

Runwood Homes Limited

# Crowstone House

## Inspection report

Crowstone Avenue  
Westcliff On Sea  
Essex  
SS0 8HT

Tel: 01702436611  
Website: [www.runwoodhomes.co.uk](http://www.runwoodhomes.co.uk)

Date of inspection visit:  
06 November 2017  
07 November 2017

Date of publication:  
29 January 2018

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The Inspection took place on 6 and 7 November 2017 and it was unannounced. At the last inspection, the service was rated good. At this inspection the service remains good in safe and effective and has improved in caring, responsive and well-led.

Crowstone House is a 'care home'. People in care homes receive accommodation and 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 service is registered to care for up to 54 older people, some of whom may be living with dementia, a physical disability and/or a sensory impairment. There were 48 people living in the service when we inspected.

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

People were consistently cared for by kind, caring, respectful and compassionate staff. They told us that they felt they mattered and that staff always listened to them and helped them in any way they could. Staff were passionate about their role and had an exceptionally good knowledge about the people they cared for. People and their relatives said that staff, 'went the extra mile' and, 'go out of their way' to ensure that people had the most pleasant experience of care. Staff were described as, 'absolutely marvellous' and, 'kind and compassionate'. People and their relatives were kept actively involved in making decisions about their care. Advocacy services were available if people needed them. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People always received excellent personalised care that was tailored to their individual needs. Staff cared for each person as an individual and knew them really well. The service promoted the importance of engagement and linking people to their community, people were extremely positive about their lives and told us about their trips to the theatre, the seafront, the dementia awareness festival, local church groups and to local cafes. People told us they made good friends and one relative said their loved one had a better social life since moving into Crowstone House. Everyone we spoke with praised the service and staff. They could not speak highly enough of the care and support they received.

People were encouraged to maintain personal relationships. Their families were able to share meals with them if they wished. People had the use of technology such as mobile phones and email systems and one person had used a tablet computer. Where people had never used technology before the service supported them to learn and link with their families which increased their wellbeing exponentially. A satellite television service had been ordered to offer people a wider choice of TV programmes.

People and relatives spoke confidently about how the service listened to them and felt concerns and

complaints, no matter how small, were acted upon and resolved to their satisfaction. The service learnt from complaints and made changes to ensure that people received an improved service. People had plans in place for their end of life care and staff knew how to support people's families at these times.

There was a wonderful personal relationship between staff, people and their loved ones. People and their families had confidence in the registered manager and staff. People consistently told us they would recommend Crowstone House to others as the care was exceptionally good. People's relatives felt they could talk with any of the staff and that they all knew exactly how to care for their loved one.

Staff felt valued and supported by management and by each other and ensured that people's needs and preferences were at the forefront of what they did. The service worked really well with other professionals and was highly rated by them. The provider operated an award system and Crowstone House won the award for excellence in 2016 and the registered manager won the award for excellence in 2017. And it was easy to see why they had received these awards; there was a feeling of calm and confidence amongst staff which gave people a sense of wellbeing. People benefit from an outstanding, ever improving service.

The service had effective and inclusive quality assurance systems and processes in place which highlighted any improvements needed. The system fully involved people and the actions taken by the service showed that all staff and management were quick to make the improvements. The registered manager felt strongly that the only way to continually improve the service for people was to ensure that they were at the heart of it all.

People were protected from the risk of harm by the systems, processes and practices in the service. Staff knew how to protect people and had been well trained. They knew what to do in an emergency and how to support people with mobility issues. The registered manager ensured that the right calibre of staff were recruited and retained, they were well trained and supervised and demonstrated excellent communication and teamwork.

There were plenty of staff working at all times to ensure people's needs were fully met. People received their medication safely as prescribed and the records were of a good clear standard. Staff had been trained in the prevention of infection and there were sufficient domestic staff employed to ensure the service was clean. The environment was well maintained, kept clean and was safe and hygienic.

People's care and support needs had been holistically assessed to ensure that all of their diverse needs could be met. People and their families had been fully involved in the process and the care plans were kept continually under review to enable staff to care for them correctly. Staff knew people well, were well trained and demonstrated the skills, knowledge and experience to care for people effectively. Where people found it difficult to communicate their needs, staff used a variety of methods of communicating with them to ensure their needs were met.

It was clear throughout our inspection and from the many people, relatives, staff and professionals we spoke with that the service was run for the people they cared for and that all the processes and systems in the service governed by management supported an inclusive person centred culture that allowed people to access their community, live full lives and really engage with each other, with their relatives and staff in a way that brought happiness to everyone in the service.

People were appropriately supported where they needed help with meals and drinks. They were involved in menu planning and had the choice from a range of home cooked food each day. The cook accommodated people's individual preferences and had prepared meals to order to ensure that people had sufficient,

appetising food that suited their taste. Staff ensured people's healthcare needs were met and worked well in partnership with other professionals to ensure that people received the best possible healthcare.

