

# Contemplation Homes Limited

## Crossways Nursing Home

### Inspection report

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### Ratings

#### 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



### Overall summary

The inspection was unannounced and took place on the 15 October 2015.

Crossways Nursing Home provides nursing care and support for up to 30 people, some of whom were living with dementia.

At the time of our inspection 22 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We responded to information of concerns that had been raised regarding the safety of people using the service; and found improvements were needed to ensure the day-to-day culture of the service including the attitude and behaviour of staff was kept under regular review.

# Summary of findings

Improvements were needed in relation to staff deployment at specific times of the day when more intervention was required to support people and the well-being of people living with dementia.

We saw evidence which confirmed that not all staff was consistently ensuring that people were protected from abuse and avoidable harm.

We found there were risk management plans in place to protect and promote people's safety.

There were recruitment procedures in place which were being followed to ensure suitable staff were employed to work with people.

Staff received appropriate training and support to enable them to carry out their roles and responsibilities effectively.

People's consent to care and treatment was sought in line with the principles of the Mental Capacity Act (MCA) 2005 legislation.

People were supported to have food and drink of their choice. If required, staff supported people to access healthcare services.

Staff ensured confidentiality was maintained to promote people's privacy.

People and relatives spoken with commented positively overall about the standard of care provided.

People were supported to take part in a range of activities in the service.

The service had a complaints procedure, which enabled people to raise complaints.

There was a culture of openness and inclusion at the service amongst staff and people who used the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Not all staff ensured that people were protected from abuse and avoidable harm.

There were risk management plans in place to protect and promote people's safety.

Improvements were needed to ensure that staff were deployed appropriately at specific times.

People's medicines were managed safely.

Requires improvement



### Is the service effective?

The service was effective

People were looked after by staff who had been trained to undertake their responsibilities.

People's consent to care and treatment was sought.

Staff supported people to have adequate amounts of food and drink

If required, staff supported people to access healthcare professionals to ensure their health and well-being was maintained.

Good



### Is the service caring?

The service was caring.

There was a calm and friendly atmosphere within the service.

People were treated with kindness and compassion and staff engaged with them in a positive manner.

People were able to make choices about their day to day lives and the care given was based upon their individual preferences.

Good



### Is the service responsive?

The service was responsive

There were care plans in place to support staff to meet people's assessed care needs.

People were supported to take part in a range of activities in the service.

Systems were in place so that people could raise concerns or issues about the service.

Good



# Summary of findings

## Is the service well-led?

The service was not always well-led

Improvement was needed to ensure the day-to-day culture of the service, including the attitude and behaviour of staff was kept under regular review.

Improvements were needed to support the well-being of people living with dementia.

There was a positive and open culture at the service.

**Requires improvement**



# Crossways Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We carried out an unannounced comprehensive inspection at Crossways Nursing Home on 15 October 2015. Prior to this inspection the Care Quality Commission (CQC) received information of concern relating to poor care practice at the service.

Our inspection team consisted of two inspectors. On the day of our inspection the registered manager was on leave. In their absence we were supported by the provider, the deputy manager and the organisation's training manager.

We checked the information we held about the service and the provider. This included the notifications the provider had sent to us about incidents at the service and

information we had received from the public. 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 contacted the local authority who has a quality monitoring and commissioning role with the service.

We spoke with nine people who used the service and observed the care and support provided to a further five people. In addition we spoke with three care workers, an activity coordinator, a volunteer, the laundry assistant, two nurses, the deputy manager, the training manager, the provider and a health care professional who was visiting the service. We also spoke with two relatives and two visitors to the service.

We reviewed the care records of nine people who used the service to ensure they were reflective of people's current needs. We also examined three staff files, eleven medication administration record sheets and other records relating to the management of the service such as, staff rotas, training records and quality auditing records.

