Terrys Cross House Trust

# Terrys Cross House

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

We carried out this inspection of Terrys Cross House on 26 September 2017. The visit was unannounced and started at 07.30am to allow us to meet with the night staff before they went off duty and see how duties were allocated for the day.

Terrys Cross House is a care service originally registered with the Care Quality Commission (CQC) in 2015 to provide accommodation and personal care to clergy from the Anglican community, their siblings or spouses. The service will also now accept people without this link. The service is overseen by Terrys Cross House Trust which is a registered charity, and has a committee of Trustees who oversee the service. Terrys Cross House is registered for up to 12 people needing personal care. The service does not provide nursing care; this is provided by the community nursing team if needed.

Eight people were living at the service at the time of the inspection with one person staying on a short term basis. On the inspection we identified that only two of the people living at the service were receiving personal care. Most people living at the service were independent and active, and had chosen to enjoy living in a community of likeminded people with a similar spiritual background. For some of these people, although they were not yet receiving personal care, the service monitored their wellbeing discreetly and would escalate any concerns about their health or welfare to supporting agencies.

As people not receiving personal care would fall outside of CQC regulation, we have only included information relating to people receiving personal care in this report. However some information relating to the maintenance of the building, although only affecting people not receiving care at this time, had the potential to affect those receiving care in future, as they related to part of the registered premises. As a part of the inspection we also received comments from people not receiving personal care, who were keen to share their positive experiences of the service.

This was the first inspection of the service since their registration in 2015.

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

The service had quality monitoring systems in place to ensure care and support provided continued to meet the needs of people, and that they received consistent quality care. However we identified a number of instances on the inspection where improvements were needed. Not all of these had been identified by the service's quality assurance or management systems, which told us they were not always working effectively.

People were supported by sufficient numbers of staff to meet their needs, however, improvements were needed to the staff recruitment processes to ensure decision making regarding any risks identified during

the recruitment process was recorded. Photographs of staff were not all in place in their files, and the service had not ensured a full employment history was available for each staff member employed. However we did not identify any harm had occurred as a result of this. The registered manager took immediate action to resolve this while we were at the service, and confirmed they would be asking staff to complete these retrospectively.

Terry's Cross House is a period property set in extensive grounds. The building has large and gracious rooms; however this came with challenges for the Trust in keeping on top of repairs and renovations. We were told new boilers had been installed in the last year to heat the whole building. We were informed there were currently some issues with the roof. The registered manager and a trustee confirmed this work was due to be done but had been held up because of a bat colony in the roof that had been identified during an ecological survey. This was protected by law. We were told there was a small leak "only when it rains very hard and the wind is in a certain direction" in one person's room. This repair was due to be completed as soon as legally allowed.

Some areas within the service, such as the respite room were in need of additional cleaning and refurbishment. The registered manager told us this was due to commence after the inspection when the room being used for a weeks stay became vacant, and later sent us evidence to show this had been carried out. We have made a recommendation about ensuring accommodation is kept clean and well maintained in future. The environment was adapted to enable people with physical challenges to move as freely as possible around the service and the grounds, and there was a passenger lift to access the first floor.

People received their medicines as prescribed. The systems in place for the management of medicines protected people who lived in the service from harm. This included the use of Oxygen for one person.

Risks to people's health or well-being had been identified and action had been taken to minimise these risks. These included those in relation to long term health conditions. People's assessments and care plans were personalised with their individual preferences and wishes taken into account. Staff were responsive to people's individual needs and these were regularly reviewed. For example staff were flexible in their routines to ensure people were supported to get up when they wished. Staff told us they enjoyed working in a service where they had time to support people in ways they felt demonstrated good individualised care.

People were protected from the risks of abuse as staff understood the signs of abuse and how to report concerns. People or their supporters had information to enable them to raise any complaints or concerns they had about the service. The registered manager agreed to add to this document additional information about resources who could review complaints from outside of the service's management structures. People felt any complaints would be dealt with in a timely way, and told us they would have no concerns about raising any concerns, either to staff or relatives. People were also regularly visited by Trustees of the charity, with whom they could raise any issues.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005, and issues regarding capacity and consent, which were reflected in the service's polices and care plans. Staff ensured people were encouraged to make informed decisions where they were able. Where people's capacity was limited, staff understood who to speak with as the person's representative, and of the need to undertake 'best interest' decisions. Staff displayed caring attitudes towards people and spoke about people with affection and respect. Staff knew people's histories, and likes and dislikes and told us they were respected.