The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) to ensure that people had as much choice and control over their lives as possible. People were supported to maintain their independence whilst staff ensured they were kept safe by minimising risks. Where people were deprived of their liberty for safety reasons the service had completed the appropriate forms and had authorisations in place to do so. Where bedrails were used as a form of restraint to prevent a person from falling out of their bed, the service had carried out appropriate assessments in line with legislation.

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.

People were protected from the risk of abuse by the service's systems, processes and practices. Risks were assessed and monitored and people were supported to stay safe.

The registered manager safely recruited enough suitable, skilled and qualified staff to keep people safe and to meet their assessed needs.

Medication management was very good and staff ensured that people received their medication appropriately as prescribed.

People were protected from the risk of infection due to the service's infection control practices.

The registered manager shared investigation and audit information with staff and ensured that improvements were made and lessons were learnt.

### Is the service effective?

Good 

The service was effective.

People's needs were holistically assessed on an on-going basis and their changing needs catered for. Visitors were made to feel welcome at any time.

People were cared for by staff who were well trained and supported. People were supported to eat and drink enough to maintain a balanced diet.

The service worked well with others to deliver effective care and support. People experienced positive outcomes regarding their healthcare needs.

The service involved people in decisions about their environment. There was ample space for people to spend time with others or to just be on their own if they wished. There was good signage around the service to support people living with dementia to move around the home.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

### Is the service caring?

The service was very caring.

People were treated with kindness and compassion. Staff respected people's independence and supported them when required.

People felt they mattered as staff knew them very well and listened to them and were empathetic to their feelings

People and their families were fully involved in people's care and support and in decision making. Staff were respectful at all times and had a kind, friendly approach.

**Outstanding** 

### Is the service responsive?

The service was very responsive.

People and their relatives contributed fully to the assessment and care planning process. People's personal preferences, interests and hobbies were built into their care plans to ensure that they received care that was tailored to their individual needs.

People had excellent community links and regularly enjoyed trips to the theatre, cinema, pubs and other local services. They were able to follow their own interests and hobbies and enjoy an active social life.

There was an effective complaints system and people and their families were confident the service would listen to their concerns and deal with them appropriately.

Staff supported people to maintain close relationships with their family and friends in person, by telephone and by email. The service encouraged people to use new technology such as mobile phones and tablet computers to help them keep in touch with people.

**Outstanding** 

### Is the service well-led?

The service was extremely well led.

The registered manager and staff were highly visible and people

**Outstanding** 

and their relatives had confidence in the way the service was run. Many people said they would recommend the service to others as it was excellent.

Staff were well trained and supported and they shared the registered manager's vision to provide the best quality person centred care to meet people's individual diverse needs.

The registered manager and staff had received awards from the provider for providing excellent services in 2016 and 2017. External organisations were extremely positive about how the service worked together in partnership with them to provide people with high quality care.

People had strong links within their local and wider community and regularly accessed local shops, cafes and theatres.

The service had an effective quality assurance system in place that encouraged improvements. Management and staff were pro-active and learnt from mistakes and made changes to systems and practices in a timely way to prevent re-occurrence.

# Crowstone 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 November 2017 was unannounced and carried out by one inspector and an expert by experience on 6 November 2017 and one inspector on 7 November 2017. 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 14 people, six visiting relatives, a visiting professional, the registered manager, deputy manager and 12 members of staff. We reviewed four people's care files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaints records.

# Is the service safe?

## Our findings

The systems, processes and practices of the service safeguard people from abuse. People repeatedly told us how staff protected them and kept them safe. One person said, "There is always someone within shouting distance...that's one of the rules of this place, that we should always have someone on hand." Another person told us, "We're not left on our own in the lounge – there is always plenty of staff in here with us." Relatives told us they were confident that their loved ones were kept safe by staff who knew how to protect people. One relative said, "I know when I go home that my relative is safe and well cared for – that makes a huge difference to us. My relative tells us that they feel safe here." Throughout our visit people were seen to be comfortable, relaxed and happy with staff and with each other.

There was information about how to safeguard people displayed in the foyer and in the office. Staff had been trained and knew the actions to take if they witnessed or suspected abuse. There were policies and procedures in place for safeguarding people and staff demonstrated a good understanding of how to apply them. One staff member said, "I would take action straight away if I thought a person was being abused. The first thing I would do is make sure they are safe, then I would report it immediately to the manager, CQC or social services if need be." Another staff member told us, "We have training and regular updates and we discuss how to keep people safe in our staff meetings." Safeguarding records showed that the service had promptly taken action to protect people from the risk of abuse.

