

Crest House Care Limited

# Crest House Care Home

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on the 5 and 7 November 2018 and the first day was unannounced.

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

The home is registered to provide personal care and accommodation for up to 25 older people. At the time of the inspection there were 14 people living there. Most people were independent, while others needed some assistance to move around the home safely and support with personal care.

At the last inspection in August 2017 the overall rating for Crest House was Requires Improvement as more work was needed to ensure the quality assurance system identified areas for improvement. For example, accident and incidents were not consistently reported to the local authority. Recruitment procedures were also not robust and records did not consistently demonstrate that suitable people were employed. At this inspection we found these areas had been addressed and the overall rating had improved to Good.

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

The quality assurance system had been reviewed and areas for change had been identified and prioritised to drive improvement. The recruitment process was robust and staff had completed relevant training, including medication, infection control, equality and diversity and safeguarding people. Staff understood people's needs and how to protect people from abuse. They explained what action they would take if they had any concerns and followed current guidelines.

People were involved in writing and reviewing their care plans and staff offered support based on each person's individual preferences. Risk had been assessed and people were supported to be independent in a safe way, using walking aids or with staff assistance. There was a varied programme of group and one to one activities, that were discussed and agreed with people living in Crest House. The provider and staff asked for feedback from people and visitors about all aspects of the services provided, through day to day discussions and regular residents meetings. People said they were comfortable talking to staff about the support and care they received and the activities they chose to do.

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

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow

the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff said people could communicate their needs and the registered manager had arranged AIS training.

People said the food was very good. They were offered choices for each meal and drink and snacks were available at any time. Visitors to the home were made to feel very welcome and people were supported to keep in touch with relatives and friends.

People, their relatives, staff and professionals spoke highly about the registered manager and felt the service was well-led. The provider sought feedback to improve the quality of the service and involved people and relatives in planning any changes.

Further information is in the detailed findings below.

## 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.

Staff had attended safeguarding training, they understood abuse, how to protect people from harm and when to inform the local authority.

Recruitment practices were robust, only suitable staff were employed and there were enough staff working at the home to provide the support people wanted.

Risk to people had been assessed and staff supported people to be independent and take risks safely.

Medicines were administered safely and regular audits ensured records were completed correctly.

### Is the service effective?

Good 

The service was effective.

Staff had attended relevant training including Mental Capacity Act 2005 and Deprivation of Liberty and were aware of their responsibilities.

People were offered a nutritious and healthy diet, choices were available and people chose where to have their meals.

Health professionals visited people as required and staff attended appointments with people with their agreement.

### Is the service caring?

Good 

The service was caring.

Staff treated people with respect, they offered assistance but respected people's choices if it was refused.

People decided where and how they spent their time and said staff responded quickly to any requests.

Visitors were made to feel very welcome and people were

encouraged to maintain relationships with relatives and friends.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received support that was personalised to meet their needs, wishes and preferences.

A range of group and one to one activities were available for people to participate in if they wished.

People and relatives knew there was a complaints procedure and said they had not needed to use it.

### **Is the service well-led?**

**Good** ●

The service was well led.

The quality assurance and monitoring process was effective and ensured appropriate support and care was provided.

The provider informed people and relatives about any planned improvements and asked for their comments before any changes were made.

Feedback was sought from people, relatives and staff through regular meetings and satisfaction questionnaires.

# Crest House Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on the 5 and 7 November 2018 and the first day was unannounced. The inspection team consisted of one inspector and an 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.

Before the inspection we looked at the information we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager, about events that occurred at the service. We also reviewed the information sent in by the provider and registered manager in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service; such as what they do well and any improvements they plan to make.

We spoke with nine people, two relatives and eight staff; including the provider, registered manager, chef, care staff, activity staff and housekeeping staff. Following the inspection, we emailed health and social care professionals and received a response from two. We have included the responses in the report.

We reviewed records, including three care plans, the provider's internal checks and audits, three staff files, medicine records and accidents and incidents.

We asked the registered manager to send us minutes from residents, staff and management meetings, the training plan and policies and procedures. These were sent promptly following the inspection.