Staff had completed training to give them the skills they needed to meet people's individual care needs, and received the support they needed from the registered manager and Trustees. Staff told us they were

confident in delivering care and support; those we spoke with were experienced in care work and could speak confidently about people's needs and how they liked to be supported.

People were supported to have enough to eat and drink, and no-one at the service was identified as being at risk of poor nutrition. Meals could be taken communally or in people's rooms. Meals were home cooked and people told us they ate well.

People told us they enjoyed living in a community with a shared faith. People were encouraged to remain involved in the local community, including attending services either at the chapel in the service or at local churches and maintaining contact with family and friends. For those people whose needs were greater, staff ensured they spent time with them individually, as in one instance when we saw staff supporting the person to go outside and enjoy the garden. People could participate in activities which reflected their interests, and visitors were encouraged.

People were treated with dignity and respect. All care was delivered in private in people's rooms and there were policies in use about maintaining confidentiality of people's information. Records were written respectfully and were well maintained. Some policies and procedures were due to be reviewed.

People and staff were positive about the registered manager, the Trustees and the overall management of the service. Trustees had an active involvement and oversight of the service, and were recruiting additional members to increase their management skills with regard to social care. The service cultivated a warm, welcoming and inclusive culture and atmosphere. People were encouraged to have a say about the operation of the service, through regular meetings and questionnaires.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

People were supported by sufficient numbers of staff to meet their needs.
Some improvements were needed to the recruitment processes to ensure people were kept safe..

Some repairs and renovations were needed to the building. Plans were in hand to address this. We have made a recommendation about the use of this area.

People received their medicines as prescribed. The systems in place for the management of medicines protected people who lived in the service.

Risks to people had been identified and action had been taken to minimise these risks.

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

### Is the service effective?

**Good**

The service was effective.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

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

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

The environment was adapted to enable people to move as freely as possible around the service and the grounds. People were able to access the service's Chapel to meet their spiritual needs. We have made a recommendation about cleanliness, as

we found the respite room was not clean or well-maintained on the inspection.

## Is the service caring?

Good

The service was caring.

Staff displayed caring attitudes towards people and spoke about people with affection and respect. People told us they enjoyed living in a community with a shared faith.

People were respected for the life they had lived. Staff knew people's histories, their preferences, likes and dislikes. People were encouraged to remain involved with the local community, and visitors were welcomed.

People were treated with dignity and respect. All care was delivered in private.

## Is the service responsive?

Good

The service was responsive.

People's assessments and care plans were personalised with their individual preferences and wishes taken into account. Staff were responsive to people's individual needs and these were regularly reviewed.

People could participate in activities which reflected their interests.

People had information to enable them to raise any complaints or concerns they had about the service. People felt these would be dealt with in a timely way.

## Is the service well-led?

Requires Improvement

The service was not always well led.

We identified a number of areas on this inspection that told us the service's quality assurance and management systems had not always been effective in identifying risks for people.

People and staff were positive about the registered manager, the Trustees and the overall management of the service.

The service cultivated a warm, welcoming and inclusive culture.

People's records well maintained. Some policies and procedures were due to be reviewed.

# Terrys Cross House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 was the first inspection for the service since their registration in 2015.

This inspection took place on 26 September 2017 and was unannounced. The inspection was carried out by one Adult Social Care inspector.

Prior to the inspection we looked at all the information we had about the service. 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 looked at records of our contact with the service and any notifications received. A notification is information about important events, which the provider is required to tell us about by law.

On the inspection we identified that only two of the people living at the service were receiving personal care. Other people living at the service were independent and active, but enjoyed living in a community of likeminded people. For some people not yet receiving personal care the service monitored their wellbeing discreetly to ensure they were still able to remain independent, for example with medicines. People not receiving care were also keen to discuss their experiences of the service with us.

On the inspection we spoke with or spent time with 8 people living at the service (not all of whom were receiving personal care), 3 staff members, the registered manager, a visiting community healthcare professional and two members of the management committee.

We looked at records in relation to the operation of the service, such as risk assessments, medicine records, policies and procedures and two staffing files, and looked around the building and grounds.