Risks to people's health and safety were monitored and managed to support them to stay safe and respect their freedom. Staff had been trained in first aid and fire safety and they knew to call the emergency services when needed. There were detailed PEEPS (fire evacuation plans) in place and a colour coded system was used on people's bedroom doors to enable staff to identify their mobility needs swiftly in the event of a fire. Staff told us, and the records confirmed that regular fire drills had been carried out. The registered manager involved the relevant people in decisions about risk taking and was not adverse to people making risky decisions. For example, one person had been a keen cyclist before moving into the service and was eager to continue with this despite the risks involved. We saw photographs of the person being supported to pursue this activity with staff support. Staff had a good knowledge of people's identified risks and described how they managed them. This showed that people were supported to take every day risks and to maintain their independence.

People were cared for in a safe environment. The registered manager ensured that other risks, such as the safety of the building and the equipment in use had been regularly checked and kept well maintained. There were safety certificates in place for the electrical, gas and water systems. The handyman told us, and the records confirmed that they carried out minor repairs and decorating work in a timely way. There was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

There were enough staff to support people to stay safe and to meet their assessed needs. People told us that staff responded quickly when they needed help or support. One person said, "I try not to bother them [staff] but if I do need them they come very quickly." Throughout our visits we saw that call bells were

answered swiftly and when people preferred to stay in their bedrooms staff had ensured they had access to their call bell. The staff duty rotas viewed over a six week period showed that staffing levels had been consistent and we saw that there were sufficient staff on duty to meet people's needs. The registered manager or the deputy manager was on call at weekends or when not in the building to support staff should they need it. The registered manager used a recognised tool to calculate staffing levels and the records showed that they currently provided over and above the required amount of staff. This enabled staff to provide additional care and support for example, for trips out in the local community, which people told us they really enjoyed.

The service had robust recruitment processes which ensured that people were supported by suitable staff. The registered manager had obtained the appropriate checks in line with regulatory requirements, for example checks undertaken by the Disclosure and Barring Service (DBS) and written references had been obtained before staff started work. The registered manager placed a huge importance on recruiting and retaining good staff and believed that communication was the key. They stated in a recent service publication, 'We value staff's opinions and contributions and are as interested in their career as they are. We need to actively work towards retaining our good and loyal staff.' Many of the staff had worked at the service for several years but newer staff told us that there was an in-depth recruitment process where they had not been able to start work until all required checks had been completed.

The provider ensured the proper and safe use of medicines. People told us they received their medication correctly and knew what it was for. They said staff were professional and efficient in their handling of medication. One person said, "I have tablets four times a day. They [staff] try very hard to space them equally, it's one of the reasons I go to bed later now. They will never just give me my tablets and go, they make sure that I have taken them first." A visiting relative told us, "The staff are good with my relatives tablets, they are given regularly and safely. Staff explain what they are for and they make sure my relative takes them before leaving." Staff had a good knowledge of people's medication needs and gave them their medicines appropriately. There was a safe system in place for ordering, receiving, storing and the disposal of medication. We carried out a random check of the medication system and observed part of a medication round. We found that the medication checked was correct and the Medication Administration Record forms (MAR) had been completed to a very good standard, with no gaps or omissions. Where people had not taken their prescribed medication, the reasons had been clearly recorded. Where packets and bottles of medication had been opened they were signed and dated to ensure they were fresh and in date. Staff had been trained and had regular updates to refresh their knowledge. Their competency to administer medication had been regularly checked. There was a list of staff signatures to identify who had administered medication. This showed that people received their medication safely and as prescribed.

People were protected from the risk of infection. The service employed three domestic staff and each worked 30 hours a week covering a seven day period. All three domestic staff had received training in infection control and demonstrated a good knowledge of how to prevent and control infection. People and their relatives told us that the service was always clean and hygienic. One person said, "We've had two cleaners round already today, and it's only 10am. One was vacuuming and the other was cleaning and dusting." Another person said, "The staff quickly deal with any spillages, they wipe surfaces, clean up and it doesn't smell here either." We saw that furniture was kept clean and that staff cleaned up any spills quickly. There were clear policies, procedures and risk assessments in place for the prevention and control of infection. Appropriate action had been taken to manage risks relating to infection, such as contacting the Health Protection Agency. The registered manager had undertaken regular audits in line with the service's infection control policy. This showed that the service took infection control seriously and did all that it could to prevent the risk of the spread of infection.

Staff understood their responsibilities to record all safety incidents and near misses. The registered manager monitored accidents and incidents and analysed the information to share with staff at staff meetings. We saw from staff meeting notes that investigations into errors had been discussed and that lessons were learnt. There was clear information about external safety alerts in the alert folder. One staff member said, "We always discuss anything that went wrong at our staff meetings. We try to work out why things happened and how we can prevent them from happening again. We work together as a team." The staff meeting notes showed that accidents and incidents had been discussed and that actions had been put in place to minimise the risk of future occurrences.

