

Stonehaven (Healthcare) Ltd

Cross Park House

Inspection report

Monksbridge Road
Brixham
Devon
TQ5 9NB

Tel: 01803856619
Website: www.stone-haven.co.uk

Date of inspection visit:
25 February 2016
26 February 2016

Date of publication:
13 May 2016

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

Cross Park House is a care home which provides accommodation and personal care for up to 23 people living with dementia and other physical health needs. People who live at the home receive nursing care from the local community health teams.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on 25 and 26 February 2016 and was unannounced. At the time of our inspection there were 21 people using the service. People had a range of needs with some people being more independent and others requiring more support with their mobility and care needs. The majority of the people who lived in Cross Park House were living with dementia.

We carried out a previous inspection on 17 June 2014 and identified concerns with the systems for managing medicines in the home. At this inspection we found sufficient action had been taken in relation to the management of medicines.

People, relatives, staff and healthcare professionals expressed confidence in the care provided at the home and the home's management. Relatives felt their loved ones were safe and well looked after. Staff had received training in safeguarding people and knew how to raise concerns if they were worried about anybody being harmed or neglected. Staff had received information about whistleblowing and felt confident about doing this if they needed to. Staff knew how to raise concerns and contact details for external bodies were available. Relatives and staff felt confident that any concerns they raised would be acted upon quickly and effectively by the management.

Following our previous inspection the registered manager had taken steps to improve the home's medicines management. They had sought advice from professionals and had implemented new systems and audits. On our inspection we found some small discrepancies in the medicine records but we were assured that people were receiving their medicines as prescribed. Immediate action was taken to implement further spot checks and reminders for staff.

People, their relatives and healthcare professionals spoke very highly of the staff and the care people received. People's care was person centred and took into account their social and wellbeing needs. Staff told us they had enough time to meet people's needs and throughout our inspection we saw staff care for people in a personalised and unhurried manner. Staff had time to sit and talk with people and engage people in activities.

Activities were provided every afternoon and responded to people's interests and preferences. People were

encouraged to engage in activities and were given high praise for participating. Where people did not want to participate or were unable to, staff spent time with them individually to ensure they did not get lonely.

Staff received sufficient training to meet people's needs well and further training was available to those who wanted it. Staff were encouraged to become champions in some areas and were provided with specific training in those areas. Learning from this was shared amongst the staff team and helped ensure people received care which reflected current best practice. Staff received supervision and appraisals and were encouraged to share their views and ideas.

There were robust recruitment processes in place to ensure that suitable staff were employed. Staff performance was monitored with supervisions and spot check observations and poor practice was picked up and acted upon.

Staff were knowledgeable and confident when they spoke about people's care needs. Staff had received training in, and understood the principles of the Mental Capacity Act 2005 and the presumption that people could make their own decisions about their care and treatment. The registered manager had a good understanding of the laws regarding the Deprivation of Liberty Safeguards and had made appropriate applications to the local authority.

Staff knew the people they cared for well, including their histories, their interests and likes and dislikes.

Each person had a care plan which was written in a person centred way. This care plan detailed their support needs and also detailed what people were able to do for themselves and how staff should help them maintain their independence. Where people were at risks relating to their health, their wellbeing or their safety, these had been identified. Staff had sought advice from external healthcare professionals and had created plans to minimise risks for people. People's care plans and risk assessments were regularly reviewed and updated with any changes.

People were supported to eat and drink enough to ensure they maintained good health. Staff knew people's likes and dislikes around food and these were recorded in their care plans. People were offered a choice of meals to meet their preferences and their needs. Where people required their food to be served in specific ways, such as mashed or pureed, this was served in an appetising way. People were provided with encouragement and support where needed and advice had been sought where people had lost weight or had lost their appetite. Meal times were a social event which people enjoyed.

The home was welcoming, open and friendly. Staff told us they cared deeply for all the people who lived in the home and felt they were part of their family. People's relatives told us they felt the home operated as one big family and they felt their loved ones were supported by staff who really cared for them. Staff had gone above and beyond to give people a high quality of life. We heard laughter, chatting and gentle friendly banter throughout our visit. Staff showed affection for people and communicated with them in ways which relaxed them and comforted them.