Requires Improvement

# Is the service safe?

## Our findings

People were not always being protected because robust systems for staff recruitment were not in place. We looked at two staff recruitment files and found they did not contain photographs of staff members as required. We also identified there was no record of risk assessing any declared convictions staff may have (although the registered manager told us this had been discussed) and the application form in use did not ensure a full employment history had been obtained as is required by legislation. One of the files we saw had gaps in the person's employment history between 2013 to 2014.

Although we did not identify anyone had suffered harm as a result of this, failure to ensure systems for safe recruitment of staff were in place could have put people at risk of harm.

This was a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Terrys Cross House is a period property with some gracious rooms and spacious grounds. However parts of the building needed repair or renovation. We were informed there were currently some issues with the roof. The registered manager and a trustee confirmed this repair work was due to be done but had been held up because of a bat colony in the roof that had been identified during an ecological survey. This was protected by law. We were told there was a small leak "only when it rains very hard and the wind is in a certain direction" in one person's room. This repair was due to be completed as soon as legally allowed. The person had been offered alternate accommodation until the repair was completed but they had declined. We spoke with the person who confirmed they were not troubled by this, as it did not affect a part of the room they used. This did not currently affect the people needing personal care.

At the time of our inspection there was only one staff member working on waking night duty at the service. There was no written risk assessment in place to record the decision making by the provider organisation that had underpinned this staffing level, to ensure people's safety. Immediately following the inspection the registered manager provided us with a risk assessment undertaken to assess the safety of one waking member of staff at night, and updated their lone working policy. Following the inspection the registered manager also told us the service were also purchasing an alarm system that would identify and automatically alert 'on call' staff if for example the staff member was taken ill. The registered manager also took some staff photographs for the files while we were at the service, and took action to ensure staff completed full application forms retrospectively. Staff files showed other evidence that pre-employment checks had been made including written references and disclosure and barring checks (police checks). Evidence of staff identity had also been obtained.

The service had a Fire precautions (Workplace) risk assessment but this was only partially completed, in that it did not include all means of escape and portable firefighting equipment in the risk assessment. However we saw checks on fire precaution systems were being carried out and were being recorded elsewhere, and these were up to date. The registered manager agreed to address this without delay, and started completing this while we were still at the service. The service had recently been visited by the local fire service, who took note of any risks for example where Oxygen was stored. Emergency evacuation plans for each person were

in place, and there was an agreement with another local care service to evacuate people there if needed. Staff could tell us about emergency evacuation procedures and where fire call points were situated.

People were kept safe because the provider had ensured systems were in place to help protect people from abuse. For those people who would need support to raise any concerns, staff had received training in safeguarding people. They told us they would feel confident in raising any issues about people's welfare as they know they would be addressed. Information about external agencies to contact in case of a safeguarding concern was available in the service for reference. A staff member told us there were good support systems for people living at the service from the local community. They told us "Everybody knows everybody in Henfield – it's a lovely friendly atmosphere."

Risks to people's health and welfare were being assessed and managed. We looked at two care and support plans for people needing personal care. Risk assessments included for personal care, nutritional status, and pressure ulcers. Where risks had been identified we saw positive action had been taken to mitigate this. For example one person was living with a long term health condition which required the use of Oxygen to relieve symptoms. This was kept under review by the respiratory team at Worthing Hospital. The person's room was clearly labelled and Oxygen cylinders for 'back up' were stored in an external building. Staff were clear about the oxygen level the person needed and this was clearly recorded in their support plan. The support plan also indicated the person might be at risk at times of distress or anxiety due to low oxygen levels, and how this could be addressed.

No-one living at the service needed a hoist to support them to transfer, however following recent training in moving and positioning people the service were arranging to purchase a cushion that inflated to support people who have fallen in rising from the floor. Where people needed equipment to maintain their health this was provided, including specialist beds to support the person and staff to care for them more easily. Policies for the management of falls were in place, and the registered manager told us any incidents or falls were analysed and discussed with the Trustees or management committee to allow for oversight and review.

Most people living at the service managed their own medicines. For some people not in receipt of personal care this was regularly and discreetly reviewed. People had facilities for the safe storage of medicines in their rooms. For those people who needed support with their medicines the service took over the ordering, storage and administration with clear records being kept. We checked the system in use with a staff member and found this was in line with their policy and demonstrated safe practice. One person who was very frail had been prescribed 'just in case' medicines in case they were needed in a sudden deterioration in the person's condition. This was good practice and ensured the person would not have to wait to have any potentially distressing symptoms relieved.