## Is the service effective?

### Our findings

People's physical, mental health and social needs were holistically assessed on an on-going basis in line with legislation, evidence based guidance and other expert professional bodies. People told us that as their needs changed so did their care plans. For example, the service ensured that people's dependency needs were assessed monthly using a dementia dependency tool and the Barthel scale. The Barthel scale is an ordinal scale that is used to measure 'the activities of daily living'. People's care plans were adjusted to meet any changes identified in their monthly assessments. This meant that people's holistic changing needs were catered for. The records showed that where people lacked capacity advocates had been called upon to help them to make decisions about their care and support. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. They helped ensure that people were not discriminated against on any grounds such as their protected characteristics under the Equality Act.

People were cared for by staff who had the skills, knowledge and experience to deliver effective care and support. Staff told us, and the records confirmed that they received regular support and supervision. They said the induction process was detailed and enabled them to perform their role with confidence. One staff member said, "My induction was very good and I have had the necessary training which helps me to do the work effectively." Staff told us, and the records confirmed that they had received a wide range of training that was tailored to their individual needs, appropriate for their role and regularly updated. One staff member told us, "The training is really good. We do on-line learning and practical training to show us how to move people safely. I have regular supervision and appraisals and if I want to do any other training I only have to ask and it is arranged for me. I feel that I am an important, valued member of staff." People felt that staff were happy and well trained. One person said, "I don't get the impression that staff are unhappy here as they never moan and are always happy to have a laugh and a joke. They get good training." Staff told us they were encouraged to develop their career and 18 of the service's 41 staff had obtained a nationally recognised vocational qualification in care. Staff had the knowledge and skills to care for people effectively.

People were supported to eat and drink enough to maintain a balanced diet. People told us, and the records confirmed that the chef regularly asked for their input into the menus. People had requested alternatives and their preferences were catered for. One person said, "I am not a big eater, but they cater for me well. Today I've asked for egg and mashed potato – it's a favourite of mine. The cook will do whatever we want." Another person told us, "The food is wonderful, I've had worse food in hotels before – it's great! We have roasts two or three times a week, we can't complain. There's always plenty, and it's good, wholesome food." We observed the lunchtime meal and it was a happy and social event. Laughter and happy conversation was widespread throughout the dining room. We saw that people were offered ample choices throughout the meal. People told us they could change their mind at any time and have something different. One person said, "The cook is very accommodating and will make us exactly what we ask for." We saw a thank you card that stated, "We would like to thank you for everything you have done for our relative. You made sure that they got their favourite fig biscuits with their tea. That was very important for them." Each person had been assessed for their nutritional needs and the assessment had been reviewed at regular intervals. Where required people's nutritional intake and weight was monitored and recorded to ensure they

remained well and received an appropriate diet.

The kitchen was clean and tidy and there were good supplies of fresh, frozen and tinned foods. Open foods were date labelled to ensure they were fresh and safe to eat. The service has consistently maintained a Food Standard Agency food hygiene rating of five. This meant that the service had achieved a top score in handling food hygienically, the cleanliness of the kitchen and how they ensure that food they prepare and cook is safe for people to eat.

Staff worked well with other organisations to ensure that they delivered effective care and support. The care plans contained very good information about people's individual needs and preferences. Staff knew the people they cared for well and liaised with other organisations such as GP's district nurses, social workers and hospitals. For example, people had a transfer information pack that contained all of the relevant information necessary to accompany them to hospital if required. This ensured that other organisations had the information they needed to care for the person effectively.

People had access to healthcare services and received on-going healthcare support. People told us they received the healthcare that they needed in a timely way. One person said, "They are good to me here. Nothing's too much trouble. Recently I had some pain in my mouth and they [staff] got a dentist out for me who sorted it out and now its fine." Another person told us, "Staff know me very well and they would know if I was unwell and they'd call a doctor for me. They would talk to me and my family." Visiting relatives were very positive about their loved one's healthcare. One relative said, "We are kept informed about our relative's health and well-being and staff make sure we know about problems as soon as possible." Another relative told us, "Staff take care of [person's name] health. If I notice a bruise or a sore, invariably they already know about it, and have made a note of it. Nothing escapes their attention." Another relative said, "Before a recent medical assessment at the hospital, I sat in the office with senior staff and my relative's key worker to discuss their health and changing needs. It was so helpful to have staff input on how they were doing. As a result the doctor changed their tablets, and they have improved again." This showed that staff ensured people received good outcomes in relation to their healthcare needs.

Where people had difficulty understanding due to living with dementia or memory loss the staff used a number of different methods to communicate with them. We saw staff using some of these methods, such as giving people a visual option of choices, together with facial expressions and gestures to explain the different options that were open to them. Staff clearly knew the people they cared for well and this helped in communicating with them.

