. However, 1 professional had raised concerns about a staff member over-stepping professional boundaries. We reviewed these circumstances and found the provider had engaged effectively with the local safeguarding authority and completed a thorough investigation into the circumstances. The staff member involved had been dealt with appropriately in accordance with the provider's internal safeguarding and disciplinary policy and procedures.
- The registered manager had established and effectively operated systems, processes and procedures to protect people from the risk of poor care. People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and knew how to report any concerns, both internally and externally. Staff understood and were particularly vigilant for the different signs of abuse.
- The provider managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. The registered manager completed thorough investigations in response to any allegation of abuse, to keep people safe from harm.
- Most community professionals told us they were impressed with how quickly the service established consistency and continuity of staff, which provided care to young people with complex needs. However, 1 community professional told us they had been disappointed with the initial care provision by the provider.
- The provider worked effectively with other community professionals and relevant authorities, to make sure people's human rights were safeguarded. For example, oversight by a multi-disciplinary team ensured a person's human rights were respected in relation to a court of protection order. A community professional told us, "As a social worker with complex cases at times needing to find last minute welfare cover, phoning them [provider] has always been the least stressful solution. In terms of the tasks I have asked to be completed, they have done so to the highest standards and raised concerns at the time they were observed."
- Staff were committed to using techniques that promoted the reduction in restrictive practice. The registered and care manager checked staff's competency, to ensure they understood and applied training and followed best practice. □

Assessing risk, safety monitoring and management

- The service had clear processes to assess and manage risks to people, which were reviewed regularly in

response to people's changing needs, to ensure they were met safely.

- People experienced safe care from staff who were aware of people's individual risks. The registered manager and care manager had effectively identified and assessed risks to people, which staff managed safely. Support plans provided staff with the necessary information and guidance to enable them to mitigate identified risks, such as choking, malnutrition, moving and positioning and skin breakdown.
- People's independence was actively promoted, whilst ensuring they were safe. The registered manager, care manager and staff worked closely with people, their families and commissioners of care, to understand how best to manage people's risks, in the least restrictive way.
- Relatives and community professionals consistently told us the registered manager and care manager had empowered them to be fully involved in the needs and risk assessment process. A relative told us, "They [staff] are very good at listening to what we [person and relative] want and how to keep [person] safe". A community professional told us, "The service is very effective at picking up complex care packages at short notice and installing and developing safe and consistent care."

Staffing and recruitment

- There were enough staff, with the right mix of skills, to support people safely, in accordance with their support plans. The registered manager completed a staffing needs analysis before taking on new care packages and told us they were focused on delivering quality care. The registered manager told us they refused to compromise on the quality and safety of people's care.
- Relatives and commissioners of people's care told us people experienced good continuity and consistency of care from regular staff who knew them well. The provider effectively recruited and retained staff who were able to develop meaningful relationships and nurture trust in people.
- The numbers and skills of staff matched the needs of people using the service. For example, the service had enough staff, including for one-to-one support, for people to take part in activities and visits, how and when they wanted.
- Staff recruitment, induction and training processes promoted safety, including those provided under the government's sponsorship scheme.
- The provider had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances. For example, the provider had completed Disclosure and Barring Service (DBS) checks. The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider checked prospective staff's conduct in previous care roles and their right to work in the UK. Where necessary the provider had completed risk assessments to assure that applicants were suitable to support people living with a learning disability.

Using medicines safely

- The provider's policies and procedures enabled staff to manage people's medicines safely, in accordance with current guidance and regulations.
- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. For example, staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by their prescribers, in line with these principles. We reviewed the circumstances of 1 person's medicines and found their prescription had been discharged by their prescribing health care professional. A relative told us, "Because [person] is so happy now and gets on with [named staff] he has been taken off the medicine to control his behaviour."
- People and relatives received support from staff to make their own decisions about medicines, wherever possible. For example, a person experienced a successful outcome, with an improvement in their personal

hygiene. Due to the support from staff, the person's personal hygiene had improved to such an extent that the administration of medicine prescribed for skin infections had significantly reduced.

- Where people had 'as required PRN' medicines, for example for pain or anxiety, there were protocols for their use.
- Records demonstrated that people had received their medicines safely, as prescribed, in a way they preferred, in line with their medicine management plans.

