

Radian Support Limited

The Crossings

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The Crossings is a care home which provides accommodation and personal care for up to four people with learning and/or physical disabilities.

At the time of our inspection there were four people living in the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection took place on the 30 September 2015. The inspection was unannounced. We spoke with two people living at the home and six staff which included the registered manager. We spoke with one relative during the inspection and made contact with two relatives after the inspection.

Relatives told us they were happy with the care provided. Relative said they felt able to raise concerns as they arose

Summary of findings

and felt concerns were acted on. One relative commented “The staff at The Crossings are doing a great job. My relatives are safe. They are more engaged and are living a fuller life than they did.”

People told us they felt safe. Relatives were confident that their relatives were safe. Staff were aware of their responsibilities to safeguard people and training had been provided to promote safe practices.

Risks to people, staff and visitors were identified and managed. Medicines were safely managed. Care plans were in place which provided guidance for staff on how people were to be supported. We saw people were supported appropriately.

Safe recruitment procedures were in operation. Staff were suitably inducted, trained and supervised to ensure they

were effective in meeting people’s needs. Staff had a good understanding of people’s needs and provided person centred care. We saw they were kind, caring and responsive to people’s needs.

People’s independence was promoted and they were supported to make choices and decisions. Their health needs were met and they had access to a range of activities.

The provider had systems in place to monitor the home and gain feedback from people who used the service and their relatives. People, staff and relatives were happy with the way the home was run and managed. The registered manager was available and accessible to 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 safe.

Systems were in place to safeguard people from potential abuse.

Risks were identified and managed to promote people's safety and well-being

Safe medicine practices were promoted

Good



Is the service effective?

The service was effective.

Staff were suitably inducted, trained and supervised.

People were consented with in relation to their care and treatment.

People's medical needs were met and they had access to other health professionals to promote their health and well-being.

Good



Is the service caring?

The service was caring

Staff were kind, caring and had a good relationship with people.

People were supported to make choices and decisions in aspects of daily living.

People's privacy and dignity was promoted.

Good



Is the service responsive?

The service was responsive

Staff were responsive and attentive to people's needs.

People were assessed prior to admission and care plans were in place which provided clear guidance for staff on how people liked to be supported.

People were provided with a range of person centred activities.

Good



Is the service well-led?

The service was well led.

The home was well managed and the registered manager was clear of their vision and values for the service.

The provider had an effective quality monitoring process which enabled them to ensure the home was being effectively managed and monitored.

Records were suitably maintained.

Good



The Crossings

Detailed findings

Background to this inspection

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

This inspection took place on 30 September 2015. This was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was carried out by two inspectors.

At our previous inspection on the 28 February 2014 the service was meeting the regulations inspected

Prior to the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what

improvements they plan to make. We reviewed the previous inspection reports of the home and other information we held about the home. After the inspection we contacted professionals involved with the service to obtain their views about the care provided.

During the inspection we spoke with two people living at the home. We used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to people in the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke to six staff which included the registered manager. We spoke with one relative during the inspection and made contact with two relatives after the inspection. We looked at a number of records relating to individuals care and the running of the home. These included four care plans, medicine records for two people, two staff recruitment files, accident/incident reports and audits. We observed staff practices and walked around the home to review the environment people lived in.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person commented “Yes I do feel very safe here”. Relatives told us they felt reassured that their relative was safe and staff supported them to keep safe.

Staff were clear about what was considered abuse and were aware of their responsibilities to report any incidences of alleged abuse. The provider had policies and procedures in place in relation to safeguarding and it was included as an agenda item at each team meeting. Staff told us they had received training in safeguarding adults. We looked at staff training records. We saw all staff had up to date safeguarding of vulnerable adults training.

People’s care plans contained risk assessments. These were person centred and addressed risks associated with medical conditions such as diabetes, malnutrition, choking, moving and handling and activities out of the home. Management plans were in place to manage the identified risks. They were kept up to date and showed evidence of being reviewed. Staff were clear of people’s risks and actions required to minimise risks.

The home had a risk assessment document which identified environmental risks and how these were managed to promote people’s, staff and visitors safety. This was reviewed and updated in May 2015. There was a lone working risk assessment in place to identify and manage potential risks to staff. Quarterly health and safety checks of the environment and fire safety checks including fire drills took place. The last fire drill was recorded as taking place on the 30 July 2015. Fire safety and moving and handling equipment was regularly serviced and safe to use. The home had a contingency plan in place which provided guidance for staff on the action to take in the event of a major incident at the home such as fire, flooding, electric, gas or water supply failure. Staff spoken with were clear of their responsibilities in relation to health and safety.