People's individual needs were met by the adaptations, design and decoration of the premises. People told us, and the records confirmed that they were involved in decisions about their environment. Their bedrooms were personalised and furnished to their individual taste. Staff asked people what soft furnishings they wanted and key workers ensured that people lived in an environment that met their needs. There was good signage around the service to support people living with dementia to move around the home. The premises were large and had a number of lounge areas to enable people with differing needs to have a suitable space. Some of the lounge areas overlooked the sea which some people got immense pleasure from. For example, one person told us, "I don't join activities because I don't want to. I sit here watching the sea, what more could I ask for." People told us that their visitors were made welcome at any time. They said there were plenty of places around the service where they could talk privately if they wanted. In the warmer weather people and their visitors could sit in the garden with a cup of tea. One visiting relative told us that they were always made to feel welcome and that the views of the sea from the front of the building were beautiful. The registered manager told us that when rooms became vacant they were decorated to minimise the inconvenience to people. They said that communal rooms were decorated at quiet times and that major

work would be carried out in individual parts of the home. For example when new windows were fitted risk assessments were carried out and as a result the area was shut off securely. People were still able to use other areas of the home whilst the work was completed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. Staff had been trained in MCA and DoLS and they demonstrated a good understanding of how to support a person to make decisions. Mental capacity assessments had been carried out in conjunction with relevant others to ensure that all decisions were made in the person's best interest in line with legislation. Where relatives had power of attorney arrangements in place to allow them to make decisions on behalf of their loved ones, the service had copies of the documents on the person's file. Appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed. We saw and heard staff asking people for their consent throughout our visits. Where people required the use of bedrails as a form of restraint to protect them from falling from their bed, mental capacity assessments and risk assessments together with management plans were in place. This ensured that bedrails were used in a safe and proportionate way. This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

## Is the service caring?

### Our findings

Staff were compassionate and thoughtful, they knew people well enough to care for their emotional wellbeing and engage them personally at all times. People and their relatives consistently told us that staff were caring, exceptionally considerate and kind. We saw that staff were highly motivated and enthusiastic about their work and demonstrated a strong person-centred culture where they not only showed empathy towards the people they cared for but also to each other. One person said, "They treat me fabulous! I'd say they [staff] do a very good job indeed." Another person told us, "They're [staff] very good to me, nobody's ever unkind to me. ....they listen to me." We saw many compliments about the service stating how thoughtful and kind-hearted staff were. They included, "Loved the time with you all, so kind and caring", "Thank you for your kindness and compassion", "Thank you so much for your care and loving", "Thank you for giving such loving care and support".

People clearly felt that they mattered and staff listened to them. We were told repeatedly how staff listened to what they had to say and took action when necessary. One relative said, "Staff have been very kind to my relative, and to me also. It has been a very emotional time for us and my relative was crying and whilst I was comforting them a member of staff poked their head round the door. They said, "I can hear crying, can I do anything to help?" The staff member was very understanding, never dismissing my relatives' worries or emotions. They were a great comfort to us both."

It was important to staff that all people were able to communicate and express themselves and for them to be a part of the home life. Throughout our visit we saw staff using facial expressions, gestures and pictures to help people to make decisions about everyday things such as meals, what they would like to do and just generally engaging people in things that were going on in the home. People responded instantly and were engaged and animated in their interactions. It was clear that staff really understood people's individual communication style which enabled them to live the life they chose, be as independent as possible and make their own decisions.

The registered manager and staff had built up meaningful relationships with people and their relatives based on mutual respect and trust. Staff were able to tell us about people's past work lives, their family history and their hobbies and interests. The activities coordinator was in the process of working with individuals to change the information on their bedroom doors. One person loved cats and another person was an organist so the pictures on their bedroom doors reflected this to help them to identify their private and personal space.

People and their relatives consistently told us how respectful staff were. One person said, "The girls here are very nice kind girls." Staff told us that people were 'at the heart of what we do' and treating people with dignity and respect was important to them. We saw that staff talked to people nicely, allowing the time they needed to respond. They were gentle when supporting people to mobilise and respected people's privacy, but were on hand when needed. A relative said, "Staff are always very friendly, they call my relative by name and treat them with kindness and understanding." Staff spoke about people in a kind, compassionate way and displayed empathetic behaviour when interacting with people and their families. Another person told

us, "I think they are all absolutely marvellous. They are particularly good at what they do."

There were clear friendships between people and staff as they chatted to each other about everyday things. A visiting relative said, "Before my relative moved here we visited, and everyone made us feel welcome. Whilst I was speaking to the manager my relative sat with other people for a chat and a nice cup of tea. There is always lots of laughter and banter here." Staff had an excellent understanding of people's diverse needs, their values and beliefs and understood how this may affect them in their decision making. One staff member said, "We cater for people's individual preferences, some people want and need to attend church and others would prefer to go to the theatre. We make sure their needs are met and they are happy and fulfilled."

There was a positive culture in the service and staff interacted personally with people and made sure they knew they mattered. One person was quite upset and there was no apparent reason for this but we saw a staff member comforting them. They gave the person the time they needed and some gentle reassurance. The person reacted positively to the staff member and perked up and they were much happier as a result of the staff's kind and caring approach. People repeatedly told us that staff made time to chat with them. One relative said, "The girls and my relative laugh and joke. They take the mickey out of each other and pull each other's leg. My relative really likes that and it cheers them up."