## Is the service safe?

### Our findings

At our inspection in October 2017 this key question was rated Requires Improvement. This was because improvements were needed to ensure staff followed current guidelines regarding incidents and accidents. The recruitment process was also not robust and did not demonstrate that only suitable people were employed. This inspection found that improvements had been made and the rating had improved to Good.

Following the last inspection, the registered manager sought advice about referring people to the local authority after an incident or accident. They followed current safeguarding guidelines and made referrals as required. All incidents and accidents were recorded; staff followed the provider's policy and called paramedics if they had any concerns and observed and monitored people after each incident. Advice was sought from GPs, for example if staff thought a person had a urinary tract infection, for appropriate treatment. Risk assessments and care plans were updated to reflect if people needed additional support and staff were very clear about how they supported people to be safe and reduce risk as much as possible. The registered manager audited these records to look for trends or areas where improvements could be made to reduce risk. This showed that staff learnt from accidents and incidents and action was taken to prevent a re-occurrence.

Robust recruitment procedures ensured only suitable staff worked at the home. Relevant checks on prospective staff's suitability had been completed; including references, interview records, evidence of their right to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS check identifies if prospective staff are safe to work in the care sector. People said they were safe living in Crest House. They told us, "Yes very good here, everyone is around to make you feel safe, the staff are very good" and "Yes the staff treat me properly, I would talk to the staff or cook if I didn't feel safe, yes I feel safe from harm, and everything is fine."

People said there were enough staff working in the home to provide the care and support they needed. They told us, "Yes the staff come quickly if you ring", "I keep thinking about going home but I am happy here, never had to ring my bell for the staff" and "There is always staff in the lounge if someone needs something." Staff said they did not feel like they rushed around and had time to stop and talk to people and visitors. Staff turnover was low and several had worked at the home for many years. One member of staff told us they were happy working at Crest House, "Rewarding work with the residents and making a bit of a difference and getting the best for them, I love it." Health professionals told us the home was well staffed and responded promptly if medicines had not been delivered, which ensured people had the medicines they needed.

The management of medicines ensured that people received their medicines as prescribed and policies and procedures were available for staff to follow and refer to. Staff said they had received medicine training and records supported this. Staff showed medicines were ordered monthly and checked in before they were needed, to ensure they had received the correct ones. They were stored securely in locked cupboard in the dining room. If medicines had to be kept in a fridge these were stored and labelled appropriately in a secure box in the main fridge, which had been agreed with the pharmacist as a safe system. At the time of the

inspection there were no medicines stored in the fridge. Medicine administration records (MAR) contained photographs of people for identification purposes, their GP and contact details as well as any allergies they had. Staff said they checked the MAR for errors each time they gave medicines out and the registered manager completed regular audits to ensure the records were correct. People were prescribed 'as required' medicines, which were given when needed, such as for pain relief or anxiety. Records showed why the medicine was prescribed, the dose and the maximum amount used within 24 hours. We observed staff giving out medicines when needed; they asked people if they were comfortable and if they needed anything for pain.

Risks to people were well managed and people were supported to be as independent as possible. Staff said people's individual needs were assessed when they moved into the home and risk assessments and care plans were written with people and their relatives, if appropriate. This made sure people were as safe as possible without any restrictions. One member of staff told us, "We keep any risk to a minimum, but we also don't want to stop residents doing what they want to do." For example, people using walking aids were supported to move around the home safely. Pressure relieving cushions and mattresses were provided, to reduce the risk of pressure damage and promote skin integrity. Staff spoke knowledgeably about people's specific support needs. One member of staff told us, "We might have to remind residents to use their zimmer sometimes and use wheelchairs when residents are unable to walk far, but they decide what they want to do. It is up to them and we have to respect their choices even if it is a bit risky."

People were protected from the risk of harm and abuse because staff had attended training in safeguarding people and knew what steps to take if they thought someone was at risk. Staff said they would talk to the registered manager or provider if they had any concerns and the contact details, of the local authority or CQC, were in the office if they needed them. Staff told us there was whistleblowing policy and said they would not hesitate to intervene or talk to management if they observed poor practice.