We viewed the accident and incident records. Accident /incident records were completed and interventions recorded. These were checked and signed off by the registered manager. Relatives told us they were informed of any accidents/ incidents involving their relative.

The home was clean and areas of the home had recently been decorated. Two people recently admitted to the home told us they had been involved in choosing the paint

for their bedrooms. We viewed the bedrooms and saw they were nicely decorated and reflective of the individual’s choices and interests. We found the bathroom had an odour, was in need of updating and the flooring was stained. A refurbishment plan was not in place at the home. This was requested and provided after the inspection. This indicated the bathroom was due to be replaced in 2023. However the provider confirmed the bathroom would be refurbished by the end of November 2015. Maintenance issues were logged and a record was maintained to indicate when work was completed. We saw a fire strip on the bottom of one of the bedrooms doors was loose. This was reported to maintenance immediately.

People’s care plans outlined the level of support people required with their medicines and how they preferred to take their medicines. People’s files contained a medicines risk assessment which outlined risks associated with medicine administration. We looked at two medicine administration records. We saw medicines were given as prescribed. Staff were suitably trained and deemed competent to administer medicines. During discussion with us staff were clear of how individuals took their medicines. We saw guidance was in place on the use of as required medicines. These were detailed and specific and provided clear guidance for staff on the use of as required medicines. We saw medicines were stored safely. Audits of medicines took place and actions were taken to address issues raised and promote safe medication practices.

People told us they thought there was enough staff available to support them. Relatives told us they felt there was always staff available when they visited and especially now that the home had people living there who seemed more independent. Staff told us two staff were provided on each shift. They felt the staffing levels were generally sufficient to meet people’s needs and allow people to have person centred care. The home had a registered manager who was responsible for two locations and worked across the two locations. There was a full time support lead in post who worked a mix of administration days and support shifts, including alternate weekends. Staff told us the support lead and registered manager were always available to provide care and support at other times when required. During the inspection we saw people were supported to go out and to have their meals and personal care needs met at a time that suited them. Staff were responsible for the cooking and cleaning but this did not impact on people’s care. The home had one full time staff vacancy and was

Is the service safe?

actively trying to recruit into it. We saw from the rotas the permanent staff and agency staff were used to cover shortfalls in the rota. Prior to the inspection we received information of concern that staff worked long hours consecutively. They alleged that staff worked up to 15 hours a day plus a sleep in and worked more than 60 hours a week plus up to four sleep in's in a week. Staff told us they did not work excessive hours, nor were they pressured to work extra hours. We looked at the rotas for August and September 2015 and looked at the record of extra hours worked for July and August 2015. We saw occasions where staff worked from 7 am until 10 pm and up to three sleep ins a week. However within this time breaks and time off was taken. We saw the extra hours worked were audited

when inputted onto payroll. Guidance was in place in relation to working hours and time off. The rotas showed the guidance was adhered to and was in line with the working time directives.

Safe recruitment processes were in place. We looked at recruitment files for the two newest staff to the home. We saw they had completed an application form, attended for interview and gaps in employment were explored. References and a Disclosure and Barring Service (DBS) check was carried out before they started work at the home. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults.

Is the service effective?

Our findings

People told us they thought staff were well trained and they got the support they needed. Relatives told us they thought staff were suitably trained. One relative was very complimentary of one staff member in particular whom they felt had a real understanding of their relative's needs and had built a good relationship with them. They could see this in the progress their relative had made over the period of time that staff member was there.

A relative told us they felt permanent staff were good and were suitably skilled. However they commented "They feel slightly uncomfortable when they visited and there are agency staff that they don't know and don't know their relative". However they confirmed this had only happened a couple of times.

A professional involved with the home commented that they found staff to be knowledgeable about their residents and their health needs. They said the continuity of staff was invaluable in determining when a person becomes unwell. They commented staff also had good relationships with family members.

Staff told us they had received an induction into the home. They said they had completed an induction booklet which was signed off when their induction was completed. We were told the newest staff member had enrolled on the care certificate training. We were unable to see their induction records as they were not on shift on the day of the inspection. However we saw evidence to confirm what a module of the care certificate covered. We saw bank and agency workers were suitably inducted into the home. On the day of the inspection an agency staff member was working alongside a permanent staff member. This was a shadowing shift arranged by the agency and gave the agency staff member an opportunity to gain an insight into the home and make the decision if they wanted shifts there.

Staff told us they felt suitably trained to do their job. They said they were clear of their roles and responsibilities. They confirmed they had access to regular updates in training. Specialist training was also provided and staff were trained in specific roles such as medication administration, infection control and health and safety. We looked at the training records and saw staff had training in subjects the provider considered to be mandatory for the service such

as first aid, fire safety, safeguarding of vulnerable adults, moving and handling, food hygiene and learning disability awareness. We saw that updates in training were booked where required.