# Is the service safe?

## Our findings

People told us there were enough staff on duty to look after them. We found there were sufficient numbers of staff available to keep people safe; however, they were not always deployed in a way to meet people's needs. For example, we observed that some people had to wait on staff to assist them with their meals at peak times of the day. This was because they had to assist people who chose to remain in their bedrooms. Therefore, staffing numbers at the service might not always be flexible. We found some people would have benefitted from having someone to prompt them to eat. For example, when staff did return to the dining room people did not want to eat their meal and requested to have a sandwich instead and this was provided. Consideration should be made to ensure that more staff were deployed in the dining room at lunch time.

Visitors and a family member told us they felt that more staff were needed in the communal area. We observed on three occasions when staff transferred people into the communal area using a sliding chair. On one occasion, one person was left for ten minutes whilst staff went to get assistance. The person was on a hard seat with the hoist sling underneath them, which could have impacted upon their pressure areas.

People said they felt safe living at the service; however, although staff had been able to demonstrate the action they needed to take if they suspected or witnessed an incident of abuse; we found that this was not always implemented in practice. For example, we saw evidence, which demonstrated that the care practices of a number of staff within the service had compromised the safety of a person that used the service. We found that staff had not reported in line with the provider's expectations regarding safeguarding. The provider had acted swiftly to promote the safety of the person and other people living at the service. This was handled under the provider's disciplinary process. People and their relatives had been written to and made aware of the incident. The action of the provider ensured people's safety was paramount.

There were systems in place to protect people from avoidable harm and abuse. One person told us, "I feel safe living here." Another person said, "The girls look after me safely and do a good job." Relatives and visitors said that they felt their friends and family members were being looked after safely.

Staff told us they had been provided with safeguarding training. They also told us that the training was updated yearly. Their knowledge and competencies were assessed to make sure they understood what they had learnt and were able to put it into practice. Staff were able to explain how they would recognise and report abuse. A staff member said, "I have worked here for over 10 years and have never witnessed residents experiencing any form of abuse. If I did I would report it to the manager immediately." The staff member further commented and said, "We have all had training in whistleblowing. I know what to do if I witnessed poor practice and would not hesitate to blow the whistle."

We saw evidence that staff had been provided with safeguarding training and they had completed written assessments to ensure that the training provided had been embedded and understood. Evidence seen demonstrated that safeguarding was a regular agenda item during one to one supervision. We observed a copy of the service's whistleblowing and safeguarding policy along with a copy of the local adult safeguarding policy were displayed on the notice board at the service. They contained clear information on who to contact in the event of suspected abuse or poor practice. We saw evidence that when required the provider submitted safeguarding alerts to the local safeguarding team to be investigated.

There were risk management plans in place to protect and promote people's safety. The deputy manager described the processes used to manage identifiable risks to individuals within the service. For example, people had risk assessments in relation to moving and handling, falls and pressure damage. We found people who were at risk of pressure damage had been provided with special cushions and mattresses to reduce the risk of damage to their skin. People, who required the use of a hoist to assist with transfers, were assisted by two staff members to ensure their safety was promoted.

We saw evidence that staff checked people's pressure relieving mattress each time they were turned. This was to ensure that the settings were correct in line with their weight. If required they would be adjusted to promote people's skin integrity and safety. We found that people's risk assessments were reviewed regularly or as and when their needs changed.

There was an emergency plan in place to respond to emergencies such as fire. The deputy manager said, "Each

## Is the service safe?

person has an individual fire evacuation plan in place.” We saw clear information was on display regarding fire safety and the arrangements to follow in the event of a fire. Each person had their own Personal Emergency Evacuation Plan (PEEP). The plans outlined people’s support needs should the need arise for them to be evacuated from the premises in an emergency. We saw evidence that staff had been provided with fire awareness training. They participated in fire drills twice yearly; and their practice was assessed to ascertain the length of time they had taken to evacuate people who used the service to a place of safety, which was normally behind two fire doors in the building. This demonstrated a positive attitude in promoting people’s safety. We also found that there was always a senior manager on call from the organisation to provide advice and support to the staff team in an emergency situation or in adverse weather conditions.

