

# Crossways Residential Home Limited

# Crossways Residential Home

## Inspection report

66 Highgate Road  
Walsall  
West Midlands  
WS1 3JE

Tel: 01922646168

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This focused inspection took place on 19 September 2017 and was unannounced. At our last inspection in April 2017 we rated the provider as 'requires improvement'. In August 2016 and December 2016 the provider was rated as 'inadequate' and placed into 'special measures'. In April 2017, the provider demonstrated some improvements had been made and as a result the provider was taken out of special measures. However, the provider was not meeting the requirements of the law in relation to the effective governance and management of the service.

Following the inspection completed in April 2017 we asked the provider to ensure they were meeting all legal requirements by a specific date. We completed the most recent inspection in September 2017 to ensure the required action had been taken. We found while improvements were still required the provider was meeting the basic requirements of the law.

Crossways Residential Home provides accommodation and personal care for up to 23 people. At the time of our inspection there were 19 people living at the service, most of whom were living with dementia.

There was no registered manager in post although this is a legal requirement at this service. 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. An acting manager was in post and was responsible for managing the day to day service. The provider confirmed they were in the process of recruiting a permanent manager who would register with the Care Quality Commission.

People were supported by a staff team who understood how to recognise signs of abuse and how they should report concerns. People were protected by staff who were taking steps to minimise the risk of harm such as injury to them. People received their medicines safely and as prescribed.

People were supported by sufficient numbers of care staff to keep them safe. Pre-employment checks were completed on staff members prior to them starting work.

People and relatives felt the current manager was making improvements in the service. People were increasingly more involved in the development of the service and encouraged to share their views. People were supported by a staff team who felt supported in their roles.

Quality assurance and governance systems had improved although further improvement was still required.

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

We always ask the following five questions of services.

### Is the service safe?

**Good** ●

The service was safe.

People were supported by a staff team who were protecting them from potential abuse and the risk of harm such as injury. People received their medicines safely and as prescribed.

People were supported by sufficient numbers of care staff to keep them safe. Pre-employment checks were completed on staff members prior to them starting work.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

Quality assurance and governance systems had improved although further improvement was still required.

People were increasingly involved in the development of the service and encouraged to share their views. People were supported by a staff team who felt supported in their roles.

# Crossways Residential 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.

This inspection took place on 19 September 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with five people who used the service and two relatives. We spoke with the acting manager, the area manager and four care staff. To help us understand the experiences of people we carried out observations across the service regarding the quality of care people received. We reviewed records relating to people's medicines, three people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance records.

# Is the service safe?

## Our findings

At the last inspection completed in April 2017 we found the provider needed to make some improvements around the effective management of risk to people living at the service. We found improvements were needed to staffing levels, ensuring people were protected from the risk of injury while staff supported them to move and also around risks associated with the management of specific behaviours.

People told us they felt safe while being supported to move. One person said, "I do feel safe. Especially now when they move me with the [standing equipment]...I don't feel they're messing me around as much". We saw the knowledge and skill of care staff around supporting people to move had improved. We saw people were supported by care staff to mobilise around the service safely. Care staff were using equipment such as hoists and stand aids safely. They also communicated with people effectively during transfers to provide reassurance and described what was happening to them. We found systems had been developed to ensure care staff were aware of the correct sling sizes to be used while supporting people in hoists. We saw risk assessments and care plans were in place to provide guidance to staff around how to support people safely. We saw care staff were confident in the support they provided and as a result we saw people were less distressed than we had seen during previous inspections while they were supported with equipment such as the hoist.

We saw improvements had continued to be made around the management of risks associated with people's behaviours. Care staff we spoke with were able to describe people's individual needs and the steps they [staff] took to manage specific risks to the individuals and others living at the service. We found care plans and risk assessments had been updated. Care staff were able to more effectively identify signs of potential distress and took steps to intervene before people became upset and difficult to manage. As a result potential risks to people were minimised. We found the environment within the service was calm and there were no incidents that posed a risk to others during our inspection. A recent feedback survey completed by a relative supported our observations. The relative said, 'We think the general atmosphere of the home in the last few months seems to be a more relaxing and calming place to be, all the residents seem to be happier'.