The registered manager had worked hard to make the home accessible for people who lived with dementia. The environment had been altered to make people more aware of their surroundings and able to maintain some independence. There were objects throughout the home for people to pick up and handle and staff regularly organised reminiscence sessions which people enjoyed.

Relatives, staff and healthcare professionals spoke highly of the registered manager. The leadership structure at the home was clear and staff were confident in their responsibilities. The registered manager

had an effective quality monitoring system in place which was used continually to review and improve the service. People's views, opinions and feedback were sought through the means of meetings and surveys.

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 were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified and plans were put in place to minimise these risks.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People's rights were respected. Staff had clear understanding of the Mental Act 2005 and where a person lacked capacity to make an informed decision, staff acted in their best interests.

Where necessary the provider had made Deprivation of Liberty Safeguards in line with legislation.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff displayed caring attitudes towards people and we observed positive and respectful interactions between people and staff.

Staff supported people at their own pace and in an

individualised way.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and gave them support at the time they needed it.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

People benefited from meaningful activities which reflected their interests.

Is the service well-led?

Good ●

The service was well led.

Relatives, staff and a healthcare professional spoke highly of the registered manager and had confidence in them.

The provider had systems in place to assess and monitor the quality of care.

The provider sought feedback from people, relatives, staff and healthcare professionals in order to improve the service.

Cross Park House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 visit took place on 25 and 26 February 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

The people who lived in Cross Park House were unable to talk to us about their experience of the home because of their dementia. Therefore we conducted a short observational framework for inspection (SOFI). This framework consists of observations of life at the home in order to help understand the experiences of people when they are not able to communicate with us. We looked around the home, spent time with people in the lounges and dining room and observed how staff interacted with people throughout the day. We spent time with people over the breakfast and lunchtime meal. We spoke with three relatives of people who used the service, the registered manager and three members of staff. We looked at the way in which medicines were recorded, stored and administered to people. We sought feedback from external healthcare professionals who had visited the home and received a response from two of them.

We looked in detail at the care provided to four people, including looking at their care files and other records. We looked at the recruitment and training files for four staff members and other records in relation to the operation of the home such as risk assessments, policies and procedures.

Is the service safe?

Our findings

At our previous inspection in June 2014 we found people's medicines were not being well managed. During this inspection we found the registered manager had made a number of improvements in this area.

People living at Cross Park House required support to take their medicines safely. People's medicines were stored within a locked medicine trolley which was kept within the staff office. Where medicines required storing at a specific temperature this was maintained and checked daily. People were brought their tablets along with a drink of their choice and were explained what they were taking and why. There was a photograph of each person at the front of their medicine administration record (MAR) and staff checked these records after each medicine round and signed to say they were accurate. Medicated cream records were not reviewed in the same way and these were found to contain some gaps. The registered manager took immediate action to ensure staff were reminded to complete these records accurately.

Medicine audits were completed monthly and any issues identified in these audits were rectified without delay. At our inspection we identified some discrepancies between the number of boxed medicines in stock and the ones recorded. The registered manager and the deputy manager took action immediately to identify the reason for these discrepancies and implemented medicine stock spot checks in order to avoid this reoccurring. These discrepancies would not have had an adverse effect on the people living in Cross Park House.

The majority of people who lived in Cross Park House were unable to communicate with us, however, where people did make comments to us about the home these were all positive.

Relatives told us they felt their loved ones were safe and well cared for at the home. They said "I feel (my relative) is absolutely safe. 100%" and "I feel (my relative) is safe and he couldn't be anywhere better". Staff felt confident people were being looked after in a safe way and made comments such as "I think this service is safe. I have no concerns about people's safety".

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. They felt the registered manager would listen to their concerns and respond to these. Staff told us they understood the home's whistle blowing process and knew how to escalate their concerns outside the home. Staff made comments such as "I believe in whistleblowing. It's talked about and there is info about whistleblowing in the office".

