

Pinecourt Limited

Cross Way House Care Home

Inspection report

59 Crossway
Havant
Hampshire
PO9 1NG

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23 May 2019

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16 July 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Cross Way House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cross Way House Care Home can accommodate a maximum of 24 older people in one adapted building. At the time of our inspection there were 20 people living at the home, some of whom were living with dementia.

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

People's experience of using this service:

Management processes were in place to monitor and improve the quality of the service. However, these were not always effective and did not always identify opportunities for improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, the records for best interest decisions did not always reflect individual decisions. We have made a recommendation about the documenting of best interest decisions.

People lived in an environment that was clean, with no odorous smells. Comments from people included, "It's spotlessly clean in here."

People told us they felt safe and there were appropriate systems were in place to protect people from the risk of abuse.

There were enough staff to meet people's needs. The provider had effective systems in place to ensure safe recruitment practices.

People's needs were met in a personalised way by staff who were competent, kind and caring. Staff respected people's privacy and protected their dignity.

Individual and environmental risks were managed appropriately.

People were empowered to make their own choices and decisions. They were involved in the development of their personalised care plans.

People felt listened to and knew how to raise concerns.

The home has been rated Good overall as it met the characteristics for this rating in four of the five key questions. More information is in the full report, which is on the CQC website at: www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (published 9 April 2018) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected:

This was a planned inspection based on the previous inspection rating.

Follow up:

We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated as good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service has improved to being safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service has improved to being effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service has improved to being responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service continues to be not always well led

Details are in our Well-Led findings below.

Requires Improvement ●

Cross Way House Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of an inspection manager, and inspector and Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cross Ways House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the

service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection, we gathered information from:

We spoke with eight people using the service, four family members about their experience of the care provided. We spoke with 11 members of staff including the nominated individual, who is responsible for supervising the management of the service on behalf of the provider, the quality assurance manager, registered manager, a kitchen assistant, a member of the house keeping staff, an activities coordinator and five care staff.

We reviewed a range of records. This included eight people's care records and multiple medication records. A variety of records relating to the management of the service including policies and procedures, records of accidents, incidents and complaints, audits and quality assurance reports.

After the inspection

We received feedback from seven health and care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- People lived in an environment that was clean, with no odorous smells. Comments from people included, "It's spotlessly clean in here" and "The place is always clean and my room is done daily."
- However, we found some furniture in the lounge where the leather on the arms was worn with the foam exposed. This meant they could not be cleaned effectively. We pointed this out to the registered manager. Although there had been no impact on people, the registered manager took action to replace the furniture immediately. They also amended their infection control audit to include a review of the furniture in the home.
- Staff received training in infection control and food hygiene. They had access to personal protective equipment (PPE), such as hand gel, disposable gloves and aprons. During the inspection we observed staff wearing their PPEs when appropriate.
- A health care professional feedback to us, "The care home appeared clean and smelled nice."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure records in respect of risks associated with people's health needs were clear and accurate. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Support was delivered in ways that supported people's safety, welfare and choice. Staff understood where people required support to reduce the risk of avoidable harm and were observed to support people to mobilise in line with their risk assessment and being verbally supportive.
- Care plans contained basic explanations of the control measures for staff to follow to keep people safe. For example, risk assessments were in place to manage potential risks, such as risks associated with falls, oral hygiene, moving and handling or the risk of skin breakdown.
- Environmental risks were also managed effectively. For example, fire safety checks were completed appropriately; people had personal evacuation plans in place; staff were clear about the action to take in the event of a fire and had been trained to administer first aid.
- Checks of the water quality and temperature were conducted regularly, which confirmed they were within acceptable safety limits. Lifting equipment, such as hoists, were maintained according to a strict schedule. In addition, gas and electrical appliances were checked and serviced regularly.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and neglect by staff who had received training and understood what actions to take to protect people.
- All the people we spoke with told us that they felt safe and family members told us that they are satisfied that their relatives are safe. One person said, "Yes, I feel safe here, it's very nice here." Another person told us, "I am happy, yes it's safe here." A family member said, "[My relative] was not safe at home, but here she has had no problems."
- Staff were aware of the provider's whistleblowing policy and how to contact outside agencies if they needed to. A health care professional told us, "The service is safe and is able to meet the needs of the people I reviewed at the time."