Preventing and controlling infection

- Staff supported people to follow effective infection, prevention and control measures to keep people and staff safe. People had arrangements for keeping their individual homes clean and hygienic.
- Staff had access to personal protective equipment, such as disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong:

- The registered manager had developed an open culture, where staff felt confident to report incidents. Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.
- Staff accurately recorded all incidents and accidents, in accordance with the provider's policy, which the registered manager analysed and investigated thoroughly. Any learning or changes to risk assessments were discussed with staff. The registered manager had ensured that staff took the required action to keep people safe, by reducing the risk of further incidents and accidents.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives found the thorough assessment of their needs and follow up visits reassured them and instilled confidence in the service.
- Before agreeing to support people, the registered manager held comprehensive conversations with care commissioners, thoroughly reviewed local authority referrals and met people and their representatives. This was to ensure they had staff with the required skills to meet people's needs. For example, one relative told us, "She [registered manager] was lovely, so kind and understanding and just listened to everything I had to say about [person] and how to support them." Another relative told us, "I will always remember the day [care manager] walked in. It was like all our [person and family] prayers had been answered. I was just so reassured. I knew [person] was in safe hands by the way they [care manager] just started sorting things out."
- The registered manager emphasised the importance of gaining as much information as possible, to ensure people received safe care to meet their needs.
- People's care and support plans were personalised to reflect their needs and aspirations. Support plans promoted people's independence and demonstrated planning and consideration of the longer-term aspirations of each person.
- Staff told us how the support they provided achieved successful outcomes, resulting in people achieving their goals and experiencing an enriched quality of life. For example, improving staff abilities to support people to communicate their needs, reducing incidents involving increased anxieties and frustration.

Staff support: induction, training, skills and experience

- Staff training was developed and delivered focused on individual needs. People, their families and staff were involved in planning and delivering this training. Staff underwent an induction programme, which included periods getting to know the person and shadowing an experienced colleague. Staff told us their training had fully prepared them to meet people's complex needs.
- Some of the staff had been recruited under the government sponsorship scheme. Under this scheme, healthcare professionals and workers from around the world can obtain a 'Health and Care Visa' to come to work in the UK health and social care sector. The staff recruited under this scheme had profiles and associated documentation, which detailed their training and qualifications. These included records of training in relation to the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Once staff had completed their selection process, the registered manager and care manager provided new staff with bespoke inductions. These inductions included introductions to people they were going to

support and their families. This process encouraged family members to demonstrate how people wished to be supported and allowed staff to ask questions.

- The registered manager and care manager then provided training about how to meet people's individual needs regarding their learning disability or autism. A relative told us, "The girls [staff] have obviously had training about autism, but you know that each person's autism is different, one size doesn't fit all. But the good thing about Crest [provider] is they [staff] get training about [person's] autism, what to expect and how to respond."
- Staff had completed autism awareness training and tier one Oliver McGowan training online. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the government's preferred and recommended training for health and social care staff. At the time of inspection, the registered manager was in the process of arranging tier two Oliver McGowan training.
- Staff were able to explain how their training and personal development related to the people they supported. Staff consistently told us they received effective supervision, appraisal, training and support, which enabled them to carry out their roles and responsibilities effectively. One staff member told us, "The training about people's autism has been very good and speaking to their families really helped get to know [person] and how gain their trust and confidence."

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

- People's individual needs related to eating and drinking were considered. Their support plans explored whether they had a good or poor appetite, if they had any dietary restrictions or preferences and if they were at risk of malnutrition or dehydration.
- People and relatives told us staff gave people choices about food and prepared it how they wished. People had detailed likes, dislikes and preferences recorded, which staff understood. Staff ensured people had access to drinks they enjoyed and encouraged them to drink plenty to reduce their risk of dehydration. A relative told us, "[Person] can be preoccupied with food but they [staff] are very good at distracting [person] with activities, which is much healthier for [person]."
- Staff followed guidance from relevant health professionals to protect people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other agencies and organisations to ensure people had access to the support they needed for their healthcare and wellbeing needs.
- When people's needs changed staff quickly liaised with community professionals to seek their guidance, which they implemented effectively. 1 professional told us, "They [provider] were always quick to notify us, when people's needs or behaviours escalated."
- Community professionals told us that staff supported people well, in accordance with their guidance and liaised promptly regarding concerns about people's health and mental well-being. Records accurately reflected professional guidance provided and how this was followed by staff.
- People's care plans contained detailed information about their health care needs, and the support they required to access healthcare services. Staff maintained detailed records of people's healthcare appointments and confirmed information was shared between staff during handovers.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. We found appropriate legal authorisations were in place when needed to deprive a person of their liberty, and conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA when supporting autistic people and those living with learning disabilities, to make some decisions about their care and support. Capacity assessments considered specific decisions people needed to make about their care and treatment and detailed how decisions about capacity had been made.
- The registered manager and care manager understood how to obtain people's consent for care and treatment, involving them in related decisions and assessing capacity when needed. Where decisions were required in peoples' best interests, these included the least restrictive options for people, and considered any relevant past or present wishes. Such decisions involved those people important to them, for example, family members, their appointed social workers and other relevant health and social care professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 felt valued by staff who showed genuine interest in their well-being and quality of life, which developed confidence, trust and respect.
- Staff had the right skills to ensure people received compassionate support and had enough time to understand people's complex needs, wishes, choices and any associated risks.
- Relatives told us their family members experienced close relationships with the registered manager and their designated staff, with whom they had developed a special bond. A relative told us, "The bond they [named staff] share with [person] is amazing. They [person and staff] just clicked from day 1 and it's just getting stronger."
- Staff were calm, focused and attentive to people's emotions and support needs, such as sensory sensitivities. "[Person] couldn't have better carers [staff] and their [named staff] level of empathy and patience is off the charts. They [staff] always see [person] not their diagnosis."
- A community professional supporting a person with learning disabilities, who required an urgent place of safety with appropriate care told us, "The staff at CCSL [the provider] are very caring, supportive and this made our young person feel safe and happy." The [young person] sent the care manager a message, which read, "Hi [care manager], I went shopping with [named staff] today. I just wanted to say thank you so much. This is the happiest I've been in a while."