Good

# Is the service effective?

## Our findings

Not all areas of the service were being well maintained. We found dusty surfaces, cobwebs and a broken wardrobe in the respite room The registered manager had already requested the maintenance person repair the furnishings, which was done on the day of the inspection, and told us the respite room was due to be refurbished and have replacement furniture the week after our visit. We later received evidence this had been done. However the room was not clean on the day we inspected, when it was occupied.

We recommend the registered persons take actions to ensure that any areas used by people living at the service are maintained in a clean and comfortable state.

People's support was provided by staff who knew them well, and had an in depth knowledge of their preferences regarding any needs they had.

Staff received the training and support they needed to carry out their role. The service had a training matrix which showed when staff had received training and when updates were due. Training covered areas such as Equality and Diversity, dignity, confidentiality, food safety, infection control, first aid and fire safety. Staff told us they had taken part in lots of training and felt confident in their role. One told us "I think everything is covered here." Staff also told us they received good support from the registered manager and Trustees. We saw staff supporting people well, including one person who was frail and who became anxious during the day. A staff member took them out into the garden for a while which helped to calm and distract them. Staff received regular supervision or one to one time with the registered manager, and an annual appraisal. In addition, the registered manager told us many discussions about care and good practice were held 'informally over the table' in the meetings room.

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's consent to their care and treatment was sought in line with legislation and guidance. The registered manager told us everyone at the service was able to make most decisions for themselves, and most were completely independent. For those people who were frail staff described to us how they supported the person to make choices, for example in what clothing they wore. This was recorded in the person's support plan.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us they had assessed two people but did not consider at this time anyone at the service was being deprived of their liberty. This was recorded in people's care plans.

People were supported to maintain their health through good nutrition. People could choose to eat communally or individually in their rooms, and we saw both during the inspection. People told us the food was good and it was service cooked and plentiful. No-one at the service was considered at risk of poor nutrition. People's mealtime requests were respected, and some people kept extra treats in their rooms, such as biscuits or fruit. The cook told us they had a good understanding of people's dietary needs and wishes and what people enjoyed. We were told if there were any concerns over people's weight or health additional support would be provided, for example monitoring the person's food or fluid intake and reporting concerns to a medical professional.

For those people needing support we saw the service accessed the healthcare services they needed. This included community nursing, hospital reviews and GP support where needed. A visiting healthcare professional told us they had no concerns over the service which they visited regularly. Staff told us they received good back up from community services if this was needed, which gave them piece of mind. They said "District nurses are great. They are here in a second and we have the support if we need it." Influenza vaccinations had been booked for those people who wished this. People told us the GP surgery in Henfield was very good and they received good monitoring from the team there.

Terrys cross House was converted from a detached private residence, and was owned by the Diocese of Chichester. People living at the service had furnished their own rooms, which were looking attractive, individual and personalised. Shared space was being used during the day by people reading, conversation or for quiet contemplation in the grounds.

The building was set within open and spacious grounds, where bungalows and flats were situated. These had no care connection with the service, but people from the flats could visit the service and share a meal if they wished. There was a passenger lift to access the first floor and the grounds were well maintained with open views to the South Down Hills.

Good

# Is the service caring?

## Our findings

Terrys Cross House is operated by a registered charity and provides accommodation and personal care for the clergy, missionaries, their dependents and those associated with them. The service has an integral chapel where services are held regularly. This shared faith meant people were led towards a sense of community, although people's wishes for contact and involvement varied widely. People also had close links to the local community and churches in Henfield and Woodmancote, and to people living in the flats next door to the registered service. One staff member told us about how a person receiving support was well known in the village and that they had "known them all their life"; another member of staff told us a person receiving support had been their "Brown Owl" in the Brownies when they were a child. People were free to receive visitors at any time provided this did not disturb others, and people were supported to keep in contact with friends and relatives if they wished to do so.

The service had a calm and positive atmosphere. People and staff were respectful towards each other, and we saw positive relationships in place. Some people chose to eat communally each day as part of a shared community, while others who were frailer chose to eat in their rooms. People receiving care were accommodated on the ground floor, and we saw people called in to see them or speak with them throughout the day which helped reduce risks of social isolation. We heard respectful and positive discussion, and affectionate conversations throughout the day. People were referred to by their chosen religious names and titles as they wished both by staff and others living at the service. Care and support was delivered in private in people's rooms, and the service had policies on the maintenance of confidentiality.