Staff told us they received supervision and felt supported. They said they could go to the registered manager or support lead at any time in between supervisions if they required support. The support lead was responsible for supervising the support staff. We looked at records and saw staff had one to one supervision sessions recorded. The frequency of supervisions was varied. Alongside this observations of staff practice were carried out and recorded. We saw one to one sessions took place with individual staff to address issues raised regarding their practices in relation to such things as administration of medicines and supporting people. We saw staff had an annual appraisal and review of their performance. New staff underwent probationary reviews prior to being confirmed in post.

People's care plans contained detailed guidance on how people who were non-verbal communicated their needs. We saw staff had a good understanding of people's communication needs and they responded effectively to them. People who could communicate with us were unaware they had a care plan but told us they had a named staff member who was their keyworker. They were aware who that was and what that meant for them.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. People's care plans outlined whether they had capacity or not. Where people were assessed as not having capacity to make a decision a best interest decision was made involving people who knew the person and other professionals. Staff were trained in the Mental Capacity Act 2005 (MCA). They were aware which people lacked capacity to make decisions and knew best interest meetings were required when decisions on their care and treatment were required.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. It ensured the service only deprived someone of their liberty in a safe and correct way and this is only done when it is in the best interest of the person and there is no other way to look after them. At the time of our

Is the service effective?

inspection there was no DoLS in place, however two applications had been made to enable them to support those people in a safe way. Staff had been trained in DoLS. They had a good understanding of what it meant and how it related to the people they supported.

We saw in people's files they had access to other health professionals such as the GP, dentist, optician and podiatrist. Some health professionals visited the home and staff supported people to attend hospital appointments. Relatives told us they were kept informed of changes in their relative and changes in treatment. We saw in people's files they had access to professionals such as physiotherapists, speech and language therapists and psychologists. Records were maintained of appointments with professionals, the outcome of those visits and action required. We saw care plans reflected guidance and advice from professionals and staff worked to the guidance. Relatives told us they were made aware if their relative was unwell and the action taken.

People told us they were happy with the meals provided. We observed meals being served and people being supported with their meals. We saw staff engaged, supported and encouraged people to eat their meal. Equipment and aids were provided for people who required them to enable them to eat their meals independently. People's care plans outlined their nutritional needs and the support required with their meals. We saw risk assessments and management plans were in place for people who were at risk of low weight and at risk of choking. Staff spoken with were clear of the support people required at meal times and the potential risks to them. We viewed the menu and saw people were offered choices and a varied menu. People who were able to were encouraged to be involved in the meal preparation and cooking.

Is the service caring?

Our findings

People told us they felt cared for. They told us staff were kind, caring and helpful. Relatives told us they thought the staff were very kind and caring.

A health professional involved with the home commented “Staff are caring and seek medical attention promptly when needed”.

We saw staff engaged positively with people. They appeared kind, gentle and caring in their approach whilst enabling and supporting people to be independent. Staff had a good understanding and knowledge of each person and their needs which enabled them to communicate effectively with them and provided person centred care.

Some people choose to take an active role in the home and we saw people assisting with making cups of tea and meal preparations. Others choose to be less involved. Both of those decisions were respected. People’s care plans outlined if people needed support to make choices and decisions and how this was to be promoted. Care plans provided detailed guidance on people’s likes and dislikes. Their likes were taken into account in relation to meals, drinks and activities. We saw people were able to make choices on activities, food and drinks, times for getting up and going to bed. During the inspection these practices were promoted.

A relative told us they felt their relatives’ link with the community had improved since they came to live at the Crossings. People were encouraged and supported to do things for themselves to promote their independence. Care plans outlined people’s involvement with tasks which ensured staff were consistent in prompting and supporting people. We saw people were encouraged to eat on their own and staff provided support as and when it was needed. Aids were provided to promote independence with meals and mobility. A relative told us that their relative was no longer walking and they were worried this would reduce their independence and mobility. We saw the physiotherapist were actively involved in supporting and advising staff on this. We were told they were looking at equipment to further promote the person’s mobility.

People told us their privacy and dignity was respected. They confirmed staff knocked on their bedroom doors and called them by their preferred name. We observed staff were respectful towards people. They always acknowledged people and were discreet and courteous during conversations with people which promoted their privacy and confidentiality. They did not go into people’s bedrooms without their knowledge and permission. Relatives confirmed that their relative’s privacy was upheld and staff were respectful in the way they engaged with people.

