Support for Living Limited

Cross Street Residential Care Home

Inspection report

26 Cross Street
Hampton
Middlesex
TW12 1RT

Tel: 02087830973

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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

Summary of findings

Overall summary

About the service
Cross Street is a care home providing care and support for up to four people with learning disabilities. The home is managed by Certitude Support for Living Limited and is situated in the Hampton area within the London Borough of Richmond Upon Thames. There were no vacancies.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The home provided a safe place for people to live and work in and people enjoyed living at Cross Street. They had risks to them assessed, which enabled them to live safely whilst taking acceptable risks and enjoying their lives. Accidents and incidents and safeguarding concerns were reported, investigated and recorded. There were adequate numbers of appropriately recruited staff. Medicine was safely administered.

People did not experience discrimination. Staff spoke clearly to people, were well-trained, supervised, and appraised. People were encouraged to discuss their health needs and had access to community-based health care professionals. Staff protected people from nutrition and hydration risks and encouraged them to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to people's needs. Transition between services was based on people's needs and best interests.

The home had a warm, friendly and welcoming atmosphere and people enjoyed the way that staff gave care and support to them. Staff were caring and compassionate. There were positive interactions between people, staff and each-other throughout our visit. Staff observed people's privacy, dignity and confidentiality. People were encouraged and supported to be independent and had access to advocates.

People received person centred care with their needs assessed and reviewed. They had choices, followed their interests and hobbies and did not suffer from social isolation. People were given information to make decisions and end of life wishes were identified. Complaints were recorded and investigated.

The home had an open, positive culture and transparent management and leadership. There was a clear organisational vision and values. Areas of responsibility and accountability were identified, and service quality frequently reviewed. Audits were carried out and records kept up to date. Good community links and working partnerships were established. Registration requirements were met.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at the last inspection
The last rating for this service was good (published 13 December 2016).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Cross Street Residential Care Home

Detailed findings

Background to this inspection

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

Inspection team
This inspection was carried out by one inspector.

Service and service type
Cross Street is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During the inspection-
We spoke with three people, three relatives, three care workers, and the registered manager. We looked at the personal care and support plans for two people and two staff files. We contacted one health care professional to get their views.

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.

After the inspection –
We requested additional evidence to be sent to us after our inspection. This included training matrix, audits and activities. We received the information which was used as part of our inspection.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People feeling safe was indicated by their positive and relaxed body language. They did not directly comment on their safety. A relative told us, "I have no fear for [person] safety."
- Staff were trained in how to identify abuse and the action to take if encountered. This was also included in the provider's policies and procedures. People were safeguarded by staff who were trained and knew how to raise a safeguarding alert. There was no current safeguarding activity.
- People were advised by staff about how to keep safe and areas of individual concerns about people were recorded in their files.
- The home's general risk assessments were regularly reviewed and updated. This included equipment used to support people that was serviced and maintained.

Assessing risk, safety monitoring and management

- People's risk assessments enabled them to take acceptable risks and enjoy their lives safely. They included all aspects of people's health, daily living and social activities and were regularly reviewed and updated as people's needs, and interests changed.
- Staff understood people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. A relative said, "[person] can be difficult to understand, but staff understand [person], including bank staff as they [staff] have all been there a long time."

Staffing and recruitment

- The staff recruitment process was thorough, and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. There was also a six-month probationary period with a review.
- The home's staff rota demonstrated that there were sufficient numbers to provide care flexibly to meet people's needs. Staffing levels during our visit matched the rota, and enabled people's needs to be met and for them to follow activities safely.
- Staff received supervision four to six weekly, an annual performance review and there were regular monthly staff meetings.

Using medicines safely

- Medicine was safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. If appropriate, people would be encouraged and supported to administer

their own medicines. Currently people have been assessed as unable to administer their own medicines.

Preventing and controlling infection

● Staff had undertaken infection control and food hygiene training that was reflected in their good work practices.