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely according to their needs.
- People told us they felt that there were enough staff to meet their needs and family members said they were happy with the level of staffing in the home. One person said, "Seems to be plenty of staff." They added "Staff always come when I call for help." Another person told us, "When I need it, I definitely get help." A family member said, "Staff numbers are good here."
- A health professional told us, "There are always sufficient numbers of staff around supporting and readily available to manage any situation arising."
- The registered manager used a staffing and dependency tool for guidance on the number of staff required. Staff rotas showed planned staffing levels were being achieved. Short term absences were covered by overtime or agency staff. The registered manager told us they always tried to use the same agency staff, so that there was a level of consistency for people.
- The provider's recruitment process were safe and included the necessary checks to ensure candidates were safe to work with the people in the home. For example, checks had been made with the Disclosure and Barring Service (DBS) to ensure the staff member had not previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post.

Using medicines safely

- People received their medicines safely, according to their needs, choices and as prescribed. One person said, "We always get our medication regularly." Another person told us, "I do get my medication and they check I take it."
- People received their medicines from trained staff who had their competency checked. Staff administering medicines were required to initial the medicine administration record (MAR) chart to confirm the person had received their medicine. All the MAR charts we looked at were accurate, complete and up to date.
- We observed staff supporting people to take their medicines in a way that met their individual needs. For example, as prescribed, one person needed their medicine broken up to make it easier to swallow. Staff explained what the medicine was before giving it to people and ensured it had been taken before leaving.
- There was guidance available to staff in respect of 'as required' (PRN) medicines, such a paracetamol for pain relief.
- A health professional told us, "I observed a medication round at Cross Way with the senior carer, and she was meticulous. I saw nothing that raised any concerns about safety, and she knew each resident and how they like to take their medicines."

Learning lessons when things go wrong

- Accidents and incidents were overseen by the management team, who carried out analysis to identify trends and any lessons learnt lessons to prevent reoccurrence. Health professionals were contacted when appropriate.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained consent for people's care and support. Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions. During the inspection we observed staff engaging with people and seeking consent before providing any support. One person told us, "The staff wouldn't do anything to me without asking first".
- When people could not make a decision, staff supported them to make decisions in line with the principles of the MCA and in their best interest. However, the documents did not always reflect individual best interest decisions. Although the registered manager used the local authorities MCA tool kit, the records of mental capacity assessments and best interest decisions were generic to people's care rather than reflecting individual decisions. We raised this with the registered manager and nominated individual who agreed to review their approach to recording assessments and best interest decisions.

We recommend that the provider seek advice and guidance on adopting the latest best practice in respect of documenting best interest decisions in line with the MCA codes of practice.

- DoLS applications had been made when required. No one had conditions associated with their DoLS authorisation.

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

- People's needs were assessed prior to them moving into the home. This ensured that the home was able to meet their needs and provided staff with the information necessary to understand the people they were

supporting.

- The information gathered included people's health care needs, preferences, backgrounds and personal histories.
- Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed and pressure-activated alarms, linked to the call bell system, were used to alert staff when people moved to unsafe positions.
- A health professional told us, "The staff have a good understanding of the individual needs, likes, dislikes of their residents and are proactive in meeting these."

Staff support: induction, training, skills and experience

- People received care and support from staff who were well trained, knew them well and understood how to support them. One person said, "Staff seem well trained, they just get on with their jobs." Other comments from people included, "Staff seem to do their jobs well" and "Staff are well trained; they know what they should be doing." A family member said, "They [staff] are dedicated and I think well trained."
- Staff received the providers mandatory training relevant to their roles, such as, safeguarding, moving and handling, medicines management, fire safety and infection control. Staff had additional training around people's specific conditions if needed, for example, supporting people who were diabetic, epileptic and receiving end of life care.
- A care professional who provided feedback, told us they felt staff were well trained and added, "I have observed good practices in regards with the following areas: Communication, partnership working, moving and handling practices and infection control."
- New staff completed a comprehensive induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Yearly appraisals were also completed, to assess the performance of staff. One member of staff told us they have supervisions and could raise any issues adding, "Every day I go home I feel rewarded; staff are amazing, residents amazing, they are unique."

