

# Ablecare Homes Limited

# Crossley House

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Crossley house provides care and accommodation for people living with dementia. There were 13 people living in the home at the time of our inspection.

People's experience of using this service:

People were not always involved in decisions about their care and support. When people lacked the mental capacity to make decisions, records did not always demonstrate current statutory guidance had been followed. This was to ensure people were not restricted any more than necessary and decisions made on their behalf were in their best interest.

Care records were not always accurate and up to date, and people's end of life care needs were not clearly documented.

Information about risks to people's safety was not consistently identified and recorded. Medicine practices did not ensure the service followed relevant national guidelines. People did not always receive their medicines such as creams as prescribed.

People and their relatives said staffing was not consistent at the weekends and felt there were less staff to support them. Staff said periods of the day was busier than others, but people received the care they needed and were safe. We recommend the provider finds out more about calculating staff based on current best practice, in relation to the specialist needs of people living with dementia.

People's healthcare needs were monitored, and they had access to suitable healthcare services. Regular social activities were organised for the enjoyment of the people living at the home. These were kept under review. People were provided with sufficient home cooked food and drink to maintain their health and wellbeing.

People were supported and treated with dignity and respect. Staff knew people well and were kind and patient.

People, relatives and staff said they felt the service was now well managed since the new manager commenced in post. There had been improvements into how staff worked together in providing care that was person centred.

Over the last 12 months, there had been a high staff turnover, a change of manager and high agency usage. This has had an impact on the morale of staff and care delivery. It was evident this was changing with the new manager actively recruiting staff and agency usage being reduced.

Governance arrangements were not always effective and used consistently to monitor the service. The provider had failed to notify CQC about some incidents, which had taken place at the service. They are

legally obliged to do this.

Rating at last inspection: Rating at last inspection: Good (report published January 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Crossley House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The first day of the inspection was completed by two inspectors 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. The second and third day was completed by one inspector.

#### Service and service type:

Crossley House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

The service had a manager who was in the process of registering with the Care Quality Commission. This means when they are registered, 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. The provider, registered manager and staff team did not know we would be visiting. We carried out the site visit of the inspection on 4 and 11 June 2019. We returned on the 13 June 2019 to provide feedback to the manager and the provider.

#### What we did:

We reviewed information we had received about the service since the last inspection in November 2016. This included details about incidents the provider must notify us about.

We assessed the information we require providers to send us at least once annually to give some key

information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

Before the inspection, we had received concerns from two whistle blowers. These concerns related to medication management, safe staffing levels, how people were supported with personal care and lack of choice. These areas assisted our planning of the inspection and were looked at during the visit.

We received feedback from a professional prior to our inspection. You can see what they told us in the main body of the report.

During the inspection, we spoke with two people, four relatives and two health care professionals. We also spoke with five care staff, the registered manager and the provider.

Most of the people were unable to tell us about their experiences of Crossley House, because they were living with dementia and unable to discuss their views verbally with us. We spent time observing people and their interactions with staff. 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 eight people's care and medication records. We also looked at four staff files around staff recruitment, training and supervision. We reviewed records relating to the management of the home including checks completed by the manager and the provider.

Following the visit, the provider sent us additional documents we had requested, which included further evidence of quality monitoring, policies and procedures in respect of mental capacity assessments and Deprivation of Liberty Safeguards (DoLS). We also telephoned a relative to seek their views about the care and support that was in place.

# Is the service safe?

## Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations have not been met.

Using medicines safely.

- Generally, systems were in place so that people received their medicines as prescribed. Medication administration records (MAR) were clear and accurately completed.
- However, staff did not always complete records to confirm they had applied people's prescribed creams. There was evidence the manager was addressing this by putting these records in people's rooms alongside their creams. However, there were still significant gaps in recording. This had been also noted during the inspection in November 2016.
- Recording of fridge temperatures had been unclear at times over the past year. These had exceeded the recommended safe temperature to store medication. There was a risk to these medicines that needed cooler temperatures.
- There was no information available about how people preferred to take their medicines alongside the medication administration record. Four people did not have a photograph on their medication record, which would help staff identify the person. The photographs were put in place by day 2 of the inspection.
- The reasons for administering 'as and when' medicines such as pain relief, was not always documented on the reverse of people's MAR charts. This meant staff could not consistently monitor these types of medicines for their effectiveness.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they had liaised with the GP practice as not all medicines that had been ordered had been delivered in a timely manner. This was being monitored to ensure people's prescriptions and requests were correct.
- Staff completed training in medicines administration and their competency and knowledge was checked.
- People's medicines were regularly reviewed by the GP and the care home liaison team.