The provider told us that agency staff were currently being used at the service in order to ensure people’s needs were able to be met. It was noted that the service had not used agency staff for 10 years. Staff confirmed there were enough staff on duty to look after people safely. They also told us that staffing levels were reviewed regularly to ensure people’s safety and wellbeing were met. One staff member said, “The staffing numbers during the day consist of two nurses and five carers. This is usually enough unless someone goes off sick at the last minute.”

We checked the rota for the past two weeks and the week of our inspection. We found that the staffing numbers consisted of five care workers and two nurses. During the evening the number was reduced to two nurses and four care workers. It was reduced further at night to two care workers and one nurse. The provider told us there were occasions when people’s needs had increased. This had resulted in an increase of the staffing numbers to safely meet people’s identified needs. The provider said, “I have never refused a request for an increase in staffing numbers.”

There were arrangements in place to ensure safe recruitment practices were followed. One staff member said, “I had to complete an application form and had a face

to face interview. I did not start work until all the necessary checks were completed.” The provider confirmed that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that the required documentation was in place.

The provider ensured when staff were identified for being responsible for unsafe practices they were dealt with in line with the service’s disciplinary procedures. We saw evidence during this inspection that the provider had taken action to address areas of poor practices that had been identified at the service. For example, staff who were alleged to be involved in poor practice had been suspended. This ensured people’s safety was promoted. We saw evidence that the provider and other senior managers had observed the care people received over several shifts and had talked to people and their relatives as well as, visiting professionals. When new information was brought to their attention they ensured that it was shared with the relevant agencies who were supporting them in their investigation.

There were systems in place to ensure people’s medicines were managed safely. People told us they received their medicines safely and at the prescribed times. Staff told us they had been trained in the safe handling and administration of medicines. We found that medication administration record (MAR) sheets were fully completed. Medicines were stored appropriately. Daily temperature checks of the refrigerator and the room where medicines were stored were undertaken. This was to ensure medicines were stored in the right conditions. We checked a sample of the controlled medicines and found that the balance in stock corresponded with the record. (Some prescription medicines are controlled under the misuse of drugs legislation and are called controlled drugs). We observed the afternoon medicine round and found that medicines were administered in line with best practice guidelines. We saw evidence that the service’s supplying pharmacist had carried out a medication audit and there were no areas identified as requiring attention.

# Is the service effective?

## Our findings

People received care from staff who had been trained to carry out their roles and responsibilities. One person said, “The staff have been trained to do a good job.” Staff told us their training needs were met. They confirmed that they had received training to enable them to meet the specific needs of people they were supporting. For example, we saw evidence that staff had been provided with dementia awareness and palliative care training. One staff member said, “I have had training in dementia and feel able to support the residents living with dementia.” Another staff member said, “The induction training I have had has made me to understand my role and carry out my responsibilities.”

The deputy manager and training manager confirmed that staff were provided with three days induction training. During this period staff were supernumerary. The induction period covered essential training such as safeguarding, dementia awareness, health and safety, food hygiene and fire awareness. Staff were required to undergo a three month probationary period. During this period they worked alongside an experienced care worker. We found that each staff member had a development plan, which included all the training they had undertaken. We saw evidence that following training their knowledge was assessed. This was to ensure the training provided was understood and fully embedded. We saw some staff were working to achieve the care certificate. This was a national recognised qualification covering the 15 basic principles of care that staff working in the care sector were expected to achieve.

During this inspection we observed the training manager working alongside care workers who had been recently recruited. This was to ensure that they were providing care in line with best practice guidelines and in line with people’s care plans. The deputy manager told us that the service had appointed one of the nurses as a dignity champion. A dignity champion was someone who believed that being treated with dignity was a basic human right. The dignity champion was responsible for the promotion of dignity in the service. The deputy manager said, “We have arranged for the dignity champion to carry out training and to observe the way staff work with people.” This would ensure that people received care in a dignified manner.