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

At our last inspection the provider had failed to ensure records in respect of the management of people's nutritional need were clear and accurate. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17 and the records relating to people's nutritional need were complete and up to date.

- People's dietary needs were assessed and met effectively. Staff who prepared people's food and were aware of their dietary needs and preferences. The dining tables were neatly set with cutlery and there were picture menus. These were displayed on tables in the dining room and in the corridors, informing people of what meals were available to them, including 'lite snacks'. The registered manager told us their plan was to enhance people's meal time experience and adapt the dining area to make it feel like a café for people.
- Meal times were a social occasion. People could choose where they ate their meals and who they sat with. During the lunchtime we observed staff supporting people with dignity and in a positive way, providing support in line with their care plans.
- People were offered a choice of options for their main meal in the morning of the day but were able to

change their mind at meal time and have a different option.

- Tea or coffee and biscuits/cakes were delivered to all in the morning and afternoon. Drinks/juices were available in the lounge/dining area and on request and bedrooms had supplies of fluids in them.
- People and their families were complimentary about the food. One person said, "The food's fantastic." Another person told us, "The food and the meals are very good" and "If there is something [meal] you like, the chef will get it." A family member said, "[My relative] seems to like the meals, there is choice."

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the managers worked closely with other agencies to maximise the support and care people received.
- The registered manager told us they worked in partnership with district nurses, pharmacies, GP's, social workers and other health and care professionals to meet people's needs, we saw evidence of this in peoples care files. One person told us, "If I needed the doctor, I'd get it. A chiropodist comes in every six weeks and we have a hairdresser every week."
- All of the health and care professionals we received feedback from were very positive about their relationship with the home. One health professional told us, "The manager maintains regular communication with external professionals arranges appointments, requests guidance when required and continues to develop further skills to enhance practice for the whole staffing team."

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

- The home was an adapted house located in a residential area. It was designed and adapted to meet needs of older people living with dementia. The doors to people's bedrooms were numbered and designed to look like a front door. They were painted different colours with a picture to help people locate their individual rooms.
- There was a secure garden area to enable people to enjoy going outside in a safe environment. There were raised flower beds to enable people with limited mobility to continue to enjoy gardening.
- People's bedrooms were personalised with items they had brought with them and pictures they had chosen.

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

- People were supported by staff who knew them well and understood their healthcare needs. One person told us, "The place will get the doctor if needed." A family member said, "Since being here [my relative's] health has improved and I put it down to good care and medical intervention." Another family member told us, "I am the main and only contact [for my relative] and they [staff] communicate with me about her leg dressings and any medication changes."
- Health professions told us they had no concerns regarding how the home responds to people's health care needs. One health professional told us, "I believe there is a good team at the home, the care staff appeared to have a good understanding of their clients, the manager knew the clients well and could give me information when I asked for it, they allowed the clients to speak for themselves."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and were involved as partners in their care.

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

- People and family members spoke positively about staff and the care provided. One person said, "All the staff have been great. The staff are always helpful and attentive." One person who preferred to stay in their own room told us, "Staff do pop in to check on me from time to time during the day." A family member said, "The staff are marvellous here. The staff are always here for me as well as [my relative]."
- The comments were echoed by the health and care professionals we received feedback from. A health professional told us, "It is an incredibly caring environment." Another health professional said in their feedback, "I have observed excellent communication between staff and the residents showing great patience, sensitivity and kindness. Staff spend time talking, listening with residents and encourage various activities throughout the day."
- We observed people were treated with kindness and compassion. All staff, including domestic and kitchen staff spoke respectfully to people and engaged with them in a friendly, relaxed way. They called people by their preferred name and spent time chatting or reading newspapers and books with them in the communal areas of the home.
- People were supported by staff who promoted their diversity. Staff were open to people of all faiths and belief systems, and there was no indication that people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. Although, the home was not supporting anyone who was covered by the Equality Act at the time of the inspection, the provider had systems in place to assess people's individual needs to ensure they did not suffer from any form of discrimination.