There were enough staff at the home to care for people in the way they needed. People, relatives and healthcare professionals spoke highly of the staff. There were four members of care staff working between 8am and 9pm as well as a member of staff doing the laundry, a cleaner, a cook and a member of maintenance staff. There were two members of waking care staff working during the night. The registered manager told us they felt a stable staff team was important in providing the best quality care and really knowing people's care needs. They used no agency staff and resolved any staffing shortfalls through new recruitment and the flexibility of the existing staff team. During our inspection we saw there were sufficient

members of staff assisting people to meet their needs. Staff were not rushed and remained calm and attentive to people.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained. The registered manager told us that they only employed staff who they felt displayed a caring attitude and that staff were carefully monitored in their induction period to make sure they were suitable.

Cross Park House provided support and accommodation to people who had varying levels of needs relating to their health, mobility and dementia. Risks to each person's health, safety and well-being had been individually assessed and these were reviewed monthly. Risk assessments covered a range of issues including falls, moving and handling, nutrition, skin integrity, behaviours which could pose a risk to people and dementia. These risk assessments were personalised and contained detailed information about the level of risk and how staff should respond in order to minimise this risk. For example, where one person had been assessed as being at risk of falls action had been taken to install a sensor in their bedroom to alert staff to their movements. This person had also been referred to the occupational therapist and staff were instructed to be aware of this person's ability to suddenly collapse both backwards and forwards and the steps they should take should this occur. This was recorded in this person's care plan so that all staff knew how to ensure this person was kept as safe as possible. During our inspection we observed staff supporting people to mobilise and reposition safely.

Where accidents and incidents had occurred, the registered manager had reviewed staff practice to ensure the risks to people were minimised. For example, following one person displaying aggressive behaviours towards a member of staff they were referred to their GP and to the mental health assessor. A new risk assessment was put in place following advice received and this person's care plan was updated. Staff could tell us what advice had been given by these external professionals and how they cared for now cared for this person following the advice. This minimised the risks of a similar situation reoccurring and protected the person from becoming distressed and anxious.

The premises and equipment were maintained to ensure people were kept safe. For example, the lift was serviced every six months and the hoists, tumble dryer, profile beds, mattresses, pumps and wheelchairs were serviced once a year. There were infection control measures in place to protect people. A member of staff had been made infection control champion and they conducted regular observations and spot checks of staff practice. Laundry procedures were in place to reduce the risk of cross contamination, and water was regularly tested for legionnaires. There were regular fire safety checks and a member of staff had been made fire warden. They undertook regular checks and audits and checked staff knowledge. There were arrangements in place to deal with foreseeable emergencies. For example, each person had a personal emergency evacuation plan that told staff how to safely assist them in the event of a fire.

Is the service effective?

Our findings

Most people who lived in Cross Park House did not have the mental capacity to be able to consent to living in the home and receive care. We therefore checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff sought consent from people before carrying out care.

Staff supported people with day to day decision making and had a clear understanding of the principles of the MCA. They respected people's rights to make decisions as far as they possibly could. Records confirmed people and their relatives had been consulted about people's care. One person's relative said "She is treated as everybody else. She is offered choices all the time". Another relative said "They give him choices, they ask him". Staff told us how they involved people in their care and supported them to make choices and we saw this taking place throughout our inspection. We saw people being asked for their choices and being given options in ways they could understand. For example, one person who liked soft toys was shown different stuffed animals they could choose from before deciding which one they wanted. When people lacked capacity to make certain decisions at certain times appropriate processes were followed. For example, one person did not have the mental capacity to decide to live in the home and receive care. A best interest decision meeting had taken place, which was attended by the person's relatives, and a decision was made for the person to stay in Cross Park House and for staff to provide them with personal care.

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). The registered manager was very knowledgeable about DoLS and had sought guidance from the local authority on a number of occasions. If a person is under continuous supervision, is not free to leave on their own and does not have the mental capacity to consent to these arrangements, they are being deprived of their liberty. An application must be made to the local authority for legal authorisation. Due to the home having locked doors, both inside the home and outside, as well as sensor mats, sensors and door alarms in some people's bedrooms, the registered manager had made DoLS applications for all the people who did not have mental capacity. These applications were all awaiting authorisation.