Staff told us they received individual and group supervision as well as yearly appraisals. This provided them with

additional support to carry out their roles and responsibilities appropriately. One staff member said, “We have regular supervision as well as staff meetings. We get all the support we need to help us do our job properly.” We saw supervision and appraisal records which confirmed that staff were provided with regular supervision.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements to ensure where appropriate; decisions were made in people’s best interests when they were unable to make decisions for themselves. Staff told us they understood the principles of the Act. For example, one staff member said, “We always assume the residents have capacity unless proven otherwise.” Another staff member said, “I ask the residents for their consent before providing them with support and tell them what I am going to do.” The staff member went on further and stated, “I also ask them to choose what clothes they wish to wear and give them choices.” During our inspection we observed people were treated appropriately by staff.

At the time of our inspection a number of people were being restricted under the DoLS. We found the service had followed the appropriate guidance to ensure their restrictions were lawful and in their best interests. We found that staff supported people and their relatives to have effective care plans in place, which included Do not Attempt Cardio Pulmonary Resuscitation (DNACPR). These had been completed in line with current best practice guidelines.

People told us that staff supported them to eat and drink. One person said, “The food here is good, You can choose what you like to eat.” Staff were able to describe how they supported people to eat and drink and to maintain a balanced diet. They also told us that meal times were flexible and some people chose to have all their meals in their bedrooms.

We observed that people who sat in the lounge area preferred not to sit at the dining table and staff respected their wishes. People had their meals placed on a table in front of them. One person said, “It’s my choice not to go to the table.” Staff confirmed that people were provided with a choice of meals and if they did not like the choice on offer an alternative would be provided.



## Is the service effective?

Staff told us people who were at risk of poor fluid and food intake were closely monitored. They were also provided with fortified drinks and meals. We saw evidence if a person's appetite was poor a record was maintained of what they ate and drank. We found people's weights were monitored regularly and professional advice was sought in the event of unexplained or sudden weight loss. We observed people with special dietary needs such as soft diets were catered for. Throughout the inspection we observed people had fluids within their reach. Snacks, hot and cold drinks were provided at regular intervals.

Staff told us people were supported to access healthcare services and to maintain good health. For example, staff were able to access support from the local complex care

team. This was a nurse led service that contacted care homes daily. The aim of this service was to prevent unnecessary hospital admissions and GP call outs. On the day of our inspection a health care professional was visiting the service. This was to provide support and advice to people and staff. They told us the staff team were very good and always contacted them if they had any concerns about people's wellbeing.

We saw evidence that people were registered with a GP of their choice. They were able to access the services of the chiropodist, dentist and optician when required. People were also able to access other health care specialists via their GP such as, the Speech And Language Therapist (SALT) and the dietician.

# Is the service caring?

## Our findings

We received positive comments about the standard of care people received at the service. One person said, “They are all lovely, so kind and always have a smile on their face.” Another person said, “I wouldn’t be anywhere else.” This person told us how much staff had supported them since they had been admitted. Relatives told us about the support their family members received and said that staff were kind. One relative said, “Yes they look after [Name of relative] very well.” Relatives and visitors confirmed they had no problems with how staff supported their family members and friends.

People told us staff supported them with kindness and compassion. We observed that staff knew people’s names and interacted with them on a personal level, making them feel at ease and sharing a laugh and a joke. For example, we saw that staff engaged with people, their relatives and friends when they entered communal areas.

One person told us they liked to spend time in their room because they had it just as they liked it. They told us staff had encouraged them to bring in personal possessions and items from home they had cherished. This made their room like a, ‘Home from Home’. It demonstrated a positive example of how staff had worked to create a comfortable and homely environment for this person. During this inspection we observed people smiling and seemed at ease and comfortable in the company of staff.

People told us they felt involved in their care and were supported by staff to make their own decisions. They confirmed that they were enabled to remain independent, for example, by choosing what time to get up, have their breakfast and how to spend their day. We saw that people chose how to spend their time within the service; and staff respected this. We observed that care was personalised. This was because people and their relatives had been involved in decisions made about their care needs. We observed staff spoke to people in a friendly and respectful manner and when possible responded promptly to any requests for assistance.