Staffing and recruitment

- Safe recruitment processes were in place to ensure suitable staff were employed.
- Staffing levels were planned to support people with their daily needs, activities and appointments outside of the home.
- Staff confirmed generally there was sufficient numbers of staff to support people. They said they could spend time engaged in activities and talking to people. However, they said at times it could be busy especially in the morning when one member of staff was supporting with medicines, and another was helping with breakfast which meant there was one member of staff supporting people with personal care.

- There was a period of 45 minutes on the first day of the inspection when there was no staff present in the lounge providing continual support to the 11 people who were in there. However, on the second day there was staff interacting with people ensuring their safety and a continual staff presence in the lounge area.
- There was no staffing tool used to calculate how many staff were needed to support people living in Crossley House. The provider told us staffing was put in place based on their knowledge of people and experience. They used a local authority model to determine staffing plus an additional 25%. One member of staff said, "Sometimes it's hard. The residents used to be a lot more able than the people we care for now."
- People confirmed there was usually sufficient staff but felt there were fewer staff on the weekend. One person told us, "I think there are plenty of staff, If I call someone I sometimes have to wait but they always respond". Another person said, "Sometimes I feel the staffing is not enough they could do with a bit more staff".
- Two relatives told us they felt staffing was better during the week than at weekends. One relative said, "It was more of a challenge" at weekends. However, they felt everyone was safe and well cared for.

We recommend the provider finds out more about calculating numbers of staff based on current best practice, in relation to the specialist needs of people living with dementia.

Systems and processes to safeguard people from the risk of abuse.

- Relatives felt their loved ones were well cared for. Comments included "I think she is very safe here. My wife has a sensor pad by the bed which alerts staff if she gets up in the night". Another relative said, "I can sleep well at night knowing she is safe".
- Staff had received training in safeguarding and were aware how they could report concerns to the manager, the provider and external agencies. Staff said they would have no hesitation in reporting concerns about poor care delivery to the manager or deputy manager. One staff member said, "I'm very on my game with that. I wouldn't let something go."
- The manager had reported incidents between two people to the local safeguarding team. There were frequent incidents where a person was both verbally and physically aggressive to a particular person. This person no longer resides in the home. We had not been notified of these incidents. Whilst they had taken appropriate action they had failed to notify us. This meant we were unable to monitor how the service had kept people safe.
- A relative commended the home on how they had supported their loved one in respect of a recent safeguarding concern which involved a person that no longer lives in the home. They told us, "The staff were excellent they responded immediately, kept me informed and kept mum safe".
- A professional confirmed that they were aware that a person had been aggressive at times. They told us the staff had responded appropriately and promptly. They said they had notified safeguarding and the care home liaison team to try and implement changes to improve the situation.

Assessing risk, safety monitoring and management

- Most people continued to receive a safe service because risks to their health and safety were well managed by the staff.
- Care records included some risk assessments about keeping people safe. However, these did not contain all the actions that staff should take to keep people safe. For example, a risk assessment for a person who was at risk of falls stated, 'ensure X had their walking stick'. There were no other controls mentioned in the risk assessment such as the sensor mat or the door alarm.
- In addition, two people in February had left the building without staff knowing. Risk assessments had not been put in place to keep one of the people who remained in the home safe.
- The environment was safe and well maintained. Emergency plans were in place to ensure people received the support they needed in the event of a fire or other incidents.



- Equipment such as bath seats, the stair lift and moving and handling equipment was serviced and checked regularly.
- Staff received training in safe moving and handling. Information was in place to guide staff on how each person needed to be supported in this area. This included the equipment and how many staff each person needed to keep them safe.

#### Preventing and controlling infection

- Infection control was managed well. Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately. There was sufficient stock of gloves and aprons.
- The home was clean and odour free. Housekeeping staff were employed to keep the home clean. Checks were completed to ensure all parts of the home were clean and tidy.
- The home had been awarded the highest rating of five stars from environmental health for food safety standards in the home.