Staff were knowledgeable about people's care needs and benefitted from training and support which helped them meet the needs of each person. People, their relatives and healthcare professionals told us they had confidence in the staff and that they cared for people well. One person said "I'm sure everyone is looked after properly here". One relative said "They look after her exceptionally well". One healthcare professional said "They have a great knowledge and understanding of each of their clients".

Staff were able to describe people's needs and wishes in a way which showed they had good knowledge about individuals. Staff received regular training to make sure they knew how to meet people's needs. Staff

also received further training to take on lead roles and develop the learning and knowledge at the home. For example, the home had nominated staff champions in end of life care, bone health, falls, medicines, dementia, infection control and activities. These champions received more training in their area and kept the rest of the staff updated in best practice.

Staff said they had received training to help them deliver care and support people effectively. This included training in medicines, safe moving and handling, understanding dementia, nutrition, skin integrity and other specific health conditions. All staff we spoke with told us training was always available and they were encouraged to develop their skills. Staff said "I get training all the time. I'm on a health and nutrition course at the moment. It helps me when people are not eating properly" and "We have all the training we want".

Staff were encouraged to progress and most were working towards diplomas such as National Vocational Qualifications. Staff recruited in the last few months had been undertaking parts of the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff received regular supervision and annual appraisals. During supervision, staff had the opportunity to sit down with their line manager to talk about their job role and discuss any issues and further training wants and needs. Staff said "We have a chance to talk freely about anything we want".

The environment at the home had been adapted to best support people living with dementia. Doors to different rooms were brightly coloured to help people find their way around visually. Bathrooms had bright pinks doors and toilet seats were blue. There were various items available for people to pick up and handle throughout the home and we saw people making use of this. There was a box of soft toys in the living room, an open cupboard of items in the hallway as well as a memory box which was used as part of reminiscence sessions. There was a bright red post box in the garden and staff were in the process of renovating an old fashioned telephone box. The plans were for this telephone box to go out into the garden along with an open summer house which would be converted into a bus stop. The registered manager had trialled a cardboard bus stop a few months before our inspection and this had proven to be very beneficial in calming people who expressed their wish to go home. When people expressed this, staff had walked with them to the bus stop and stayed there with them. People became less anxious and when they were relaxed staff would change the subject and suggest they take part in an activity indoors. People would forget about wanting to go home and would go back inside feeling much happier. Staff had received training in dementia and the registered manager was in the process of organising for all staff to attend a dementia training day which involved staff experiencing completing daily tasks whilst living with dementia. The registered manager recognised the importance of the environment people lived in in order to enable them and reduce anxiety.

People were supported to eat and drink enough to maintain good health. During our inspection we observed the breakfast and lunchtime meals. Breakfast times depended on the times people wanted to get up in the morning. People's food preferences had been sought by staff and these were recorded and used to create the weekly menu. The day's menu was displayed within the living room and the dining room and each person was asked what meal they would prefer. People were given options and alternatives if they did not like the meal on offer. Snacks and drinks were available throughout the day and people were reminded that they could request food at any time during the day and night. Meals included plenty of fresh meat, fruit and vegetables. During our inspection we asked people if they enjoyed their meals and they responded "Yes we did" and "It was lovely".

The lunch time meal was served either in the dining room, in the lounge or in people's rooms, depending on their preferences. The dining room was pleasant with vases of flowers on every table. The lunchtime

experience was sociable with people and staff chatting and laughing amongst themselves. People had specific plates, bowls and cutlery depending on their needs and meals were presented in ways which met people's needs. For instance, some people had a mashed diet, some people had pureed diets and some people preferred either bigger or smaller portions. Where people had pureed diets the items of the meal were pureed individually in order to make the plate look appetising and for people to enjoy each flavour.

Where people had difficulties with eating, staff had sought guidance and had taken steps to monitor and encourage people's intake. One person had recently lost a large amount of weight and was refusing to eat. Staff had referred this person to the speech and language therapist and to a dietician. They had fortified this person's food and were giving them food supplements. Staff told us they encouraged this person to eat more and gave them lots of options. One staff member said "We have tried different things with (person). We encourage (relative) and if (person)'s eating I give(person) more of the same". This person's relative said "(Person)'s not eating very much at the moment. They've tried all sorts of things and have tried everything they possibly could".