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

- People and their families, when appropriate were actively involved in their care and support decisions. One person, who lives at the home with his wife told us, "They [staff] have talked to us about our care." A family member said, "They do involve me in decisions about him."
- We saw staff checked with people before providing support and encouraged them to express their views and wishes.
- The registered manager ensured people and their families could feedback about the home and the support they received both on an informal and formal basis.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with patience and respect. People were called by their preferred name and staff spoke

about people in a respectful and compassionate way. The person living at the home with his wife said, "We feel they give us privacy when we are together." Another person told us, "They definitely treat me and others with dignity."

- We saw people were supported discreetly if they needed help with anything and tasks were carried out in a dignified manner. For example, we saw the registered manager quietly speak with a person who had dribbled onto their chin to offer support. When this was accepted they took the person to one side and discreetly supported them.

- People were encouraged to maintain friendships and contact with their families. Family members and friends were able to visit whenever they wanted. One person said, "My wife visits and is made welcome by staff." Another person told us, "No restrictions on my visitors or family."

- People were given choices about their care and encouraged to be as independent as possible. One person said, "I can choose to be in my room if I want. I can do as I please in here." Another person told us "I like being a bit independent." They added that if they needed it, "They [staff] help me wash and do my hair."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control At our last inspection the provider had failed to ensure care was planned and responded to in a personalised way. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. One person said, "Oh yes, I definitely feel I get what [care] I need here." A family member told us, "He definitely gets the care he needs here."
- Care plans informed staff how they should support people in a way that met their likes, dislikes and preferences and of the things that were important to them.
- Other aspects of people's care plans did contain detailed information on how to support people with other complex health needs, such as living with diabetes or epilepsy.
- A care professional told us, "I was very impressed with the care plan that was completed for my client and can honestly say they are the best I've seen. The care plan was clear, concise and well set out, covering all aspects of an individual's care and support. I would expect new staff members would be able to read them and know the client well enough to continue to deliver an individual person-centred service to the residents."
- In each person's bedroom there was a summary support plan, which highlighted key points regarding the care and support required. This provided a quick overview and to guide staff on the person's care needs and how to support them.
- People's daily care records confirmed that care and support had been delivered in line with people's needs, wishes and preferences. One person told us, "They [staff] write a diary [daily record of care] for me every day"
- The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Where people did not communicate verbally, staff understood people's non-verbal communication, such as body language.
- People were supported to engage in a range of group and individual activities. One person said, "There's always something [activities] going on." Another person told us, "We do get people come in to entertain us."
- People were offered a choice of what they wanted to do and whether they wanted to join in with the activities. One person said, "I feel I can do as I please." Another person told us, "Plenty do if you want to."
- The activities co-ordinator told us the arranged group events such as arts and craft, leg and chair exercises,

a gardening club as one to one sessions with people. They said they take people out most days and children from a local nursery visited once a week and interacted with the people in the home.

- The registered manager was working with an external company, who visited the home to support staff in developing meaningful activities for the people living at the home.

Improving care quality in response to complaints or concerns

- Complaints about the home and the quality of the support provided was managed effectively. The provider had systems in place to log, respond to, follow up and close complaints. Although there had been no complaints since the last inspection the registered manager was able to explain the action they would take if one was received.

- People and their families told us they were happy with the care and support they received and felt able to raise concerns if they wished. One person said, "I can't think of anything to complain about." A family member told us, "No complaints, but I would say so if needed and I'm sure they would put it right".

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service, however they had previously provided this care, in conjunction with community healthcare professionals in the past. We saw feedback from family members of people who had received end of life care. These were all positive and praised the home and staff for providing sensitive and compassionate care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection we found this key question had improved but still remained requires improvement. This meant that although the management and leadership of the service had improved it was still inconsistent. Systems and processes did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure there were effective systems were in place to identify areas requiring improvement and make necessary changes promptly. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17. However, there was still some opportunities for further improvement and changes still needed to be fully embedded. We raised these issues with the registered manager and nominated individual, who is the provider's representative, and they agreed there was "still work to do."