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

- People, and those important to them, took part in making decisions and planning of their care and risk assessments. For example, people and their relatives were involved in the choice of their staff, based on their compatibility. This meant people were well matched with their designated support workers and as a result, people were at ease, happy, engaged and stimulated.
- Staff told us the management team allocated enough time for them to get to know people, which enabled them to understand people's care and support needs, wishes, choices and any associated risks.
- Staff told us it was important to be patient and use appropriate styles of interaction with people, depending on how they were feeling. A staff member told us, "The training from the managers has improved our [staff] understanding and skills about sensitive interactions and reducing restrictions on people."
- Community professionals and relatives told us that people's complex needs and behaviours were supported by staff who were alert and responded promptly to emotional communication, frustration and signs of distress.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected their independence wherever

possible. For example, relatives told us staff only intervened to promote people's dignity or if people needed assistance.

- People had the opportunity to try new experiences and develop new skills to promote their independence. We reviewed lifestyle plans which identified target goals, aspirations and supported people to achieve greater confidence and independence.

- Relatives told us that staff treated people with dignity and respect. For example, a relative told us, "[Person] is like any young person and sometimes does not want personal care. [Named staff] are very good at changing the subject and returning to their personal care when they are more receptive."

- Staff were aware of the provider's confidentiality policy and understood their duty to ensure people's records were stored securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Support plans clearly reflected things that were important to people, as well as their support needs and clearly demonstrated effective engagement with other organisations.
- The registered manager began the personalised care planning process by involving people and their relatives in the choice of dedicated staff, based on their compatibility with the person to be supported.
- Staff provided people with individualised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Relatives told us that staff spent time exploring people's goals to ensure they were meaningful and how they could be achieved.
- People experienced person-centred care, that was responsive to their needs and significantly reduced the level of their anxieties and associated behaviours. This enabled people to access the community and take part in stimulating activities of their choice, to lead more fulfilled lives. For example, a young person who had been unable to access the community, due to high levels of anxiety and risk of self-harm, was successfully supported by staff to reintegrate into the community. This enabled the young person to fulfil their passion for flying and maintaining their drone (remotely controlled unmanned aircraft).

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans and passports that detailed people's preferred methods of communication. This included the most appropriate approach to use for different situations that had been reviewed during reflective practice sessions.
- Staff were trained and skilled in using individual communication systems. For example, designated staff were learning how a person they supported used their own form of Makaton. Makaton is a language that uses symbols, signs and speech to enable people to communicate. One staff member told us how they completed shadow shifts, where a person taught them their individual signs. For example, using a well recognised sporting sign to indicate a 'time out' was used by the person to indicate they would like a cup of tea.
- People who were living away from their local area, for example, those who were subject to a court of protection order, were supported to stay in regular contact with family. A relative told us, "[Registered manager] really understands the impact on our family and is very good at keeping us in touch with [person]

between our visits."

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

- Staff were committed to encouraging people in line with their wishes and to explore new social, leisure and recreational interests. Individual programmes were tailored to each person's understanding and what was achievable for them. For example, the registered manager was working with a young person's family to explore educational opportunities to fulfil their ambition to go to college.
- Care plans contained details about people's life histories, hobbies and interests. This enabled staff to learn about them and informed the registered manager as to which staff may have interests in common with people using the service.
- People had the opportunity to try new experiences and develop new skills to promote their independence. We reviewed care plans which identified target goals, aspirations and supported people to achieve greater confidence and independence. For example, staff had developed a strong bond with a young person based on effective communication, mutual trust and respect. This included positive behaviour support strategies, which led to a reduction in the young person's anxieties. This enabled the young person to fulfil their wish to visit train stations and going trainspotting.