#### Learning lessons when things go wrong

- Staff were completing records of accident and incidents. Staff completed a review of the time of the incidents to explore for any themes or trends.
- There was a section for the manager and senior staff to complete. These had not been completed for some of the records we viewed.

# 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.

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Staff clearly understood they needed to seek verbal consent before they supported people. Where people had refused support, this was clearly recorded.
- However, they did not always seek written consent to care and treatment in line with legislation and guidance. This was because documentation in respect of decisions made on a person's behalf was not robust and clear. For example, some people had sensor mats or door alarms. There was no information in their care plans supporting why these were in place and whether any discussions had taken place to ensure these were the least restrictive option in keeping them safe.
- The manager said that this type of equipment would not be put in place unless a risk assessment was in place. These risk assessments were not in place for everyone. There was no evidence the staff had used a decision specific form to record the rationale for the use of the equipment. There no record of who was involved such as the person's legal power of attorney or other representatives. This would enable them to continually review to ensure the least restrictive measures were in place.
- Another person had been treated for an infection using an invasive treatment. There was no documentation in respect of the best interest decision made on behalf of this person showing who was involved in the decision. This was not in line with legislation and guidance.
- The provider told us the documentation was in place to record both the assessment of mental capacity and to record specific decisions however this had not been used by the staff at Crossley House consistently.
- There was no consent to photographs available in the home. We saw that photographs had been taken of people and posted on the provider's face book page and website. Photographs of people had also been used to promote the service in documents such as the home's brochure. The provider told us consent was sought when people signed the contract and these were held at head office. These should be available in the home.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called The Deprivation

of Liberty Safeguards (DoLS).

- Applications had been made in respect of deprivation of liberty safeguards. At the time of our inspection 11 people had either an authorisation in place or were waiting for an assessment. The newly appointed manager had reviewed the applications and was actively chasing those they were waiting an outcome for.
- There was no evidence in care plans on how the staff had determined whether a person had capacity or not to enable them to make the decision on whether a DoLS was needed. Only people who lack capacity can be subject to a deprivation of liberty.
- When we asked two members of staff who was subject to a DoLS. They told us they were not sure, and we needed to speak with the manager. Staff should be aware of people in their care who are subject to a DoLS and any conditions that had been imposed to safeguard the person.

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

- People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care.
- Information from the assessment had informed the person's plan of care. Care records were held electronically. This electronic system was still being embedded into practice.
- People and their relatives confirmed they had visited the home before making a decision to move in.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. New staff had an induction programme, which ensured they received training in areas relevant to their roles. This included completing the care certificate, if they were new to care. Some staff were also being supported to undertake vocational qualifications in care of people with dementia and end of life.
- Staff confirmed they received the training they needed to support people effectively. Although one member of staff said they would like training updates more frequently. One member staff said they had been impressed with the training they had received in supporting people living with dementia. They told us they had done some virtual training enabling them to experience what it may be like to live with dementia. They said this had made them think about their own practice when supporting people.
- Staff received regular supervision and an annual appraisal. Staff told us they felt supported in their roles and they could speak with the manager and provider at any time. Comments included, "I can speak with [Name] any time," and "[Manager name] is great, she's really helped me."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Catering staff were aware of people's preferences, individual nutritional requirements and specific dietary needs. They were planning a review of the menus in the near future.
- People were referred to a dietician where necessary. A health professional told us they had been impressed with the amount of detail and knowledge the member of staff had about the lady they were assessing, and the records maintained of food and fluid intake.
- Food supplements were available, and the chef routinely prepared high calorie foods for people assessed as needing these.

Staff working with other agencies to provide consistent, effective, timely care

- Feedback from visiting health and social care professionals was positive. They told us staff were prompt in reporting any concerns about a person's wellbeing and acting on their advice.
- Comments from healthcare professionals included, "Staff are very welcoming and helpful," "Nothing is too much trouble for them," "I have no concerns about these staff," and, "I have no concerns about the care

here."