People told us the home was, "Excellent, very clean and tidy" and "It is very clean here, always changing the towels and bed clothes." The home was well maintained and the provider had made several improvements after discussions with people. At the time of the inspection the kitchen was being refurbished; people knew this had been arranged and chatted about the alternative arrangements for meals. One person told us, "The chef is looking forward to having a new kitchen, it will be nice."

Staff had attended infection control training and used protective personal equipment (PPE) when needed, such as gloves and aprons. Hand washing and hand sanitising facilities were available throughout the home. Laundry facilities had equipment that was suitable to clean soiled washing and keep people safe from the risk of infection.

Environmental risk assessments and checks had been completed so that people, visitors and staff were safe. Records showed there were current certificates for gas and electrical equipment, the lift and people's personal property, such as TVs and radios. The fire alarm system was tested weekly; staff had attended fire training and there were personal emergency evacuation plans (PEEPs), for staff to refer to if they had to assist people to leave the building.



## Is the service effective?

### Our findings

People's needs were assessed and support was provided in line with current guidance. People told us staff understood their needs; they offered support whilst respecting people's independence, which meant people made decisions about the care they received. One person told us, "Yes the staff talk to me about my care and I see the doctor if I need to." People said the food was good, "There is plenty to eat" and "Plus snacks." A relative told us, "The staff are really well trained and know exactly how to look after people."

Staff told us people living in Crest House made decisions about the care and support they received. One member of staff said, "All of the residents can decide what they want to do and how much support we give them, everything is up to them." Another member of staff told us, "We have done the mental capacity training so if we had any worries about a resident's memory or anything we would talk to their GP and if they wanted us to their relatives." Staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had completed the training. 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 people 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Staff knew how to make referrals to the local authority if required, although they had not made any referrals for people at the time of the inspection.

We saw people made decisions about the support they received and where they spent their time. People said, "I like to sit in my room, but I join them for lunch", "I think we all decide what we do, there is always something going on" and "They are very good, ask us if we need anything, but I like to do things myself." Staff demonstrated a good understanding of the importance of ensuring people made decisions. They said they consistently asked people for their consent before they offered any assistance and we saw staff doing this. Care plans showed that people had been consulted about the support provided and had signed to acknowledge their agreement.

People were supported by staff who had the skills and knowledge to understand their needs and offer assistance as required. The provider information return (PIR) stated that there was regular training and supervision, with six monthly reviews of staff practice and ongoing discussions about the support and care provided. Staff told us there was regular training and they were kept up to date with refresher training when needed. The training included first aid, infection control, moving and handling, person-centred approaches, food hygiene, medication and health and safety. One member of staff told us, "I love it here, very supportive management, training up to date, regular supervision, fire training and manual handling." One person said, "Yes, the staff are qualified to look after me or I would not be here."

Staff had completed equality and diversity training, were aware of people's rights, irrespective of their age, race or disability and offered support accordingly. One member of staff said, "The residents have the same

rights as we have, to make our own choices and they can expect them to be respected by others." Staff were confident that people's preferences and rights were protected.

There was regular team meetings for staff to discuss their practice and how best, as a team they, "Can provide the support people want." Staff told us, "We work really well as a team and support each other. If one of us is busy then we help so the residents have the support they need. We are here to look after them."

Several staff had worked at the home for many years, some for more than 10 years and there was a low turnover of staff. Induction training was provided for new staff, who worked with experienced staff while completing the care certificate, or working towards health and social care diplomas as apprentices from the local college. The care certificate is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. Staff were supported to do additional training if they wished and staff working in the home had completed national vocational qualifications in health and social care. Care staff had completed Level 2 and 3 and the registered manager had completed Level 5 in management. The PIR stated that staff were supported to complete relevant and additional training if they had specific support needs. Staff said they were involved in discussions about the training plan and could put forward suggestions for training courses.