Learning lessons when things go wrong

● The service kept accident and incident records and there was a whistle-blowing procedure that staff said they would be comfortable using. The incidents were analysed to look at ways of preventing them from happening again.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to a new person moving in, the commissioning local authority provided the home with assessment information and information was also requested from any previous placements. The home, person and relatives together carried out a pre-admission needs assessment. The speed of the pre-admission assessment and transition was at a pace that suited the person, their needs and that they were comfortable with.
- People visited the home as many times as they needed to, before deciding if they wanted to move in. They were able to stay overnight and share meals, to help them decide. During these visits assessment information was added to, including the views of people already living at the home.
- The home provided easy to understand written information for people and their families.

Staff support: induction, training, skills and experience

- Staff supported people and met their needs effectively through the induction and mandatory training they had received. A staff member told us, "Excellent training."
- More experienced staff were shadowed by new members of the team as part of their induction. This increased their knowledge of people living at the home, their routines and preferences.
- The induction provided was based on the Skills for Care 'Common induction standards'. The 'Common induction standards' are an identified set of 15 standards that health and social support workers adhere to in their daily working life.
- The training matrix identified when mandatory training was required to be refreshed. There was specialist training specific to the home and people's individual needs, with detailed guidance and plans. The specialist training included diabetes, autism and choking and resuscitation.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. One person had a personal behavioural plan.

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

- People's care plans included health, nutrition, diet information and health action plans. These included nutritional assessments that were completed, regularly updated and fluid charts.
- Staff observed and recorded the type of meals people received. This was to encourage a healthy diet and make sure people were eating properly. Meals accommodated people's activities, their preferences and they chose if they wished to eat with each other or on their own.
- Whilst encouraging healthy eating, this was balanced by staff and not detrimental to the meals people enjoyed.

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

● Staff cultivated solid working relationships with external health care professionals such as district nurses, speech and language and physiotherapists.

● The home provided written information such as hospital passports and staff accompanied people on health and hospital visits, as required.

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

● The home was appropriately adapted and equipment provided that was regularly checked and serviced to meet people's needs. People chose the home's decoration and colour schemes, particularly their bedrooms. One person had purchased a set of wardrobes.

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

● People received annual health checks and referrals were made to relevant health services, when required.

● Everyone was registered with a GP and dentist and community-based health care professionals, such as district nurses and speech and language therapists were available to people.

● Health care professionals did not raise any concerns about the quality of the service provided.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

● Staff we spoke with understood their responsibilities regarding the MCA and DoLS.

● All four people had up to date DoLS authorisations in place.

● Mental capacity assessments and reviews took place as required.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity
- People enjoyed and were relaxed in the company of staff and each other. This was reflected in their positive body language. There was much laughter shared between everyone, during our visit. A relative said, "The staff that look after [person] are very kind and obliging."
- People did as they wished with staff support. One relative told us, "They [people] are encouraged to enjoy themselves."

People felt respected and relatives said staff treated people with kindness, dignity and respect.
- Staff were clearly committed and passionate about the care they provided, and this was delivered in an empowering way. A relative said, "Staff are fine, in fact very good and I have no problems."
- Staff's equality and diversity training enabled them to treat people equally and fairly whilst recognizing and respecting their differences. This was reflected in inclusive staff care practices with no one being left out. Staff treated people as adults, did not talk down to people and people were treated respectfully.
- Staff had training in respecting people's rights to be treated with dignity and respect and provided support accordingly in an enjoyable environment. This was reflected by staff practices throughout our visit with caring, patient and friendly support provided that respected people's privacy.

Supporting people to express their views and be involved in making decisions about their care
- During our visit people came and went, as they pleased, attending various activities including going shopping for a birthday present. A relative said, "I live a long way away and staff bring [person] to visit, staying for the weekend, somewhere that is specially adapted for people with learning disabilities."