- There were systems and processes in place across all levels of the organisation to assess, monitor and improve the quality of the service provided. However, these systems were not always robust and did not always identify opportunities for improvement.
- For example, the infection control audit failed to identify that some furniture was worn and presented an infection control risk or that staff did not always follow best practice guidance. The audits of care plans did not always identify that some care plans and risk assessments did not always reflect people's individual needs.
- We raised these concerns with the nominated individual, who was the provider's representative and the registered manager who took action to ensure their auditing processes were expanded to cover all aspects of the regulations.
- Other audits carried out by the registered manager were effective, such as audits of medicines management, accidents and incidents, fire safety and the environment.
- Where concern or areas for improvement were identified, these were included on the home's action plan and monitored by the registered manager and the quality assurance manager.
- The provider was actively engaged in the quality assurance process through a regular compliance audit. However, they did not always have consistent systems in place for reviewing all of their policies and associated processes, such as staff recruitment, to ensure they always reflected current best practice and aligned to the regulatory requirements.
- Where appropriate, the provider used external agencies to carry out audits to ensure compliance with national guidelines. For example, a medicines audit was carried out earlier this year by the local commissioning team. The person completing the audit feedback to us that the audit had highlighted several areas of improvement and immediate action was taken to implement the recommendations.

- There was a management structure in place, consisting of the registered manager, who was supported by the quality assurance manager, the nominated individual, who was the provider's representative and senior care staff. Each had clear roles and responsibilities.
- Staff were organised and carried out their duties in a calm, professional manner. They communicated well between themselves to help ensure people's needs were met, including during handover meetings at the start of each shift. One person told us, "Staff seem very happy working here." Another person said, "It's a lovely place, feels like a family." A member of staff told us, "I feel not just valued here but the manager supports me completely."
- The provider was fully engaged in the home through the quality assurance manager and the nominated individual. The nominated individual told us, "Whenever I come here it is a very happy home." They said that when they visited the home they spoke with people and staff as well as doing an observational walk around.

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

- Apart from seeking the views of people and their families informally, the provider and the registered manager used a range of ways to involve people, their families and staff in the running of the service. This included regular residents' meetings and letters of feedback.
- The provider also used technology to seek feedback from families and visitors to the home. We saw comments made by families on a private social media page and comments on an internet care home review website. Without exception, all of the feedback was positive praising both the management and staff for their compassion, care and professionalism.
- Staff had team meetings, supervisions and appraisals to enable them to communicate with the management team. The management team had an open-door policy for staff to go and raise any concerns they may have. One staff member told us, "Yes, I have supervisions and appraisals. I have a supervision planned for tomorrow. It is great, I know I can express myself and know I can get support."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Everyone we spoke with told us they felt the home was well run. One person said, "The manager is good, she helps the others [residents]." Another person told us, "I find the senior staff very helpful." A family member said, "I know the managers and I think they do a good job". A health professional told us, "I am most impressed with the professional management shown in all respects." They added, "The manager maintains regular communication with external professionals arranges appointments, requests guidance when required and continues to develop further skills to enhance practice for the whole staffing team."
- The providers vision and values for the home included offering people the opportunity to enhance their quality of life by providing a safe, manageable, and comfortable home environment with plenty of support and stimulation. The management team and staff were passionate about delivering care in line with these values. The registered manager said, "The home catches your heart. I knew there were issues when I came here. I have worked hard to home with my team to be outstanding in providing care." A member of staff told us the registered manager, "has high expectations but she is supportive of how to get there. This is a lovely place and I have got to know people, so I can help them to be happy."
- The registered manager was fully involved in the daily running of the home. They were visible and accessible to people and staff and told us they often worked alongside staff to monitor the standard of care delivery. They demonstrated an open and transparent approach to their role and acted promptly to all feedback provided during this inspection.
- They also understood the requirements of their registration. They had notified CQC of all significant events and had displayed the previous CQC rating on their website and prominently in the entrance hall. There was a duty of candour policy in place to help ensure staff acted in an open way if people came to harm, although no incidents had occurred that met the threshold for its use.

Working in partnership with others

- There was a coordinated approach to people's care. Partnership working with people, their relatives and other external healthcare professionals ensured people received care that was effective and appropriate to their needs. We received positive feedback from health and care professionals about their working relationship with the provider and registered manager.