While the new kitchen was being fitted the provider had arranged for meals to be delivered by a well-known community provider. People said they were offered choices as usual and the meals were very good. People enjoyed lunch, the first meal provided by the company. They chatted to each other and the chef about how good the food was and the atmosphere in the home was relaxed and comfortable. People chose where to have their meal. Several sat in the dining room, in small groups or on their own it was their choice and others preferred to sit in the lounge or remain in their own room. People told us, "We decide where we have our meals. I like to sit in the dining room for lunch, I don't get up early so have breakfast in my room", "Food is wonderful, we get to choose lunch and supper in the morning, good quality and cooked well" and "Oh yes, plenty to eat and drink plus cakes, biscuits with drinks." The chef told us they spoke to people daily about the meals and said, "They can really have what they want, it is up to them." People agreed saying they could have something different if they wanted to. Specific dietary needs were met, such as supporting people with diabetes. Staff knew how much people ate and drank and that some preferred a small meal. People were weighed monthly, or more often if staff had concerns about the amount they ate and drank. Advice was sought from GPs and dieticians and fortified meals, meals with added milk and cream to increase calories, had been agreed with health professionals, when people lost weight.

People were supported to be as healthy as possible and received healthcare assistance from professionals when they needed it. People told us, "Chiropodist comes regularly and we can ask for a doctor", "Yes a GP would be arranged and a lady chiropodist comes around and a hairdresser" and "Doctor, dentist, chiropodist all arranged, yes eye tests too." Staff said they recorded any feedback from professionals in the care plans, with the agreement of the person concerned. Staff were told during feedback from professionals if people needed additional support. Records were kept of the visits and if there were any changes to people's support needs the guidance for staff was reviewed and updated. Staff said they were happy to attend appointments with people if they asked them to and staff went with one person during the inspection.

People's individual needs had been met by adaptations to the home and equipment was provided to ensure they were as independent as possible. Crest House was a large building and people moved around safely, using walking aids or with staff assistance as required. People could access their rooms and the communal areas using the lift. There were slopes and ramps which enabled people to use the garden, walk to nearby

facilities and use the private gardens across the road.

## Is the service caring?

### Our findings

People said they were independent and decided how and where they spent their time; "The staff help us if we need it, but I can do most things so don't need to ask for much help" and "It is very nice like being like part of a big family." People said staff were kind, caring and patient. Staff enjoyed working at the home. One told us, "I look forward to coming to work, not everyone can say that about their job." Health professionals said staff were professional and caring.

Care plans included information about how much support people wanted; people said they had talked to staff about their needs and had agreed with what was in their care plan. One person told us, "Staff help me get up and go to bed which I like. I have a thorough wash every day." Another person said, "They give me enough time, they know me well and what I like." People, visitors and staff were clearly relaxed in each other's company. They knew each other very well and conversations between them were friendly, with laughter and jokes shared.

Staff said they promoted people's independence; they encouraged people to make decisions and offered assistance when needed. Staff said it was their responsibility to ensure people had everything they wanted and were comfortable. "We treat residents with respect, this is their home and they really decide what we do" and "They make all the decisions." People said staff protected their privacy and dignity. They told us, "They treat me with dignity and respect always", "They always knock on the door", "They check I am alright, I like to stay in my room" and "More or less I can get up and go to bed when I like. I often read a paper in my room before going to the lounge." People had been asked if they wanted staff to check on them at night; their preference was recorded in the care plans and staff said it was their choice and they respected this.

Staff had a good understanding of equality and diversity. They provided personalised support that reflected people's needs, choices, preferences and respected people's rights and beliefs. Staff told us, "Crest House is their home and we are here to support residents to do what they want to do. It is not up to us" and "We talk to residents about what they need and if we can help them, but we also don't make decisions for them." People said they could talk to staff at any time, "Staff are always available to have a chat, "They come quickly if we need anything, just use the bell" and, "They listen to what we say, which is very nice."

Staff knew people very well and spoke knowledgeably about people's individual needs and preferences. The care plans included people's backgrounds, their working life, interests, hobbies and details of people who were important to them. Staff said they get to know people, their relatives and friends, but that it was a two-way relationship, with people getting to know staff and their families as well. People told us, "Staff are lovely without exception, very easy to talk to and discuss any problems", "Yes I like the staff, absolutely kind, some very experienced staff" and "No bad ones, kind and caring."

