

S.E.S Care Homes Ltd

Crossways Nursing Home

Inspection report

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Date of inspection visit:

29 October 2019

30 October 2019

Date of publication:

17 December 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Crossways Nursing Home is a nursing care home which was providing personal and nursing care for 14 people at the time of the inspection in one adapted building. The service can support up to 18 people living with dementia, physical disabilities and who may have other mental health needs or learning disabilities.

The home had ten single rooms and four shared rooms with shared bathroom facilities on both the ground and first floors. The home has a living room, dining room and kitchen available for people to use.

People's experience of using this service and what we found

People received care and support in a safe way. Their risks were assessed and there were good measures in place to reduce risks to people's health, safety and wellbeing. The home was clean and tidy, medicines were managed safely and incidents were reported and acted upon where things went wrong.

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

People received support which was effective in helping them achieve positive outcomes and quality of life, such as preventing skin damage and maintaining good nutrition and hydration. The service ensured people had access to healthcare services and worked with other providers to ensure they received care which met their needs.

People appeared comfortable and were laughing and joking with staff. People's relatives told us they felt confident in the care provided. One person's relative told us, "The [staff], the patience they have with [loved one], it's amazing." Another relative said, "They are wonderful, she is well looked after."

Staff were caring and kind in their approach. Staff demonstrated patience and respected people's privacy. Staff promoted people's independence wherever possible. The service helped people plan for the future and provided high quality end of life care. Staff supported people with hobbies and activities which interested them and helped prevent social isolation.

The service was well-led and had improved and embedded robust quality assurance measures to identify any issues with quality or safety in the service. There was a positive culture of inclusion and a homely atmosphere which was welcoming to people's families.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 November 2018) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

A focussed inspection was undertaken (published 12 June 2019) to review whether the provider had taken action in response to a Warning Notice and found that these issues had been resolved.

At this inspection we found improvements had been made and sustained and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Crossways Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed the provider's website and action plans they had submitted following previous inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, nurse in charge, care workers, and the chef.

We reviewed the home's facilities and made observations in shared living areas. 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 reviewed a range of records. These included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two professionals involved with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last comprehensive inspection, we identified people were at risk as the home was not secure and did not have measures in place to prevent people from leaving the property where they were at risk due to their lack of safety awareness and disorientation. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the home had implemented measures to reduce the risk that people could leave the premises without alerting staff and people were now safe. The provider was no longer in breach of Regulation 12.

- People's individual risks were assessed and there were personalised support plans in place which helped staff to reduce these risks when providing support. Risks to people's health and wellbeing were considered and understood by staff.
- Risks within the home, such as health and safety, fire and legionella risks, were well managed. There were regular checks and risk assessments in place which ensured these risks were minimised wherever possible and statutory requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to ensure people were safe from the risk of neglect or abuse. People's families told us they felt their loved one was safe. When asked if they were ever concerned for their relative's safety, one relative said, "Never! Not in a million years."
- Staff had training in safeguarding people and understood signs of abuse, such as changes in people's behaviour or bruising. Staff knew people well and knew what to look out for. Staff told us they felt confident to report any concerns they had and that these would be acted upon appropriately.
- People's individual vulnerabilities were considered, and support plans helped to protect people from exploitation or abuse.

Staffing and recruitment

- There were sufficient numbers of suitably trained staff deployed to meet people's needs. The service reviewed people's needs using a 'dependency' tool and provided staffing based on this assessment. The service had a stable workforce and used regular bank staff and overtime to cover sickness and planned absence.
- Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the

applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- Medicines were managed safely. People had support plans which outlined what medications they took, what for, how they should be administered and what support they required.
- Where people were prescribed 'as needed' (PRN) medicines, there were protocols in place which outlined when the medicine should be used, including indications where the person was not able to verbally tell staff when it was needed.
- Medicines were stored appropriately and had measures in place to check stocks. Medicines administration records showed people received them as prescribed.

Preventing and controlling infection

- The home was clean and tidy. Since the last inspection, the provider had replaced flooring in parts of the home to ensure it was easier to clean where there was heavy foot traffic or based on people's individual needs.
- A member of staff had been recruited as cleaner for an hour each day to support the cleanliness of the home.
- People's needs related to personal hygiene had been assessed and reflected in their support plans. Staff were mindful of hygiene and followed good infection prevention practices, this included the use of personal protective equipment when needed.

Learning lessons when things go wrong

- Incidents and accidents were reported and reviewed for any themes or trends. Staff felt confident to report any concerns and told us they heard about any learning or changes in people's support plans following any incidents.

Is the service effective?

Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance

At the last comprehensive inspection, we identified the provider was not always acting in line with the principles of the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken appropriate action and was no longer in breach of Regulation 11.

The (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service undertook decision-specific capacity assessments, where appropriate, to review people's ability to make decisions about their care. Where a decision was made in someone's best interest, this was documented and involved relevant people.
- Where people had appointed others to make decisions on their behalf, this was recorded, and staff knew who to consult when making decisions.
- Staff understood the principles of mental capacity and how to give people choice wherever possible, such as what to eat, what to wear and what to do. One member of staff said, "It's about understanding that even where someone doesn't have capacity, they still have choice, right to privacy and to be treated well."

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

- People's needs, choices and preferences were assessed, and support plans reflected this. Assessments used were reflective of best practice, national guidance or evidence-based tools which ensured care was effective.

- People were supported in a way which promoted good outcomes, such as maintaining people's healthy weight, skin integrity and managing their anxiety or mood.

Staff support: induction, training, skills and experience

- Staff had the relevant knowledge, skills and experience for their role. Staff had an induction when they started and did shadow shifts which enabled them to get to know people well.
- Staff had access to training in a range of topics relevant to their role and training was updated and refreshed when guidance or policies changed.
- Staff told us they were supported by the registered manager and the nursing staff to develop their knowledge and skills. One member of staff said, "[The registered manager] supported me through when I started, at every stage, teaching me and supporting me."
- Nursing staff were supported with their continuing professional development and the requirements of their registration.

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

- People were supported to eat and drink enough, to maintain a healthy weight and to eat a balanced, nutritious diet.
- People's risks related to eating and drinking were assessed, such as their risk of malnutrition or their risk of choking. People's diets were adapted to meet their needs.
- The chef had training in nutrition, how to fortify foods and in types of diet for people who were at risk of choking.
- People had a choice of where to eat. People were encouraged to eat in the dining room, so they had an opportunity to socialise, and had support to eat and drink where needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other healthcare professionals and organisations to ensure people had access to services they needed.
- The service had implemented the 'Restore2' tool, which is used to monitor people's physical health and communicate any changes with other services, designed to reduce preventable hospital admissions and ensure the right services are contacted when people become unwell.
- The GP fed back positively about the relationship with the home. The registered manager told us they had a good relationship and kept open communication through email and phone to obtain support for people where needed. The GP told us, "They have always contacted me for support and advice promptly and appropriately."
- People had access to healthcare services, such as the dentist, optician and chiropodist.

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

- The premises were suitable to meet people's needs, people had a choice of décor for their rooms, there was sufficient space for people to have quiet time and social activities. There was suitable equipment in place, which was maintained appropriately, to meet people's needs.
- The provider planned to build a conservatory at the back of the property to increase shared living space which would be beneficial to give people further space to manoeuvre equipment and for activities.
- Dementia friendly guidance was implemented around the home, such as visual signs for toilets with different coloured doors. Different corridors had different colours which helped orientate people in the home.
- The garden had been made accessible for people with limited mobility with a path and rails outside.

Is the service caring?

Our findings

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

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

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

- Largely; people were treated with kindness and respect. Staff had a gentle approach and people appeared comfortable and responsive to them. One person told us, "They are lovely girls [staff], I look after all the girls. They are good, especially this one [lead nurse], she looked after me when I was ill."
- There were instances of staff having used a more directive tone and patronising expression for someone, however, these were isolated events and did not reflect the overall approach of staff. This was fed back to the registered manager who agreed to address this with the staff involved.
- Staff maintained a cheerful demeanour and were patient with people and encouraged and praised them when they achieved something. People responded positively to this and appeared motivated and engaged with staff.
- Staff were patient and attentive to people. One person's relative told us, "The [staff], the patience they have with [loved one], it's amazing." Another relative said, "They are wonderful, she is well looked after."

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

- Staff explained what they were doing to people and asked their views where appropriate. Staff looked for verbal or non-verbal indications of people's views or choice and this was respected.
- People had access to independent advocates where they did not have family who could support them or act on their behalf.
- The service worked with people's families and those important to them to ensure their wishes were respected. Staff spent time trying to understand people's personal histories so that they could offer relevant choices and understand what people would have wished for themselves, such as what sort of clothes they liked to wear or what food they liked.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of people's privacy. They knocked before entering people's rooms and ensured people had privacy when providing personal care. Where people shared rooms, curtains were provided across the room to give people added privacy for personal care or when they had visitors.
- One person had a partner living outside the home. Staff enabled them to have time and space alone with one another when they wished.
- People were encouraged to maintain their independence where possible, such as encouraging their mobility. For example, one person could walk short distances. Staff encouraged them to walk as far as they could, before supporting them in a wheelchair the rest of the way.
- Staff understood how to promote people's independence and how this was important to them. One

member of staff gave an example, they told us about one person, "[Person] likes to feel useful so we ask him to help with day-to-day activities, like the laundry or we go for walks with him."