Improving care quality in response to complaints or concerns

- People and their relatives had the opportunity to provide feedback about the quality of the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided. A relative told us, "She [registered manager] is brilliant. I always want to give her a hug for keeping us in touch with [person], which makes me feel they really care about him."
- The service had an effective complaints procedure in place. The registered manager treated any complaint or concern as a learning opportunity to drive continuous improvement. We reviewed 2 complaints, which had been dealt with in accordance with the provider's policy and regulations.
- People knew how to raise a complaint or concern and told us when they had, these had been swiftly resolved by the registered manager and staff. People and relatives consistently told us that staff encouraged and supported them to express their views if they had a problem or were unhappy about the service.

End of life care and support

- No people were receiving end of life at the time of the inspection or anticipated to be so in the immediate future. Due to the sensitive nature of the subject and the complex needs of people, their wishes had not yet been fully explored.
- Advanced care planning was used to explore people's wishes ahead of time around their spirituality or cultural needs. These plans included their wishes and those of their families related to any decisions which may need to be made in the future should any emergency or urgent changes occur.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People, relatives and community professionals described the service as well managed. For example, one relative said, "They [registered manager] are always there when you need them" and "They go out of their way to sort things out if you are worried." Another relative told us, "I wish all care companies had managers like [care manager]. When you need help, she comes in, works out what needs to be done and sorts it out." A common theme reported by relatives related to the significant impact, not only on the person receiving care, but also on the quality of other family members lives.
- Community professionals and commissioners of people's care consistently told us the provider was very responsive to requests to provide care when people required to be placed in an emergency. Comments we received included, "The young person was placed with [provider] after 9pm late at night and staff arrived and were understanding, compassionate and attentive to the young person's needs and history," and "They [provider] keep the [young person] at the heart of what they do. I have had no concerns working with Crest Care and they are continuously working together to achieve the best for the families we work with."
- The registered manager and care manager placed people and their needs at the centre of the service, by ensuring their dignity, independence and choices were prioritised. The registered manager and care manager cultivated a strong, person-centred culture, which was reflected in the approach of all staff.
- People experienced personalised care from designated staff who knew them well and were committed to delivering good quality care, which was tailored to their individual needs and wishes. The registered manager and staff were focused on ensuring people came first and experienced good outcomes.
- People, relatives and staff trusted the registered manager and care manager because they responded quickly whenever they contacted them. People and relatives praised the registered manager for being empathetic and responsive, whenever they were worried or required support.

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's policy clearly identified actions the registered manager and staff should take, in situations where the duty of candour applied.
- The registered manager assumed responsibility and accountability when concerns had been raised or mistakes had been made. The registered manager and staff were aware of their responsibilities and understood the importance of openness and transparency when investigating circumstances where something had gone wrong.
- The registered manager had developed good relationships between people, family members and staff

and actively encouraged critical feedback from people to help improve the service.

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

- The registered manager had established effective systems and processes for reviewing the quality and safety of the service. The registered manager used feedback from people and their families to identify necessary learning and areas for improvement.

The registered manager and care manager completed regular audits and reviews of care records and developed action plans to address any areas for improvement identified. The registered manager held daily meetings with the care manager, where significant events were discussed to identify required improvement and ensure any required action was taken.

- There was a clear management structure within the service. The registered manager and care manager were highly visible and provided clear and direct leadership, which inspired staff.
- The registered manager had the skills, knowledge, and experience to lead effectively. Staff told us they felt respected, valued and well supported by the registered manager and care manager.

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

- The registered manager had regular conversations with people, relatives, community professionals and staff, which enabled them to explore their views and be involved in the development of the service.
- The registered manager and care manager delivered care to people regularly and knew them well. The registered manager told us whilst they had plans to expand, they would not compromise on the quality of care being provided by the service. For example, the registered manager robustly engaged with a care commissioner on the grounds that they would not compromise on the staffing ratio they assessed to be required to meet a person's needs safely.
- People and relatives told us they felt fully involved in care decisions and that they experienced good communication with the registered manager and staff. A relative said, "I can call [registered manager] anytime. They are always there for me and {person}."
- Staff told us the registered manager valued their opinions, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk. For example, a staff member told us, "They [registered manager] have created a healthy culture where we are supported to challenge things in the interest of [people we support]."

Continuous learning and improving care

- Community professionals told us the registered manager was open to their guidance and welcomed constructive criticism. Likewise, community professionals commended the registered manager and care manager for championing issues raised by relatives on behalf of people to improve the quality of people's care.
- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.
- The registered manager kept up to date with national policy and recognised best practice to inform improvements to the service. For example, arranging for staff to complete 'The Oliver McGowan Mandatory Training on Learning Disability and Autism.'

Working in partnership with others

- Staff worked well in collaboration with external agencies to ensure people received good quality, well-coordinated and consistent care.
- Community professionals were impressed by the person-centred approach of the registered manager and

had confidence in staff willingness and ability to follow their guidance to meet people's needs.