People saw healthcare professionals promptly if they needed to do so. Care files contained records of referrals to a range of healthcare professionals including GPs, community nurses, occupational therapists, mental health assessors, speech and language therapists and chiropodists. The outcomes of these were documented and any changes to people's care needs and plans were transferred to their care plans. One healthcare professional said "(staff) contacts myself and other co-ordinators to make referrals for physio, occupational therapy and social work in a timely way to support for residents in (their) care. (The registered manager) provides information to support the referrals which, in my opinion, is sensitive to their changing needs".

Is the service caring?

Our findings

People, relatives and healthcare professionals spoke highly of staff and their caring attitudes. Comments from people included "She's a lovely girl". Comments from relatives included "All the staff here are absolutely lovely. What I particularly like is that they treat them like family. They'll come in and give her a hug and a kiss on the forehead. They all do it. It's like being in a big family"; "Everybody is so nice. Coming here is like being part of a big family" and "I look forward to coming here. Everyone is so nice. The patience they have is incredible". One healthcare professional said "(staff) have always showed a caring attitude to all the clients".

The atmosphere in the home was warm and welcoming and we saw pleasant conversations, laughter and warmth between people and staff. The home was decorated in a way that felt homely in every room. There were pictures on the walls and homely decorations. Relatives told us they were free to come to the home at any time and were made to feel welcome. One relative said "You can come anytime, there's no restrictions".

Staff told us they enjoyed working at the home and felt the home was a very caring one for people as they all cared strongly about people's wellbeing. Staff said "I love them", "The staff are very caring here", "They're my family, not clients or residents", "We all love every single one in this home and we do our best for them" and "I think the home is caring because we all love them".

Staff had gone out of their way to promote people's wellbeing. One member of staff told us how they had organised sponsorships two years in a row to raise funds towards the activities programme. This year they had taken part in a training session with a local rugby team and had raised £700 for people. They told us "It's to give people a better enjoyment of life". This money was used to organise special outings and entertainment for people to enjoy.

We observed staff being very caring towards people. One person was cradling a toy baby throughout our visit. On one occasion this person was getting anxious and was pacing the home. A member of staff got a blanket and wrapped up the baby delicately and placed it in the person's lap. This made the person sit down whilst caring for this baby and relaxed them. On another occasion we saw a person getting upset whilst sitting in the lounge. A member of staff immediately noticed this and went to the person, got down on their knees so they were at their level and spoke to them in a caring and calming manner. This raised the person's mood. Staff told us how one person had very few clothes and had anxieties relating to new clothes. One of their items of clothing had holes in. A member of staff had seen this and gone out of their way to purchase a new, similar top for them that did not raise the person's anxieties. Staff told us they regularly came into the home on their days off to see people and spend time with them.

People's privacy and dignity was respected at all times. For example, staff knocked on people's doors and waited for a response before entering. People received personal care in private and staff did not discuss people in front of others. One healthcare professional said "In conversations I have held over the years with them, they adhere to confidentiality and discuss their residents with respect and dignity and empathy". One relative said "They are so kind. They treat everybody with respect. If I needed somewhere when I was older I

would come here. There is nowhere better".

People and their relatives were consulted and involved in decisions about their care. People's likes, dislikes, preferences, routines and histories were included in their care plans. Staff could tell us about people's pasts, their interests and spoke highly of them as individuals. People's relatives were included in the planning of people's care and kept informed of any changes. Relatives said "You feel involved. Everything is open" and "They ring me". The registered manager told us how they encouraged relatives from visiting and wanted them to feel welcome. One person's relative was unwell and the registered manager had organised for a comfortable armchair to be put in the person's room for their relative to use when they were visiting. This enabled them to still visit when they were feeling unwell and needed to stay off their feet and maybe have a rest.

People's religious beliefs were supported. People were asked about their personal beliefs and these were respected. People were supported to attend regular communion where this met their wishes. One person was of the Jehovah's witness faith and they and their relatives had been asked whether they wanted to be included in birthday and Christmas celebrations. Staff knew that, in order to help this person when they were feeling anxious, they were to read prayers with them. Staff told us this had a calming effect on the person and this was recorded in their care plan.