We found further improvements had been made to the management of risk within the service. For example; we found new care plans and risk assessments had been developed that addressed concerns such as conditions impacting on people's vision. We saw risk assessments around the use of crash mats had been developed in order to consider and mitigate the specific risks to individuals within the service. We saw steps such as regular checks on people's skin integrity were completed to ensure any risks associated with potential skin breakdown were effectively managed. We saw systems to monitor and manage accidents and incidents within the service had been improved. The management team had a good understanding of the number and nature of incidents that had arisen and how the risk of reoccurring incidents could be reduced.

Care staff we spoke with were able to describe signs of potential abuse and how they would report concerns about people to managers and the local safeguarding authority to enable investigations to be completed. Whilst the number of concerns arising had reduced overall, we saw that appropriate referrals were being

made to the local safeguarding authority when needed. We saw investigations were being completed where required and plans were being put into place to protect people from the risk of harm.

People who were able to share their views told us they were happy with the support they received with their medicines. One person told us, "They give it [medicines] to me. Yes on time and I always ask if there's something new". A relative said, "They [staff] never miss it [medicines]". We saw medicines were stored securely and safely. We saw the member of staff administering medicines was doing so in a kind and patient manner. They were taking time to speak with the person they were supporting and where required provided an explanation of the medicines being given to them. Where people refused medicines they took steps to ensure the medicines were administered. For example; they would use a member of staff with a good rapport with the person or with specific communication skills or they would return later and try to offer the medicines at another time. We saw that stock counts of medicines matched the quantities that medicines administration records (MAR) charts outlined should be available to people. We saw a new system had been launched to record the administration of creams.

At this inspection we saw improvements had been made with the number of care staff available to meet people's needs. People and relatives we spoke with noted the improvements in staffing levels but still felt some additional staff, at certain times, could be beneficial to the quality of care provided. A member of staff told us, "It's [staffing] getting better". We found sufficient numbers of care staff were in place to ensure people's basic needs were met and they were kept safe. We saw in addition to care staff there were staff members including a cook and domestic staff who were cleaning and dealing with laundry. We saw care staff were working more effectively as a team which assisted in ensuring people's needs were met.

We saw that pre-employment checks had been completed including identity, reference and Disclosure and Barring Service (DBS) checks. DBS checks allow the provider to review a staff member's potential criminal history to ensure they are appropriate for employment.

## Is the service well-led?

### Our findings

At the time of this inspection the provider did not have a registered manager in post. This is a legal requirement and forms part of the provider's conditions of registration with CQC. An acting manager was in post and was managing the service on a day to day basis. At the time of the inspection the provider was actively recruiting a permanent manager. We will be reviewing the provider's progress in ensuring this condition of their registration is met following this inspection.

At the last inspection completed in April 2017 we found the provider was not meeting the regulation around governance and effectively managing the service. We found improvements were needed to ensure governance systems were identifying shortfalls in the quality of care delivered and where care plans did not clearly outline people's needs. We found care staff were not always aware of people's needs or how to manage specific risks to them. We found the management team were not identifying gaps in the knowledge and skills of the care staff and this had exposed people to the risk of harm; for example the risk of injury when supporting people to move. We also found issues with recording and monitoring systems across the service. At this inspection we found further improvements were required, however, the provider was now meeting the requirements of the law.

We saw the provider had taken steps to improve the deployment of care staff and the leadership of shifts. Care staff knew who was the responsible member of staff for the shift during our inspection. The provider still needed to improve their systems to ensure they were monitoring the effective deployment of staff across all shifts to ensure people's needs were consistently met. For example; we saw during breakfast that sufficient staff were available to support people with their food and drink. The care provided by staff during breakfast was good and they were ensuring people were sufficiently monitored, independence was promoted and appropriate support was provided to people. However, during lunchtime we found some staff members were not available to provide support. We found a member of kitchen staff was not in work and the medicines administration round had been delayed which prevented a second member of staff from supporting people at lunchtime. We saw the standard of care provided was significantly reduced during this period of time and people did not receive appropriate support. The provider and management team had not ensured that when circumstances arose that impacted on the availability of staff that systems could be adapted to ensure people's needs were met as a priority.