- Staff communicated effectively with each other. There were systems in place, such as daily records and handover meetings, to share information among staff.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and attended appointments when required.
- A GP from the local surgery visited weekly on a Tuesday. They told us the staff were knowledgeable about the people they supported and responded well to their care and support needs.
- People's weight was not being consistently monitored. One person had been at risk of malnutrition had not been weighed for seven months and some people had refused to be weighed. However, it was clear that if staff had concerns about weight loss they would discuss this with the person's GP and dietician.
- District nurses visited the home to provide support with any nursing care needs such as wound care management or medicines for diabetes. No one presently living at Crossley House had a pressure acquired wound.
- Care plans were in place to guide staff on supporting people to minimise risks in respect of pressure wounds and skin breakdown.

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

- Crossley House is a large Georgian dwelling in the village of Winterbourne. Close to shops and other amenities.
- There were seventeen single bedrooms with either an ensuite or hand wash basin/commode. People were able to personalise their bedrooms with their personal affects and furniture.
- There was a large lounge, dining room and secure garden, which people could access freely. The office and the entrance hall had additional comfortable seating, which people could use if they needed a quieter space.
- There were three bathrooms that people could access, one where people could have an assisted bath and the other with a walk in shower. The manager told us the third bathroom was not used as the bath was not suitable for people as it was difficult for them to get in and out of the bath. Assurances were provided there was sufficient bathing facilities within the home and this was kept under review.
- There was a stair lift, which people could use to access their bedrooms on the first, second and third floor. The stair lift was unable to stop on the second floor, so people in these rooms had to be mobile and able to walk down the three steps to this area. The manager told us this was risk assessed and discussed during the admission process to ensure people were safe in these areas.

# 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

Good: ☐ 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

- Staff supported people in a kind and caring manner. Staff used touch where appropriate to aid communication and provide reassurance. They had good relationships with people and appeared to know them well. A relative told us, "My mum is very tactile, and the staff are very responsive. The care there is very good". Another relative said, "There is a lot of love here"
- We observed staff speaking with people in a respectful manner and offer reassurance when they became upset. For example, a person was finding the lounge area too noisy and was encouraged to sit in the office, they were provided with a cup of tea and some reassurance. Another person was feeling lost and was gently guided to the lounge area. Staff walked at this person's pace offering encouragement. Another person was getting upset and was offered a walk in the garden.
- Feedback from people about the care they received was positive. Comments included, "The staff they are wonderful. They are always kind to me and I love the way they treat me here". Another person said, ""Staff know me very well, oh yes, and I think the staff treat me with respect".
- Comments from staff included, "They're so well looked after." "This is a close home. We're all close, everyone has contact with the residents, everyone is included, no-one's ever left out," and, "With the quieter people, we don't let them get forgotten, we include everyone." A relative said, "The care here is very personal as the staff team is not very big they have time to get to know the residents".
- Care documentation included information about the protected characteristics including expressing religion, dietary and cultural needs. Although for one person the information in their care plan was contradictory stating they were Christian, and they attended Holy Communion. In another section of the care plan it said, 'When religious services were held in the home X (name of person) often asks to leave'.
- The provider and some of the staff had taken part in a learning event on developing a training resource for care homes. This was about supporting people who were lesbian, gay, bisexual and transgender (LGBT) alongside other providers which had been organised by a local university. The learning resource was used to train staff working for the provider on supporting people to ensure they were free from discrimination and treated with respect.

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

- People were involved in day to day decisions in respect of what to eat, wear and how to spend their time. However, the recording of service user involvement in care planning was not robust. There was a section for a person to sign that they had agreed to the content of their care plan. We were told that two people had capacity, but they had not signed their care plan or associated documentation.
- There was a notice board containing information about events, activities and other news about the service. A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.

- Surveys were sent out regularly to provide another way for people to feedback their thoughts and ideas. Feedback was positive about the service with most saying the support they received was good.

#### Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. We saw staff knocking on doors before entering and respected that people's rooms were their own private spaces.
- Care plans included information about what the person could do for themselves and where they needed support.
- People were addressed by the name that they preferred. Staff were aware of each person's preferences. Staff were knowledgeable about people's employment history, family and personal preferences. This enabled them to engage in conversation with people.
- People were supported to maintain and develop relationships with those close to them. There were a number of visitors during the inspection. Relatives told us they were made to feel welcome. One relative told us, "I visit my wife every day and the staff always provide me with a cup of tea and piece of cake which I have with my wife and I spend the rest of the evening here. The staff always make me feel welcome and I am free to come and go as I please".
- Signage was available to promote independence and orientation to the environment, for example to help people locate bathrooms and their bedrooms.