People were actively involved in making decisions about their care and people and families told us they valued their relationships with staff and the service. Family members told us they were very involved in their loved one's care and that staff went the extra mile and kept in close contact with them, updating them of any changes to their loved ones needs. Regular resident and relatives meetings had been held where people discussed a range of issues including meals, activities, staffing and the key worker system. Advocacy services had been used in the past and their contact details were on display.

Staff understood the importance of promoting people's independence whilst still keeping them safe. People were never rushed so were able to take the time they needed to perform everyday tasks. People told us that while staff promoted their independence and supported them with their personal care they did so in a respectful and gentle way. People said they were encouraged to do as much for themselves as they could which helped them maintain their independence whilst providing them with help and support where needed. We saw that staff responded to people's needs really quickly and in a kind compassionate manner. For example, a person was being supported to move from their chair to another room using a hoist. The two members of staff explained every individual step to the person as they carried out the procedure. This clearly respected the person's feelings and provided them with reassurance.

## Is the service responsive?

### Our findings

People received personalised care that was tailored for each individual and responsive to their needs. They told us that they contributed fully to the assessment and care planning process. Staff demonstrated exceptional skills in helping people to express their views and ensured that people were fully consulted and empowered to make their own decisions about their care and support. Staff showed great patience and understanding when supporting people to make choices. For example, one person had displayed upsetting behaviour every night when they went to bed and was not able to say why this was. After many conversations with the person staff determined that the person liked to sleep facing the door so they rearranged the room to ensure that the bed faced the door. The person no longer displayed the upsetting behaviour, slept soundly at night and was much happier. We heard a staff member asking a person what they wanted to do and they did so in a calm, clear manner, ensuring the person had plenty of time to make their decision. We saw that the person decided that they wanted to listen to music and the staff member offered them different types of music and respected their choice.

The registered manager said, and people and their families confirmed that the assessment and care planning process involved lengthy conversations with people and their families to ensure that their care plan fully met their needs and expectations. The care plans viewed included detailed information about people's personal work and life history, their preferences, interests and hobbies. The 'My Day' document was completed by people and clearly explained how they wanted to spend their time, what they liked and disliked and any other personal preferences. Staff had outstanding skills and an excellent understanding of each person's interests, hobbies and past times. We saw that staff encouraged people to participate in activities throughout our visits. Staff understood the importance of meeting people's social and emotional needs and had exceptional skills in identifying them. People chose how they spent their time and staff treated each person as an individual, allowing them to express their wishes and dreams. For example, one person was a keen cyclist when they were younger so staff supported them to carry on with this activity. This provided the person with a sense of wellbeing and satisfaction as they were undertaking a very important pastime to them.

Staff went the extra mile to ensure people experienced meaningful activities. People told us they frequently went to the local theatre and there were photographs of the events, and people said that they really enjoyed them. One person told us, "I love going, I'd go to see almost anything, but seeing 'Joseph' was wonderful we sang a long, and had a great evening. Then we listened to the songs back here on the tape." Another person said, "I don't join in many activities as I like to sit and look at the boats and the sea. I went to see the poppy display down the seafront and it was very moving, then we went for lunch in the pub. We also had a trip along the pier one day and we got caught in the rain. I was ok but the staff got soaked to the skin. It was great fun." These outings and events were all people's personal wishes and desires and they truly enjoyed their pastimes.

The activities coordinator told us that people loved going out and that more theatre and cinema trips were planned to take place. Other people told us about their trips to the church, the seafront and to local pubs and cafes. A relative told us about their family member's love of gardening and how the service had

encouraged and supported them to continue gardening in the summer. They said, "Despite my relative having a serious disease, staff helped them to go outside when it was warmer as gardening has always been a love of theirs." Another relative told us, "They have a bible club and although my relative does not join it, others seem to really enjoy it. My relative loves the activities and always joins in. In the summer they sit in the front garden as they like the fresh air. My relative has a much better social life here. There are always things for them to look forward to, and they've made good friends here."

The service encouraged links with other services and the local area to ensure people remained part of their community. People also told us how they enjoyed going out in the mini-bus for lunch in a nearby care home. They said they enjoyed meeting others and had made some good friends. We saw photographs of people making cakes in the cookery club and making things in the arts and crafts class. People told us they really enjoyed these activities and they ate the cakes and sandwiches made at the cookery club. This showed that the service was responsive to people's social needs and included them in the wider community.

The service encouraged and supported people to maintain relationships and was continuously looking for ways to improve the use of technology to enhance people's lives. People told us they were supported to keep in touch with people that mattered to them such as their family and friends. For example, two people and their relatives had difficulty communicating with each other due to distance. Their relatives lived abroad and had relied on letters and the odd visit in the past. As a result of this the registered manager arranged for them to work together with staff to enable them to learn to use an email system to communicate with their relatives. They attached photographs of their many activities to the emails and their families did the same back. This gave people a sense of closeness to their families and raised their awareness of how technology could be of benefit to them.