Is the service responsive?

Our findings

We saw staff were attentive and responsive to people. They were aware when people became distressed and provided reassurance when required.

A person who was new to the home told us they had come to visit before they came to live there. We saw people were assessed prior to admission to the home. An assessment was completed which outlined the person's needs and risks. We saw a review of the placement took place. This was to ensure the person's needs were being met and to ensure they were happy to live at the home. Relatives confirmed an assessment and visits to the home took place prior to their relative being admitted.

We looked at four care plans. They were person centred, informative and provided clear guidance for staff on how people were to be supported with all aspects of their care. Some care plans showed evidence of people's involvement in them. Others did not include signatures and did not indicate if people were involved in them. Care plans were reviewed and updated to reflect any change in people's needs. The support lead told us a new care plan format was being introduced which they felt was more comprehensive. Staff spoken with were knowledgeable of people's needs and the support they required. They provided care in line with their care plans. Relatives told us they had input into their relatives care plans and were invited to their annual reviews.

Relatives told us they can visit at any time and are always made to feel welcome. They said they can see their relative in private or in communal areas of the home. Another relative told us staff support their relative to visit them in their home to enable them to maintain contact.

People told us they were happy with the activities provided. We saw person centred activities were provided which included horse riding, spa days, bingo and meals out. One person had a rabbit and they were supported to look after it. Another person went to work and they were supported to use public transport to enable them to get there. During the inspection we saw some people went shopping and a bingo trip and meal out was planned for later on that evening. Individual activity boards were displayed in the home. These were updated daily. A relative commented "that their relative's links with the community had improved since they came to live at the Crossings".

People told us they would talk to staff if they had any concerns or worries. The relatives we spoke with told us they would speak to the registered manager if they had complaints. They told us they felt confident issues raised would be addressed. One relative said they raised concerns and issues as they occurred and they are always dealt with. The home had a complaints procedure in place. This was available in a pictorial format so that people with limited communication had access to the process. We looked at the complaints log. The home had no recent complaints logged. We saw compliments were also logged and feedback to staff.

Is the service well-led?

Our findings

People had a good relationship with the registered manager and support lead. We saw they were comfortable and happy to approach the registered manager for assistance and support. Relatives said the registered manager was approachable and accessible. They felt the home was well managed with strong leadership. A relative commented “The manager is very approachable and I don’t have to make appointments as such only from the point of view of co-ordinating diaries”.

Staff said the registered manager and support lead were accessible and approachable. They felt the home was well led and felt the change in management had a positive impact on the home. They said the registered manager and support lead took an active role in the home and assisted with supporting people when required. One staff member told us they did not find the management accessible and approachable. However they confirmed they had raised this with the service manager and had felt things had improved.

Most staff spoken with felt they worked well as a team. Some staff felt there was issues and conflict within the team which was being addressed. A relative told us they thought communication between staff could be better. They gave an example where they had raised something with a member of staff and then had to ask again a few days later. However they felt this was improving.

The registered manager was new to post. They were aware of their responsibilities as a registered manager. They were clear of their responsibilities to make notifications to the Commission of events that affected people’s well-being. The registered manager was motivated about developing the service and proactive in promoting people’s independence and involvement in the home. They were keen for staff to have the knowledge and skills to do their job and take on lead roles to further improve the service they offered.

The provider had quality monitoring systems in place. The support lead and registered manager carried out audits of practice such as audits of medications, finances, care plans and observations of staff practices. They also monitored the hour’s staff worked and reported on the number of accidents, incidents, complaints, staff recruitment and staff training.

We saw audits of the service were developed in line with the five key questions that the Care Quality Commission’s reports relate to such as safe, effective, caring, responsive and well-led. These were thorough audits which addressed areas for improvement. Alongside this a further audit was carried out by an external auditor. The last one on file was dated the 3 February 2015. The actions from all of the audits were transferred onto the service’s continuous improvement plan. This was monitored by the provider and actions were signed off when completed. The development plan was continuously reviewed and updated.

We saw annual surveys were sent out to people who used the service, relatives, staff and stakeholders. The last one was completed in January 2015. The home had a poor response to the survey. No feedback from relatives was received and only one stakeholder had responded. Their feedback was positive. A relative told us they were given the opportunity to feedback on the service at their relatives review. They said they felt they were listened to and action taken. The Local Authority Commissioners had carried out a monitoring visit in July 2015. They were happy with the service provided and acknowledged improvements within the service.

We saw people’s records, staff records and other records viewed were secure, well maintained, kept up to date and accurate. Systems were in place to promote good communication between the staff team. A daily handover form was in place which ensured key information and tasks were handed over and completed.