We saw the provider and management team had made significant improvements to systems they had in place to ensure the staff team had the skills and knowledge needed to meet people's needs and keep them safe. We saw staff skills had improved in particular around moving and handling people safely. The provider had ensured staff members had completed practical training in moving and handling. They were also using workbooks to assist with building staff knowledge in other areas. Staff told us training had improved although some staff members expressed a desire for more practical hands on training in areas such as the management of behaviours that could challenge. We saw the acting manager was completing more effective competency assessments to identify where there were gaps in the skills of the staff team. They were using one to one meetings to check knowledge in specific areas and using team meetings to share information and knowledge. The acting manager was using observations to also identify areas in which care

to people living in the service needed to be improved. We saw from the acting manager's observation notes that issues identified were addressed immediately and guidance was provided to staff immediately where required. They were looking at ways to develop ongoing action plans resulting from these observations.

The management team were completing a range of audits within the service and were developing ways to further improve these auditing systems. We found that although audits of care plans were more robust and were identifying areas that required addressing and improvement some improvements were needed. For example; one audit had identified a new care plan and risk assessment for a person's change in mobility was required. This action had been completed; however, the auditing systems had not identified some inconsistencies within the care plans and areas in which this change had not been updated. This resulted in conflicting information being present in the care plan. The acting manager was working with staff completing care plan checks and audits to improve their knowledge and competency in this area. We found audits and checks were yet to be developed in some areas where we found improvements were still required. For example; we found some gaps in the recording of the administration of creams and checks on these records were still to be introduced. We saw that further improvements could be made to systems which enabled the 'triggers' of certain behaviours to be identified more quickly. Identifying these triggers can enable the provider to develop care plans and risk assessments which assist in managing any risks that may be present as a result of the behaviours. We found improvement could be made to further decrease the use of 'personal' references, ensuring that professional references were obtained wherever possible. We also found that instructions around the use of thickener in fluids were not always clearly outlined to care staff. Systems were not in place to ensure the administration of thickener was accurate and in line with the instructions of the healthcare professional. This could pose a significant risk to people due to the risk of choking. The acting manager took immediate steps to address this concern to ensure people were not at risk of harm.

We saw the provider and management team were taking steps to address other areas of concern that had been identified in the service both from their own internal audits and checks completed by external professionals. For example; we saw significant improvements had been made to infection control systems and cleanliness within the service. This had resulted in a significantly improved audit result when checked by the CCG's infection control team. We saw the management team had identified ongoing concerns with the temperature of the storage area in which medicines were kept. As a result, the medicines had now been located in an alternative area within the service. Improved processes were also now in place to monitor the weight loss and nutritional risk to people living in the service. The acting manager was engaging the staff team and involving them in the improvement process. We saw care staff were involved in developing activities, providing more effective key worker support to people and holding meetings for service users. We saw a staff member had identified the type of dementia each service user was diagnosed with. They had then provided specific guidance to staff in people's care plans around how their dementia could impact on them and how staff could provide more effective support.

People told us they were happy with the current management of the service. They told us they could see improvements within the service and this was also reflected in feedback surveys we saw. A relative told us, "It is well run, there have been improvements recently, it's more friendly than it was before". One relative noted in a feedback survey, 'Home has improved a lot in the last six months'. People were more involved in the development of the service and we saw staff members were now leading residents meetings which were focused on gaining people's feedback about their experiences of living in the service and improvements needed.

Staff told us they felt supported by the current acting manager and they could see further improvements being made. One staff member told us, "I've seen an overall improvement in management...[The acting

manager] is trying her very best to change things for the better". Another staff member said, "If I have a problem I come straight to [the acting manager]". We saw some improvements could be made to communication systems with staff members; however, improvements had already been made and continued to be in progress.

We found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary. The acting manager demonstrated a passion to providing a good standard of care for people living at the service. The management team were committed to improving the quality of service provided to people.