## Is the service responsive?

### Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had a care plan in place that contained some person centred information. Families had been involved in gathering life histories and what was important to the person. However, people's care information varied. For some there was extensive information to guide staff and for others this had not been captured in the care file.

- The manager told us they were using an electronic care planning system to generate people's care plans. However, it was evident this had not been fully embedded, and work was still in progress. This had been introduced in April 2018.

- Some care plans were similar in content for example stating that mirrors would cause anxiety and to be removed. The manager said for one person they had not experienced this. There were also inconsistencies in people's care plans. For example, in one person's care plan the person had to have their food liquidised (actual consistency was not recorded). In another part of the same person's care plan it stated food had to be cut in to small manageable pieces. This could lead to confusion and put the person at risk.

- Some care plans had not been reviewed since April 2018.

- Where people had refused support, this was respected. However, this was not followed up with people. There was no evidence that people were offered this at a later time or the next day or that another member of staff had tried. Some people had refused baths on a regular basis. There was no guidance for staff on how they should support people when this happens.

- People were offered baths on a weekly basis. This area seemed more task orientated than person centred.

- Relatives gave us examples of when the staff had responded really well to people's changing needs. This included a person moving bedrooms to the ground floor, so staff could regularly check on their welfare and keep them safe. Another relative said, "The staff are always very friendly and are brilliant in terms of knowing what mum needs and they always appear to be aware of mum. Another example was the sensitive support given when a person mistook one of the ladies for being their wife. They said at meal times they were never sat on the same table and had their back to each other to prevent any incidents happening.

- There was a programme of activities for people to take part in if they wished to do so. This was displayed on the notice board and we saw that it included events such as gentle exercise, quizzes, gardening and singing. Two people had been supported to go on a fishing trip linking with volunteers.

- External entertainers visited the home on a regular basis. In addition, people were supported to go on trips to places of interest such as Clevedon. A further trip was planned to Windmill City Farm in June 2019. Photographs were displayed on the notice board, social media and on the provider's web page of the activities that people had taken part in.

Improving care quality in response to complaints or concerns

- The provider information return completed in January 2019 stated there had been no complaints in the

preceding 12 months. The manager was unable to find any records of complaints including those that had been reported to us by the whistle blowers.

- People and relatives confirmed they would have no hesitation in raising concerns to the staff and the manager. They were also confident that any issues would be responded to.

#### End of life care and support

- When people were nearing the end of the life, staff with other health professionals assessed their needs and developed end of life care plans. This included information about how their symptoms would be managed, and their choices and wishes in relation to their future care.
- Staff ensured medicines were obtained to manage any symptoms such as pain when a person was known to need end of life care, so they were available when needed.
- People had a plan of care in their care files based on the gold framework. The Gold Standards Framework (GSF) is a framework used by many GP practices, care homes and hospitals to enable earlier recognition of patients with life-limiting conditions, helping them to plan ahead to live as well as possible right to the end. However, in all the care plan we viewed these had not been completed.
- Some staff had completed end of life care with a local hospice service.



## 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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider is legally required to notify CQC about specific events which took place at the service. They had failed to inform CQC about incidents that had occurred in the home involving a person leaving the building whilst on a deprivation of liberty safeguard and some incidents where another person had hit out at another. We highlighted this to the management team during our inspection. The newly appointed manager said they were unaware these incidents were reportable. They were open in telling us about what had happened and what actions had been taken to address these.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

- Since the last inspection, there had been a change of registered manager. The manager commenced in post in January 2019. They had been working as the deputy manager since July 2018. At the time of the inspection, they were waiting for the outcome in respect of their application to become registered with the Care Quality Commission.
- Relatives spoke positively about the change of manager and the changes they had noticed.
- Staff said they were supported by the manager. One staff member said, "The manager is definitely supportive. [They] really support us all." Another member of staff added, "[With the new manager] things are vastly improved."
- Another member of staff told us, "With regard to staff roles, some staff are very set in their ways. They don't want to change, and they can cut corners. That's starting to be addressed though. X (name of manager) is aware."
- In the last 12 months, there had been a high staff turnover. The provider information return reported that 15 staff had left during the period from Jan 2018 to January 2019. Since then a further three members of staff had left. Exit interviews were being completed to ascertain the reasons by the senior management team. This high turnover had an impact on both morale and consistency of care due to the high usage of agency staff. It was evident from talking with the manager they had recruited to all but two vacant posts and there had been a reduction in agency use.