One person told us they enjoyed spending time in their room because they liked the quiet; however, when they

needed staff they would always come. They said when instant support could not be given, staff responded positively and provided an explanation for the delay and ensured they returned as quickly as possible. Call bells were answered swiftly and when asked for assistance, staff completed requests with a smile.

Staff told us there were times when people were unable to communicate their needs but required care and support. For example, those people living with dementia or people at the end of their life. They told us they would find alternative methods to support people to express themselves. For example, the use of non-verbal gestures to express likes and dislikes. This showed that staff cared about people and ensured that appropriate care was given, despite there being potential barriers.

Through their actions and our conversations, we found that staff members had an understanding of the role they played in making sure people’s privacy and dignity was respected. Staff told us they maintained confidentiality at all times and made sure they did not discuss people who used the service in front of other people. We observed the morning hand over and found that staff spoke about people in a respectful manner. We also observed that staff knocked on people’s bedroom and bathroom doors; and waited to be invited in before entering. We saw staff treating people with dignity and respect and were discreet when assisting them with personal care.

There was information provided on how to access the services of an advocate. Records confirmed that various advocate services were available for people to use. This was to ensure that their views within making decisions were listened to; and they were able to access the services of an advocate.

Relatives told us they were able to visit their family members when they wished and our observations confirmed this. Visitors could visit people in their rooms or in the lounge areas and outside in the garden. Visitors told us they were able to visit at any time. Staff confirmed there were no restrictions on relatives and friends visiting the service. It was evident that the service supported people to maintain contact with family and friends.

# Is the service responsive?

## Our findings

People told us staff knew how to look after them properly. One person said, “Everything we need, we get, they all seem to know what they are doing.” Another person told us, “They are good at their jobs; they do what they have to in the right way.” People also told us they had been given appropriate information and the opportunity to see if the service was right for them before they moved into the service. We found staff provided people and their families with information about the service as part of the pre admission assessment, which was completed to ensure that people’s needs could be met before they were admitted.

People told us they received the care they needed to ensure their needs were met. They also confirmed that they were regularly asked for their views about how they wanted their care and treatment to be provided. Staff told us that it was detailed within people’s care plans how they wanted their care and treatment to be provided. It was evident during our conversations with staff, that they were aware of people’s needs. For example, what people enjoyed doing or what they liked to eat. We looked at care records and found that pre admission assessments of people’s needs had been undertaken prior to people being admitted to the service. Information gathered informed the care plan, which was specific to people’s individual needs. We saw that the care plans were reviewed on a regular basis and updated as and when people’s needs changed.

The care plans we reviewed contained detailed information about people’s care needs. One staff member said, “Yes, I think they are good, they give us enough information on how to look after people.” We found that some care plans provided detailed information relating to people’s continence needs and the equipment required to support them to maintain their independence. There was also information in relation to people’s dietary needs. If a person needed to be hoisted their care plan included information on the size of the slings that should be used for this activity. There was also information recorded in relation to the equipment being used to support people who were at risk of pressure damage. For example, there was information recorded on the settings for pressure mattresses. This was to ensure that optimum pressure relief was given.

Staff told us that any changes in people’s needs were passed on to them through daily handovers or via the communication book. This ensured that information on people’s needs was current. We observed the morning handover and found that all staff were provided with information on people’s needs. Staff were also told who they were caring for during their shift. This ensured that staff were accountable to the people they were caring for.

Staff told us that the service had two activity coordinators who worked with people to keep them engaged and stimulated. We spoke to one of the activity coordinators and found they worked to cater for people’s individual needs, in accordance with their abilities. We looked at records which detailed when people had taken part in an activity and saw that there was a schedule of planned activities for people to participate in if they wished. On the day of our inspection we found that the activity coordinator sat with people and engaged them in general conversation and also read to them on an individual basis, which people enjoyed. For example, we observed people smiling to show their enjoyment.