Family members said they shared a meal with their relative and one told us they had enjoyed an anniversary meal. People told us they were able to telephone their friends and family and that their friends and family could telephone them at any time. Some people maintained their links with their local church groups. The service had visits from local schools, churches and staff brought in their pets and children which people said they looked forward to and really enjoyed. Some people had their own mobile telephones and in the past people had used their own tablet computer. The registered manager told us that they were in the process of obtaining satellite TV to give people more choice in regards to TV programmes. Although in 2017 the use of technology is common place, it is the support provided by staff to enable people to use all methods of communication that was exceptional. They spent time with people to aid them in using technology to ensure they could use these methods of communication to full effect to maintain frequent and easy contact with their friends and families at all times.

People said that their concerns and complaints were listened to and acted upon. One person said, "I have no worries here and if I did I know I could speak with any of the staff or the manager and they would sort them out for me." A visiting relative told us, "My relative has a key worker, who we all know well. If I had any concerns I would speak with them. We're invited to regular reviews, where we can ask any questions, we still feel very involved in looking after them [relative]." Other relatives shared their experiences of how the service had positively dealt with issues as they occurred. Their comments included, "Staff keep us informed." "I am kept up to date as staff phone me about any problems." And, "They ring me even if my relative has a slight tumble or a small scratch."

There was a clear complaints procedure and the registered manager had an open door to enable people to raise concerns directly with them. The records showed that complaints had been dealt with effectively to the complainant's satisfaction. The service used the outcome of complaints as an opportunity to learn from them and to help them to continually improve. For example, one relative had raised concerns that the

telephone took too long to answer in the evening. On investigation they found that the cordless phone did not work properly when staff were on a higher floor. They resolved the concern by adding to the telephone system to allow the telephone to be answered quickly at all times. The registered manager and staff told us that they discussed any complaints both informally and at staff meetings which enabled them to continually look at ways to improve the service.

People had discussed their end of life wishes with staff and there were clear plans in place to ensure that they were met. The end of life care plans had been written with full involvement of the individual and their family. The service ensured that people had access to specialist palliative care nurses and provided people with effective pain relief. Staff were fully aware of people's end of life care plans and knew how to support family and friends during their loss. The registered manager provided staff with additional support and staff told us that they supported each other at times of loss. One staff member said, "We get very close to the people we care for and do get upset when they pass. We make sure the person is treated with dignity throughout their life and during their end of life care." The service had a bereavement pack that was shared with people's families and friends. The pack included important information to enable people to make suitable arrangements for their loved one.

## Is the service well-led?

### Our findings

Without exception, everyone we spoke with felt that the service was very well-led. One person said, "I'd recommend this home to anyone. The manager is a very nice person, and they run a good place here. I can talk to them or any of the staff if I was unhappy about anything." One visiting relative agreed with their loved one that management were very good and they told us, "We know the deputy here very well, and we see the manager too. They're both very good and when we've raised concerns or queries they've been helpful, and sorted things out for us quickly. They're [staff] always ready to listen; they don't ever make us feel awkward for taking their time."

There was a registered manager in post. People and their relatives told us that they frequently saw the registered manager around the home and that they always took the time to speak with them. One person told us, "I don't need to make an appointment to see the manager I could see them at any time if I have a problem." The registered manager put people at the heart of the service. Where people had relatives that live abroad, they had supported people to gain access to a computer and set up accounts which enabled them to keep in touch with their families using the regular email. This had meant so much to people's wellbeing.

The registered manager led the team with passion for engagement and inclusion. The provider had launched an annual 'Blooming Marvellous' competition. The registered manager was inspired by this and immediately engaged staff to encourage people to share their interests in plants and flowers and after a group discussion people decided to improve the garden. People chose plants and flowers that were special to them. One person chose Dahlias as they reminded them of their partner and their younger years together in the garden. Another person was elected as a supervisor and they worked tirelessly to make their garden the best. They worked together with a member of staff staining the wooden furniture to make it look nice. The service had come second in the region in the Blooming Marvellous competition and photographs showed how proud people were of what they had achieved.

The service promoted equality and inclusion and employed staff on their merit. One visiting relative said, "One of the service's strengths is that they recruit the right sort of staff in the first place. I don't think that bad staff would last long here." Staff said that they loved working at Crowstone House and demonstrated positive attitudes, values and behaviours. We saw that they worked well together and on their own and respected each other's views and opinions. There was a feeling of calm and confidence amongst the staff team which gave people a sense of wellbeing. People were happily chatting and involved in activities in a range of different ways. For example even people who were dozing in their chairs woke up smiling and enjoyed the music and singing.