Respecting and promoting people's privacy, dignity and independence
- Knowledge of people meant staff were able to understand what words and gestures meant and people could understand them. For one person a bunch of flowers meant they were visiting mum. A pair of shoes meant going for a walk and slippers staying at home. This enabled them to support people appropriately, without compromising their dignity, for example, if they needed the toilet. They were also aware this was someone's home and they must act accordingly.
- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.
- There was a visitor's policy that visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People made their own decisions, with staff support regarding their care, how it was delivered and activities. Staff made sure people understood what they were saying, the choices they had and that they understood people's responses. They asked what people wanted to do, where they wanted to go and who with. People did not directly comment about their care.
- Staff met people's needs and wishes, in a timely fashion and in a way that people liked and were comfortable with.
- People had care plans that were individualised, and recorded their interests, hobbies and health and life skill needs, as well as their wishes and aspirations and the support required to achieve them.
- People's care and support needs were regularly reviewed, re-assessed with them and their relatives and updated to meet their changing needs with objectives set. People were encouraged to take ownership of the care plans and contribute to them as much or as little as they wished.
- Staff made themselves available to discuss any wishes or concerns people and their relatives might have. People's positive responses reflected the appropriateness of the support they received. A relative told us, "Always on the job, answering questions." Another relative said, "They [staff] have our trust."

Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The AIS was being followed by the organisation, home and staff with pictorial information available to make it easier for people to understand. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's activities took place individually and as a group, at home and in the community. They included, wheel-chair ice skating, companion cycling, Richmond Music Trust for music therapy, hydro pool, drama club, Gateway club, and Burview Sensory Centre.
- People were encouraged to keep in contact with friends and relatives. One person had regular Skype contact with a relative in Australia. Other people regularly go out with relatives and two people were supported to visit relatives in Chichester, staying in specially adapted accommodation. Trips had taken place to Longleat, Bognor Regis, Brooklands and Runnymede Park.

● People made good use of local shops and were well known in the community. One person told us, "I've been out, went to a restaurant."

Improving care quality in response to complaints or concerns

● People did not comment on the complaint's procedure. Relatives said they were aware of the complaints procedure and how to use it. A relative told us, "No complaints whatsoever." The complaints procedure was provided in pictorial form for people to make it easier to understand. There was a robust system for logging, recording and investigating complaints.

End of life care and support

● Whilst the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based palliative care services, as required.

Good

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home's culture was open, positive, inclusive and empowering. This was due to the attitude and contribution made by staff and the registered manager who listened to people and acted upon their wishes. A relative told us they were more than happy to discuss any concerns they may have with the registered manager and staff. Not that they had any. One relative told us, "Always available to answer questions."
- Relatives said the registered manager was good and the home very well-run. A relative said, "Very experienced manager and staff who are very good."
- The organisation's vision and values were clearly set out and staff understood them. They had been explained during induction training and revisited at staff meetings.
- Staff reflected the organisation's stated vision and values as they went about their duties. There were clear lines of communication and specific areas of responsibility regarding record keeping.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- The home and organisation's quality assurance systems were robust and contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets.
- Audits were carried out by the registered manager, staff, registered managers from other homes and the internal quality team. They were up to date. There was also an audit action plan.
- Records demonstrated that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home's previous rating was displayed and available on the organisation's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The home built close links with services, such as speech and language therapists and district nurses. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Other homes within the organisation and externally were engaged to share activity resources available within the community and prolong people's friendships, that had been built up over many years. People

were also involved with a church for deaf people and met friends for coffee.

● Staff made sure that people had access to local resources that provided advocacy and advice.

● The home had group meetings for people, to decide upcoming activities and weekly meal planning. When meals were decided people went online to shop and unpacked the purchases when they arrived. They also had regular personal reviews. Relatives said they were in frequent contact with the home, who kept them informed and adjustments were made from feedback received. A relative said, "Very informative and also listen." The organisation sent out surveys to people, their relatives and staff.