Relatives said they could visit at any time and were always made to feel very welcome. Staff had told them we were doing an inspection and some wanted to talk to us. Relatives said staff were, "Excellent", "Couldn't fault them" and "They support residents but also let them decide, might try and persuade, but it is up to them." People knew we were doing an inspection, staff introduced us and explained what the inspection

meant. One member of staff told people, "They check you have the support and care you need." People responded with, "We are very well looked after", "It is a lovely home, I have my room how I want it" and "I am very comfortable here, feel better now than when I moved in."

Records were kept secure and staff were aware of the General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. Care plans and other records were stored in a locked cupboard at the end of the dining room.

## Is the service responsive?

### Our findings

People received care and support that was responsive to their individual needs, preferences and choices. One person told us, "The staff are very good, they always ask us what we want to do and if we don't want to do anything that is ok." Group and individual activities, were based on people's interests, and they chose if they wanted to participate. One member of staff said, "We provide personalised care, it is different for each person and that means they may not want to join in, or they might sometimes, it is up to them."

People said they and/or their relatives had visited Crest House to look at the environment and talk to staff, before moving in. Most people living in the home were from the local area. They knew the home because friends or relatives had previously lived in Crest House or they had been part of the local church who visited the home regularly. The registered manager said they met with people and their relatives, if appropriate, to assess their needs before they were offered a room. "So that we know we can provide the right support and care. We have to be sure we can look after people and that they would feel comfortable living here."

The assessment was used as the basis of the care plans, which were written with and agreed by each person. Care plans included information about people's physical health and areas where additional support was needed, such as, prompting to have a wash and encouragement to use a walking aid. Risk assessments were specific and staff had clear knowledge of when people may be at risk. For example, one person forgot to ring for assistance and was at risk of falls so staff checked on them regularly when they were in their own room. There was always a member of staff in the lounge if people tried to walk without their aid and we saw staff reminded people as they stood up to walk to the dining room for lunch. One person was unable to stand on their own and staff assisted them using a wheelchair. The person told us, "They are very good and help me join other people here, we don't always chat but it is nice to sit together and have lunch."

People were supported to maintain relationships that were important to them. Staff said there was broadband connection in the home and people could use it to contact people using skype if they wanted to. However, most people used the landline or mobile phone to talk to relatives and friends.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People and staff were aware that people may need assistance with communicating their choices, due to sensory loss, limited eyesight or reduced hearing. We saw people and staff informing each other what was happening in the home. If a person had not heard what staff said the person sitting near them repeated it and we observed people supported each other throughout the inspection. Information about people's specific support needs with communication were included in their care plans with guidance for staff to follow.

Staff said people decided how the activity programme was developed and they respected people's choices if they chose not to join in. "The support we provide is personalised and will be different for each resident." They said, "I don't join in the activities, I do a lot of reading", "Sometimes I watch TV and read, no I don't do

activities", "I do most activities, especially crafts, bingo and scrabble, not keen on outside trips, they can be tiring" and "The activities are very good and varied. I enjoy music, card making, yoga is nice and exercise to music, quizzes and memory games are good." A senior member of staff was responsible for arranging activities. They said they spoke to people about a possible entertainer, before they booked them, and asked people afterwards what they felt about it. We saw staff talking to people about the planned activities and it there was anything they wanted to do. "It is all based on what the residents want to do. They don't all want to do the same thing so we are always looking for something different." One person said they had enjoyed the recent painting class and another told us they liked to see and stroke the dogs when they visited. Several people joined in the exercise to music during the inspection, while others chose to watch. Musical entertainment was popular although they said some were better than others. One person told us, "We have had some terrible music and the children come from the nursery next door, that is quite good." The provider said they looked for ways of involving people in the community and inviting the community in. Visits from the nursery had been arranged, after staff had seen the TV programme which showed how important it was to have people of different ages spending time together. People said they enjoyed this.

People knew there was a complaints procedure and were confident if they spoke to the staff, the registered manager or provider, they would act on any concerns. The complaints procedure was given to people as part of the information they received when they moved into the home and it was displayed on the notice board. People told us they did not have anything to complain about and said, "No never had to make a complaint" and "I would go to the head of management, but never had a complaint." One person said the provider was very good and would sort things out if they had any concerns and another told us the registered manager always listened if they wanted to talk about anything. Staff said they would talk to people as soon as they were aware of any 'niggles' to resolve them quickly. We saw staff consistently asked people if they were comfortable, had everything they needed and discretely asked them if they needed assistance. Relatives were also aware of the complaints procedure and agreed that they had no reason to complain about the support and care provided.