The registered manager and staff at the home were committed to providing people with the best possible end of life care. They worked closely with healthcare services to achieve this and had sought specialised training for staff. The registered manager attended regular meetings with the local Hospice in order to keep up to date with end of life care. When people passed away the registered manager created a memory book about them which was displayed within the home. This enabled people to look at it and remember the person after they were gone.

Is the service responsive?

Our findings

People's care was responsive to their needs. People who lived in Cross Park House had a variety of needs and required varying levels of support. People's needs had been assessed and from these, staff had developed a detailed care plan for each person. These care plans contained information about the person's needs and how staff should meet these. For example, one person had specific needs relating to their behaviours. This person's care plan detailed the potential triggers for these behaviours, how they manifested themselves and what steps staff should take to calm the person. This person's behaviours posed specific risks to themselves and staff had clear procedures to follow to ensure they did not get too anxious. A very detailed routine was followed by staff when providing this person with personal care following discussions with the community psychiatric nurse and the psychologist. Staff were able to tell us about this routine and how this positively affected the person.

Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, one person had started becoming very anxious when having their hair washed in the bath. Staff had discussed this and a decision was made to wash this person's hair in the sink. This had helped reduce this person's anxieties around having their hair washed. Their care plan had been updated to reflect this and to remind staff of this person's anxieties.

People's care plans also stressed what they were able to do for themselves and how staff were to maintain and promote their independence. For example, one person's care plan detailed how they were able to dress themselves and how staff were to support this person to maintain this skill. Staff were instructed to make their clothes available to them and to give them prompts relating to the suitability of the clothes in relation to the weather.

A complaints policy was in place and displayed in every person's room. The registered manager recorded complaints within a complaints book. The registered manager audited the complaints book once a year to look for trends. They told us that if they identified any trends they organised staff meetings to discuss these and tackle the issues. Where complaints were made the registered manager had followed their complaints policy and had taken action. For example, one complaint had been made by a relative about some of their loved ones clothes going missing. The registered manager instructed all staff on duty to search for the missing clothes, returned the person's clothes when they were found and informed the person's relative. In order to minimise the risks of a similar incident reoccurring the registered manager placed the management of laundry on the staff meeting agenda and relocated the ironed garments rail to a new area of the house. Following this no clothes items had been misplaced.

Relatives told us they felt very comfortable raising any concerns they had with the manager and knew how to make complaints. They also told us they were confident the registered manager would listen to them and respond to any concerns they may have. One relative said "Anybody can voice a concern. I haven't had any complaints" and another said "I've got absolute confidence that they would address anything".

Staff told us that the registered manager always asked for their feedback and opinions and always listened

to any suggestions they made. One member of staff said of the registered manager and the deputy manager "They would listen to my ideas". They told us they had made suggestions for activities which had been listened to and implemented. For example, they would occasionally bring in some karaoke equipment in order to sing with people and entertain them. Another member of staff said "They are always encouraging us to come up with ideas for things. I got my granddaughter's school to come in and sing. That was my idea".

Staff used a range of communication methods to make sure they kept up to date with people's changing care needs. For instance, through care plans, written records and daily verbal handovers. One member of staff said "We know what to do. We have a handover".

People had access to a range of activities that met their social care needs. Each person's care plan contained details about people's interests and the activities they enjoyed. There was a form of organised activity within the lounge every afternoon and this responded to people's preferences and feedback. Specific staff members were allocated to the afternoon activities in order to best support people and encourage people to participate. Activities included ball games, musical entertainment, reminiscence, arm chair exercises and quizzes. On both days of our inspection we saw people taking part in activities. People took part in ball games, skittles and a reminiscence session. People were encouraged to join in by staff and the activities were met with laughter, smiling and pleasant chatting. Staff gave people lots of positive encouragement and praise and people participating were given a prize for their involvement. The reminiscence session involved people looking at old items from their past and interacting with them, such as smelling perfumes which were popular in the 1950s. People's specific interests were responded to and each person's care plan contained an individualised activity plan. There was evidence people had been supported to watch their favourite sports on television or discuss specific topics one on one with staff.