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their families were involved in developing personalised support plans which reflected their needs and preferences.
- Staff knew people well and understood how to support them in the way they preferred. Support plans detailed people's personal histories, interests and key information or relationships to them.
- The registered manager told us they had worked on improving activities and had delivered training for all care workers on activities with people. This allowed them to offer activities throughout the day. Care workers were enthusiastic and enjoyed doing activities with people.
- Activities were adapted based on people's individual needs and interests so people with different abilities could participate. One member of staff said, "I love to sing and dance with [people]. Playing games and ball games but we have to be mindful that people can get frustrated not being able to do something." People who were nursed in bed had time with staff talking, reminiscing or looking at books or magazines. People who were more physically active could join in activities in the living room, such as singing or ball games.
- The service procured activities and entertainment from outside of the home, including someone who facilitated exercise classes. People were also supported, where possible, to go on trips out of the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available to people in a way they could understand if needed. Staff supported people to understand information they needed, people's individual needs were considered when providing information.

Supporting people to develop and maintain relationships to avoid social isolation

- Families were made welcome in the home, they told us they could visit any time, particularly when people were reaching the end of their life. The registered manager told us, "This is people's home, it's important to them." The service hosted events where they invited the local community into the home to get to know people.
- Some people in the home did not have any family contact and had few people in contact with them. The staff were caring and understood the importance of making these people feel loved and included.
- There were opportunities to further build relationships with the community and utilise voluntary services

or other organisations to further develop this and support people to avoid social isolation.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints policy in place, people's relatives knew how to make a complaint should they wish to but told us they did not have any complaints. No complaints had been received since the last inspection.
- The complaints procedure was inclusive and explained how people who were less able to express themselves could complain.

End of life care and support

- The service provided support people at the end of their life and supported them to stay in the home should they wish to. Staff were trained in Six Steps for end of life care, a nationally recognised training course in quality end of life care.
- The home was not providing end of life care at the time of the inspection. People's wishes were explored with them and with those important to them. Advanced care plans and decisions were recorded, where relevant. These considered people's wishes, their needs, choices and spiritual and cultural preferences. One person's relative told us, "Everything is planned out."
- There was positive feedback about planning for the future and good relationships were maintained with relatives of those who had passed away.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clear culture in the home of person-centred compassionate care. Staff reflected the values promoted by the provider.
- There was a family feeling to the home and staff enjoyed and were proud to work there. One member of staff told us, "I am happy here, I love looking after [people]. It is so hard when you see someone trying to do something and they are not able to, so its lovely to be able to help."
- The staff team was diverse and inclusive. People were valued as individuals and were empowered to make choices about their care wherever possible. Staff felt able to make suggestions, raise concerns and felt the registered manager and staff team were open and approachable.
- The home supported people to have a positive quality of life in challenging circumstances and achieved positive outcomes, such as maintaining people's good skin health.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest when things went wrong. People's relatives told us the service kept them up to date of any changes or of any incidents that occurred to their loved one.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had recruited an operations manager since the previous comprehensive inspection to support quality assurance of the service.
- Quality assurance processes had been greatly improved and were now robust and well embedded. The provider carried out audits which reviewed various aspects of care in a way which would identify issues in a timely way. Audits were completed by different levels of staff and different frequencies to allow the provider to act where required.
- There was evidence actions and improvements identified in the quality audits had been completed.
- Staff understood their roles and were clear of expectations of them. Performance was managed through supervision and appraisals and staff received feedback on their work. Staff felt the whole team was supportive, one member of staff said, "Everyone is very supportive."

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

characteristics; Continuous learning and improving care

- The service sought the feedback of people, relatives and stakeholders to contribute to the continued improvement of the service.
- The staff worked with people to explore what they enjoyed and used non-verbal cues to identify if people liked or did not like an activity, food or way of supporting them. This enabled people to feedback on the care they received.
- Where people were able to express their views, staff ensured their views were listened to. People's relatives told us they were able to make suggestions and felt engaged and involved by the service.
- The operations manager and registered manager had identified areas for continued improvement, such as further space in the building, continuing to improve activities out of the home and exploring further developing relationships with other organisations to benefit people, such as the education and voluntary sector.

Working in partnership with others

- The service worked with other organisations and providers to ensure people had access to care and support which met their needs and people had continuity of care.