Staff told us that they felt motivated and were proud to work at Crowstone House. They said that they worked together with the registered manager and with each other to ensure people lived their lives to the full. One staff member said, "They [registered manager] are very supportive and are always available. The office door is always open and we are encouraged to raise any issues or concerns." Another staff member told us, "I have worked here a long time and we are a good team managed by a good manager. We all

support each other." The registered manager knew the people they cared for well. We saw that people using the service and staff were very comfortable with the registered manager and spoke freely with them throughout our visits. They regularly spent time with people and staff and had carried out regular surveys to enable them to continually review the day to day culture in the service.

Staff told us that they shared the registered manager's vision to provide people with the best quality person centred care that catered for their diverse, physical, emotional and spiritual needs. The registered manager told us that they wanted the service to be the best in the area and that they would strive to reach this goal. Staff told us, and the records confirmed that they had regular supervision, appraisals and staff meetings. These meetings were seen to be meaningful and included staff's opinions and ways to continually improve the service for people. Staff felt valued by management and that there was an open door policy. They told us they felt listened to and that they were trained and supported to do their work. One staff member said, "I do e-learning and face to face training and I have been supported to do an NVQ (National Vocational Qualification) in care. The deputy manager is always there to help and advise me. It is a lovely job."

The provider operated a reward scheme and the service was awarded a trophy of recognition for providing an excellent service in 2016. The registered manager had just received an award through the scheme in 2017 for providing excellent leadership. Due to the successful outcomes for people and the positive culture in the service, the provider had asked the registered manager to manage a leadership programme. The programme will be open to staff at deputy manager level to support them to become effective leaders in the organisation. The provider told the registered manager that they wanted them to, "Work their magic on others." The registered manager was mentoring staff throughout the programme in order to develop their knowledge and skills. People and staff will benefit from having future home managers who are equipped to provide the very best person centred care.

The service worked well in partnership with other organisations such as the Clinical Commissioning Group (CCG) and the local authority. Other external organisations such as paramedics, GP nurse practitioner and advocacy services were very complimentary about the service. One professional told us, "I go to a lot of homes in the area and this one is by far the best. Staff are attentive and polite and everyone is cheerful, happy and laughing together when I visit." Another professional commented, "I suggested the service could make some improvements to the bedroom of the person I was supporting. I was so impressed at the quick response from the service and how it improved the person's life."

Relatives were very positive about the service and we saw many comments such as, "It is difficult to put into words the enormity of the trust a family member needs to have when their loved one finds themselves in the sad situation of going into a care home. I would like to thank you all from the bottom of my heart for making the very best of a difficult job." And, "I visited several other homes when trying to find one for my relative. Standing in the hallway of Crowstone House, my heart and head said, 'this is the one'. I love visiting my relative at Crowstone House and [person's name] health, cleanliness, happiness and appetite are all so much better."

People had strong links within the local community and the staff and management tried to find interesting activities and events for people to attend throughout the year. People told us, and we saw photographs of outdoor activities such as walks along the pier, theatre trips, meals out and to other venues within the local community. A number of people had attended a dementia awareness festival in the summer where there was live music. They had a picnic in the park and one person had their photograph taken with the Mayor. People said how much they enjoyed being able to get out and about. One person said, "I have been to the theatre and enjoyed every minute of it and am looking forward to the next trip out." A visiting relative told us,

"I would recommend this home to anyone. My relative has a more active social life since moving in here. They go out to the theatre and to nearby shops and cafes. They [staff] do so much to keep people occupied."

The registered manager and deputy manager ensured that the quality assurance processes in the home was inclusive. They had devised action plans with clear time frames where necessary and they showed where improvements had been made. They ensured that people, their relatives and staff were very involved in identifying where improvements were needed and in implementing changes. One person with a lot of experience in gardening had advised the staff of the appropriate bulbs, plants and flowers that was needed for the garden. Relatives had discussed the need to identify their loved one's key workers so, with people's agreement there were photographs of people's key worker displayed in the person's bedroom to enable friends and relatives to identify them. In addition to the service's internal checks, the regional director audited the service monthly. The quality assurance system was effective and the service continually made improvements to offer people a better service.

There were clear whistle blowing, safeguarding and complaints procedures in place and staff were confident about implementing them. One staff member said, "I would report any issues or concerns immediately. I have confidence that they would be dealt with straight away as the manager always deals with things very quickly." This meant that staff would not hesitate to report concerns of any nature to ensure that people in their care were kept safe and secure.

People's personal records were stored securely in a locked cabinet when not in use but they were accessible to staff, when needed. There were policies and procedures in place for dealing with confidential data. Staff had been trained in the Data Protection Act and confidentiality and knew who they could, and could not share confidential information with. This ensured that people's confidential information was protected in line with data security standards.

It was clear throughout our inspection and from the many people, relatives, staff and professionals we spoke with that the service was run for the people they cared for and that all the processes and systems in the service governed by management supported an inclusive person centred culture that allowed people to access their community, live full lives and really engage with each other, with their relatives and staff in a way that brought happiness to everyone in the service.