We discussed what activities were offered to people who preferred to stay in their rooms or could not join in. Staff told us they spent time with people individually. One member of staff said "We try to get them involved. We keep popping in to people's rooms. We spend time talking to people individually". During our inspection we saw staff sitting and speaking with people individually and one member of staff sitting and looking at photos with a person.

Is the service well-led?

Our findings

People's relatives and staff were consistent in telling us that the home worked as one big family. People who lived in Cross Park House were all cared for in an inclusive, individual and understanding way. The registered manager and deputy manager told us they believed strongly in these values and ensured people were receiving this high standard of care through effective quality assurance processes.

Staff demonstrated they understood the principles of individualised, person centred care through their practice and talking to us about how they met people's care and support needs. Staff shared the registered manager's values for the service and this was reflected in their practice. They spoke about the people who lived in Cross Park House in complementary ways and knew how best to communicate with people to meet their needs.

There was an open culture in the home which was led by the registered manager. The registered manager sought people's views as well as staff views, relative views and healthcare professional views. They told us they continually sought to improve the service and the quality of care people were receiving. The registered manager said "We have a culture of openness in the home to enable staff to question practice and suggest new ideas. Everyone is invited to help find solutions. We have an open door policy and people who use the service and their relatives are welcome to chat with us at any time". One relative said "I like the fact they have residents meetings here. They ask me for my feedback. I had to fill in feedback forms".

Yearly surveys were sent out to people and their relatives. These were then analysed and actions were taken where improvements were suggested. The most recent audit had been sent out to people in January 2016 and the registered manager was still collating the replies. Some of the surveys which had been received from relatives already contained comments such as "The staff always friendly and go out of their way to help", "This is the most wonderful care home. All the staff are amazing. Their care and compassion are beyond reproach". They had also received some replies to the resident survey and these included comments such as "Happy, staff, comfortable environment. Good food. Very secure."

As well as attending quarterly staff meetings and staff supervisions in which staff were asked for their feedback, they were also asked to complete yearly staff questionnaires. Some of the comments received in the most recent questionnaire included "Excellent management and opportunities for training. Very friendly and approachable management and colleagues" and "Cross Park is a very friendly home, full of love and compassion for all of the residents. We all feel that they are our extended family". Staff had commented on the time they had been spending on doing the laundry and felt this was time they could be spending caring for people. The registered manager had taken this comment seriously and had hired a member of staff solely to oversee the laundry. This enabled staff to spend more time with people.

External healthcare professionals and stakeholders were also sent a questionnaire yearly. Some of the most recent comments received included "Very caring staff. Residents always looked after", "Kind caring staff who put their patients first" and "Always been impressed with the care and knowledge of staff", and "If I was looking for a home for one of my own family I would be happy to have them at Cross Park House".

The registered manager completed a number of audits to ensure the care people received met their needs and was safe. People's care plans were audited by the provider (Stonehaven) every two months. One of the company directors came into the home to conduct audits 12 times a year and reviewed practice as well as accidents, incidents and maintenance issues. Every month the registered manager completed an effectiveness and safety trigger tool for Torbay Care Trust and completed a health and care provider self assessment audit. There were audits in place for all areas of health and safety such as fire procedures and equipment.

The registered manager sought advice and guidance from external sources as well as provider forums in order to ensure they were providing the best care for people which followed best practice. They worked closely with the district nurses, the pharmacy, the GPs and Torbay Care Trust. The registered manager attended a managers meeting every three months in order to discuss practice, share ideas and learn from others experiences. They were also a part of Torbay networking and attended care home forum meetings and care home matrons meetings. The provider had also organised for the home to receive quarterly mystery shopper visits and the last one had been completed in November.

Staff confirmed there were clear lines of responsibility within the management structure and they knew who they needed to go to if they required help or support. Staff spoke very highly of the manager and the deputy manager and had confidence in their leadership. Staff told us they felt the management lead by example and did not tolerate poor practice. When we asked one member of staff about the management they said "I love the management. They identify issues straight away and show me how to get it right. They are genuine".

Relatives spoke highly of the registered manager, the deputy manager and senior staff. They told us they had absolute confidence in them.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal obligations.