People's independence, spiritual needs and individuality were respected. The registered manager told us one of their biggest challenges for them was 'getting the balance right' for each person. They told us "we don't interfere unless we are required to." We were told there was no requirement for staff to be of a Christian faith or regular churchgoers, however some were.

Staff demonstrated positive warmth towards people. They could tell us about people's lives and one said "They are lovely people and really interesting. Sometimes you can be sitting talking with them and you realise a half hour has gone by. They are so interesting – it is a life so unlike ours." People's care plans contained a "Map of Life". This covered important information about the person, including people who were important to them, hobbies and childhood memories, along with information about how they had chosen to live their life, which helped staff understand the person better.

In the service's PIR the registered manager had told us "When the need to hire a new member of the care team arises we always look at certain key points. These are kindness, respect to others, compassion and promotion of dignity. Our aim is one where development of relationships built on mutual trust and respect are vital." We saw staff embodied those values in practice during the inspection. People receiving care told us "It's lovely and comfortable" here and "The staff are lovely. It's a very nice place".

People were able to have a say in the way the service was run. This included regular residents meetings and participation in meetings with trustees. One person who was frail told us "I only have to ask. They are very

kind".

Although no-one at the service was receiving end of life care the registered manager told us they were committed to ensuring this was positive for people at this most critical time in their life. They told us "If any of my ladies and gentlemen are at the end of their life, I move in" to support their care. Support and care plans contained information about people's wishes for the end of life where these were known.

Good

# Is the service responsive?

## Our findings

We looked at the plans for two people living at the service receiving care and support. We discussed the admission processes and criteria for people considering moving to Terry's Cross House, and the assessments the registered manager carried out to ensure the service could meet their needs.

People received an assessment prior to admission to the service, which was used to complete a care plan detailing their needs. Care plans were being regularly updated, and those we saw were a good reflection of the care the person needed and wished. Care plans were individual and respectful and included information on any specific needs or risks the person had in relation to their care for example with the management of oxygen therapy. People themselves had been involved in drawing up the care plans, in one instance we saw with the support of a relative.

People's care plans were detailed and contained sufficient information for staff to understand their needs and how they liked their care to be delivered. For example one person's plan detailed that they liked wearing loose fitting clothes. We saw the person was wearing clothing in accordance with this request, which had also been carefully accessorised with jewellery to match. Care plans were personalised, staff knew about people's lives their families and what they enjoyed doing. The service recognised the individuality of each person and the support they needed. Staff worked flexibly around the needs of people living at the service, for example for the people needing support staff organised themselves to get the person up when the person themselves was ready.

One person had come to the service the night before the inspection for a period of respite care. The service did not have a complete 'care plan' for the person prepared in advance; however there was an assessment the person had themselves completed about their needs. These identified the person was unlikely to need full personal care, but had some need for assistance and the involvement of the community nursing team. During the course of the inspection the registered manager completed a care plan file for them with a summary and overview of the care needed. Prior to the person coming to the service arrangements had been made to ensure the needed community nursing support was available for them. The pre-admission assessment had also identified some equipment the person would need to ensure they were able to shower safely, and the care notes confirmed the night staff had ensured this was in place.

People needing personal care living at the service were invited to take part in activities which were organised by the other people living at the service if they wished. The service provided an annual trip to a place of interest but the people receiving personal support would have struggled to join in this. However we found people's interests were known and encouraged where possible. For example one person told us how much they enjoyed seeing birds and wildlife in the garden. Their chair was positioned to take full advantage of a floor length window, and they were taken out during the day to look at areas of the garden with staff support. This person also told us they were very busy because they received a lot of visitors. They told us they were quite happy with the level of activities on offer, but "enjoyed companionship" more.

Systems were in place to ensure the effective review of and response to concerns or complaints. A

complaints policy was available at the service, and people told us they knew how to raise any concerns. For example one person receiving support told us they would speak to a named member of staff or to a family member if they had any concerns. The registered manager agreed to modify the complaints procedure to include additional information about services outside of the service to whom concerns could be reported. A concern had been received prior to this inspection. This had been investigated by the Trustees and any learning shared amongst the staff group to ensure any issues were addressed.