No-one was receiving end of life care at the time of inspection. Staff had attended training to support people when their health needs changed and people's preferences about their end of life care had been included in their care plan. For example, Do Not Attempt Resuscitation (DNAR) forms, had been discussed with the person concerned, relatives and appropriate health professionals and were included in the care plans.

## Is the service well-led?

### Our findings

From our discussions with people, relatives, staff, the registered manager and provider, and our observations, we found the culture at the home was open and relaxed. Staff focused their energies on providing the care and support people living in Crest House wanted and needed. The registered manager was available for people and relatives when they wanted to talk and she spent time with people in the lounge, chatting and ensuring they were well looked after. Relatives said the provider and registered manager were very good, the home was well managed and staff made sure people had the care they needed. People said, "I know who the manager is, I tease her a lot", "I like the owner" and "Yes I know the manager she is friendly and approachable, I could talk to her." Staff were equally positive, they said the provider and registered manager were very supportive. One member of staff told us, "They are always available if we need anything and they work with us to make sure residents can do what they want."

The quality assurance system was used effectively to monitor the support and care provided and the facilities at the home. Audits had been completed to cover all areas, including medication, care plans, accidents and incidents and the environment. Staff said people's rooms and communal areas were checked daily, to ensure people could move around safely. The registered manager said changes were made if the audits, day to day observations or management meetings identified areas where improvements were needed. For example, an audit of the care plans and daily records showed that additional information was needed to reflect how people had spent their day and how staff had supported them. The registered manager said training was being sourced to support staff to improve record keeping skills.

Feedback about the care and the changes the provider had made to the home, was sought daily from people and relatives and through satisfaction questionnaires. Staff continually asked people if they were comfortable and if they had everything they needed. People told us, "Your care is shared and it is the proper care, oh yes I get the service I deserve and expect. Nothing that is not good", "I have come from a big family and I need company, it is pretty much like a family here so I am not lonely...a homely atmosphere" and "It is good here because I am well looked after and at less risk of falling." There were equally positive comments from the questionnaires. These included, "Happy with everything as it is", "Is very homely", "Everyone is kind and helpful, no complaints" and "Cannot think of a better alternative to here."

There were two monthly resident's meetings for people and they decided if they wanted to attend. People said, "Not interested in resident's meetings", "No I haven't been to a resident's meetings but they do have them", "Yes, I have been to a couple of resident's meetings" and "We have a chance to talk about what is happening and make suggestions." The minutes of the meetings showed that people discussed improvements to the home. They were asked what they thought about the food and the staff. They were also informed of any planned visitors, such as the local MP, who they agreed they should buy flowers for. The registered manager said the meetings were a good opportunity to discuss any proposed changes and find out how people felt about these before they started. For example, the new kitchen had been discussed some months before the building work began and people told us, "We knew all about it and that they had food organised for us."



There were regular staff meetings with the registered manager, which kept staff up to date and gave them another opportunity to put forward suggestions. The minutes showed staff discussed staffing, staff rotas, training and areas where improvements were needed. Staff told us, "We can talk to the manager or provider at any time about anything, but the meetings make it a bit more official and they keep us up to date too."

The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong.

Notifications had been submitted to CQC about events or incidents they are required by law to tell us about. The registered manager and staff said they kept people, their relatives and friends informed about everything that happened at Crest House. One of the staff told us, "We tell them about everything that is going on here, it is their home, as long as it isn't about another resident, that would be confidential." A relative said, "I live a bit away so I can ring them and they tell me what is going on and if they need anything. Very good." The registered manager and provider said they worked very well together. The registered manager told us the provider was very supportive, they had the same vision of how the service would develop for the benefit of people living in the home. The minutes from the management meeting showed that they regularly discussed how the service could improve and had clearly acted to make these improvements. For example, the new kitchen.