Planning and promoting person-centred, high quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We found that the provider's systems for assessing, monitoring and reducing risks and assessing, monitoring and improving the quality of the service were not always effective.

- The provider visited the service weekly and compiled a report of their findings. This included looking at all areas of the running of the home. However, they had not identified the areas we had found at this inspection.
- The manager had a number of checks they had to complete on the service. There had been a gap for some of these audits. The weekly checks had been completed in August 2018 and then in April 2019 when the new manager had recommenced the programme of checks.
- Each person had an audit in the front of their care plan. These had not been checked since February 2019. These checks were around whether documentation was in place and not the quality of the information.
- The provider's quality and safety monitoring systems were not always effective. For example, audits had not identified the issues we found in respect of care records, minimal information recorded about risks, and ensuring the principles of the mental capacity act were applied. Improvements had not been sustained in respect of staff signing to show people had received their prescribed creams.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

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

- People and their relatives were invited to meetings to discuss what was happening in Crossley House. Relatives were invited to attend social events and join in the activities that were organised in the home.
- Staff had opportunities to attend regular team meetings, which gave them the opportunity to discuss any issues of concern and ideas for improvement.
- The home had a website and a social media page, which was used to communicate with people, their relatives, staff and the local community.

Continuous learning and improving care

- The provider had worked alongside the local university in developing a learning resource for care homes on equality and diversity. They were rolling this training out to all staff working for the provider. This was to promote people's rights in respect of sexuality.
- The provider and the manager worked with other organisations to make sure they were following current best practice. The provider was an active member of Care and Support West. ● The manager was also part of a local registered manager's network.
- In the provider information return (PIR) they told us any learning from other of the provider's homes was shared with the service. Regular meetings were organised by the provider for the managers and deputy managers to meet up and discuss matters relating to the business and care.
- The provider and the manager attended conferences and seminars. They had attended an event on the 12 June 2019 in respect of the mental capacity act and safeguarding. Both confirmed this had been positive and improvements would be made to ensure ongoing compliance with the breaches we had identified.

Working in partnership with others

- The service continued to develop links within the community, which in turn supported people to maintain their own community links. This included participating in fund raising for local and National Charities. People were involved in the National Cupcake day raising money for a dementia charity. People were decorating and selling cakes during the inspection.
- There were links with volunteer groups, which included bake a cake to celebrate a birthday and linking people with volunteers to build friendships and a community foundation, which provided sport based reminiscence activities in care homes. There were lots of photographs of people experiencing activities and social events.

- The manager fostered positive relationships with the local community. Children from the local school visited the home and were engaged in activities with people. Links had been built with the local clergy who regularly visited people to provide church services and holy communion.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered provider failed to notify the Care Quality Commission (CQC) about notifiable incidents that occurred in the service. Regulation 18 (2) (b) (e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People's rights were not consistently being upheld in line with the Mental Capacity Act (MCA) 2005.</p> <p>Where a person lacked mental capacity to make an informed decision, or give consent, staff did not always act in accordance with the requirements of the MCA and the associated code of practice. Regulation 11(1) (2) and (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that care and treatment was always provided in a safe way for service users because they did not ensure the safe and proper management of medicines. Regulation 12(1) and (2)(g)</p> <p>People's risk assessments did not fully detail how to keep them safe.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p data-bbox="837 280 1489 358">Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p data-bbox="837 387 1489 582">The registered person did not always effectively operate systems and processes to assess, monitor and improve the quality and safety of the service or assess, monitor and reduce the risks to service users.</p> <p data-bbox="837 589 1489 622">Regulation 17(1) and (2)(a) and (b)</p> <p data-bbox="837 669 1489 907">Records relating to the care and treatment for each person were not always accurate. This included risk assessments, any decisions made on their behalf and care plans, which lacked detail on how people should be supported safely and, in a person, centred way.</p> <p data-bbox="837 913 1489 947">Regulation 17 (2)(b) and (c)</p>