Requires Improvement

# Is the service well-led?

## Our findings

The service was not always being well led.

We looked at the assessments and audits made to ensure people's health and safety was maintained. We found that the monthly environmental audits had not been carried out since April 2017. When we looked around the premises we identified some concerns, for example over the cleanliness and furnishings in the respite room. The respite room was due to be renovated; however the room had still been occupied while in a poor state of repair and cleanliness. This had not led to the person concerned receiving a high quality experience.

We identified concerns with regard to the safety of systems for the recruitment of staff which were not being carried out in line with legislation, for example by not gathering all the required information to reduce risks to people. This had included staff photographs, and a full employment history. A risk assessment had not been recorded in relation to any convictions for staff. Some risk assessments, for example for the lone night staff member on duty had not been carried out, and the Fire precautions (Workplace) risk assessment had not been fully completed. This could have placed people at risk of unsafe care and treatment.

Polices we saw were reviewed on 27 July 2017, although one we sampled contained out of date information. The registered manager acknowledged this and made some changes to some policies, such as the complaints procedure and policy while we were at the service.

Although we did not find that people had been harmed by what we had identified, we found people were at risk of not receiving consistent high quality or safe care because governance systems were not always robust or being operated effectively.

The failure to establish and operate effective systems to assess monitor and improve quality and safety; assess, monitor and mitigate risks and maintain accurate records was a breach of Regulation 17 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Terrys Cross House is operated by a registered charity. The service had a registered manager in post who was responsible for the day-to-day operation of the service. They were supported and overseen by a management committee and Trustees from Terrys Cross House Trust. We spoke with two Trustees during the course of the inspection who outlined to us their role in ensuring effective oversight of the service. For example one who was a local Minister told us they had a pastoral role within the service and carried out regular services in the Chapel, as well as working as a trustee to support the registered manager. They told us there were some vacancies for trustees on the board at the time of the inspection, but felt they had been building a team with the experience and skills necessary to oversee and lead the Trust, and operate effective challenge and oversight to the registered manager and the service. For example one of the Trustees had a background in financial services management, so could oversee budgetary matters effectively. Trustees had a regular presence in the service, and met with people individually. A staff member told us they had confidence in the Trust. They told us "The Trustees are nice; they come in regularly and we have staff

meetings" with them. The registered manager told us she found them supportive and approachable.

People were able to be involved in the operation of the service. The service had a management committee with representatives from the adjoining bungalows, flats and a representative from Terry's Cross House. A report was provided by this committee every other month detailing any works or improvements needed and there were regular 'residents' meetings to review any issues at the service and discuss potential developments. For example the Trust had recently had a very large expenditure on providing new boilers for the house. The trustee we spoke with told us they were open and inclusive within the organisation, for example when issues over money difficulties were discussed. This helped ensure that everybody understood what the priorities were for the development of the service and showed a positive and open culture was in place. We saw minutes of a management meeting and a staff meeting which showed us information was openly shared amongst the staff group, for example about a concern that had been raised.

People gave us positive feedback about the registered manager, their leadership and the staff team. There were regular staff meetings to support good communication across all shifts. Due to the size of the service the registered manager regularly worked alongside staff when needed. This gave them opportunities to review staff practice and ensure safe and effective care was delivered. In their PIR the provider told us "the registered manager understands the need to be consistent, more importantly leads by example and is always available to staff for any guidance or support they may require." Staff understood their roles and responsibilities. They were supported to improve through clear expectations of the standards expected.

Staff members we spoke with were clear about why they enjoyed working at the service, both having worked previously in other larger services. They told us they enjoyed having time to spend with people and supporting them in the way they felt people should be cared for. This involved "good, individual care, like you would want for your own family".

The registered manager was aware the service was very small and took advantage of opportunities to update their knowledge and practice. This included using the internet and reading information on the Care Quality Commission website to help keep them up to date.

Notifications had been made to the Care Quality Commission as required by law.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems had not been operated effectively to assess, monitor and improve the quality and safety of the services provided, or mitigate the risks to people.<br><br>Regulation 17 (1)(2) (a), (b) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>People who use services and others were not protected against the risks associated with staff recruitment because the registered persons had not ensured a full recruitment procedure had been established or operated effectively. Regulation 19 (2) |