During our inspection, we were able to observe an activity session which included doll therapy for some people. Doll therapy can be a meaningful and rewarding activity for some people with dementia and at Crossways Nursing Home it was facilitated with the use of a doll. We found that this captured people’s attention and gave them stimulation and the ability to be tactile with the doll, cuddling it and making sure it was looked after. People looked happy and content participating in this activity. When people chose not to engage in group activities of their choice, the activity coordinator told us that they would undertake one to one sessions with people in their rooms. This time was spent talking about subjects of choice; reading the newspaper and anything that people wanted to engage in.

People we spoke with were aware of the formal complaints procedure, which was displayed within the service. They told us if they had a concern they would tell a member of staff. One person said, “I have no problems but I would tell them if I did.” People told us the registered manager always listened to their views and tried hard to address any concerns. We saw from the records that actions had been taken to investigate and respond to complaints made.

## Is the service responsive?

There was an effective complaints system in place, which enabled improvements to be made. The provider told us that concerns raised were used to improve on the delivery of the care.

# Is the service well-led?

## Our findings

On the day of the inspection the provider showed us video footage of CCTV evidence which demonstrated that some staff's attitude in ensuring that people were spoken to and cared for safely was not consistent. We acknowledged when this information was brought to the attention of the provider and senior managers at the service they acted appropriately and in line with their formal disciplinary procedures. We saw evidence on the day of our inspection that senior managers were working with other agencies such as the care standards and safeguarding team in an open and transparent manner to ensure people's safety was paramount.

The National Institute for Health and Care Excellence (NICE) quality standard recommend that for supporting people to live well with dementia the premises should be suitably designed or adapted. This would ensure that people with dementia manage their surroundings, retain their independence and reduce feelings of confusion and anxiety. We found that improvements were needed to support the wellbeing of people living with dementia at the service. For example, there were no pictorial aids used to help people orientate themselves around the service. There were no rummage items located along the corridors. (Rummage items are familiar objects that can help reduce anxiety in people living with dementia.)

We found improvement was needed to ensure information recorded in people's person centred profile records was kept up to date. For example, three people's person centred profile documents had not been updated for some time. Although people's needs had not changed, best practice would have been for these documents to be updated on a regular basis. This had not however impacted upon the care that people received.

Staff told us there was a positive and open culture at the service. One staff member said, "Matron and the management team are approachable. They always have time for you." Another staff member said, "If you have a problem you can approach matron she listens to what you

have to say." We found that people and staff were actively involved in the development of the service. For example, regular meetings took place and satisfaction surveys were completed by people, their representatives, staff and health and social care professionals. The provider information report reflected that overall the response from surveys indicated that people were satisfied with the care provided.

The deputy manager was able to describe how staff's views were acted on. Examples given were a way for staff to share news that a person who used the service was no longer with them; their picture was put on the notice board in the staff room. Another example given was that staff had suggested purchasing folding chairs. The chairs were used by staff to sit on in people's bedrooms when assisting them with feeding.

Staff and the deputy manager told us that the service had links with the local community. For example, students from the local college and local school visited the service; also the local vicar and Brownies. There was evidence that people visited the local pub on a regular basis as part of the planned activity provided.

The provider and the deputy manager told us that the service was an accredited Gold Standards Framework (GSF) Care Home. The deputy manager said, "We can identify when someone is nearing the end of their life, to make sure they receive continuity of care." GSF care homes gain accreditation by showing they can sustain best practice approach to end of life care. This showed the service had demonstrated and sustained good end of life care; and worked effectively with external agencies and other health and social care professionals to provide quality end of life care.

The deputy manager told us that the service had systems in place to monitor the quality of the care provided. We saw regular audits were undertaken. These included medicines, infection control, health and safety, care records, accidents and incidents, night checks, pressure care and well-being. The audits were completed regularly to ensure the effectiveness and quality of the care provided.