Crossways Community

Crossways Community - 71 London Road

Inspection report

71 London Road
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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

People's experience of using this service and what we found
Systems to assess, monitor and manage risks were not always effective. Risks associated with people's behaviours that may challenge required improvement. Other risks to people's health and well-being were being managed safely. We have made a recommendation about the provider assessing, monitoring and managing risks associated with people's behaviours that may challenge.

There were several quality assurance and governance processes which were working well to identify and act within a reasonable time to address most risks and quality issues and to develop the service. However, some areas of people's support we identified as needing improvement at this inspection had consistently not been recognised through the provider's quality assurance processes.

Some statutory notifications about safety incidents and people's needs had not always been sent to CQC by the registered manager and provider as required. This had not impacted on people's safety and the registered manager took action to ensure they understood their responsibilities.

There were systems and process to help prevent abuse occurring. People told us they felt safe from abuse at the service. Staff knew how they should act if there were safeguarding concerns and who to contact to help keep people safe if this was necessary.

There was an inclusive, positive and open culture in the home. People and staff's differences were respected and supported. Staff and the registered manager worked well with relatives and other health and social care professionals to be able to provide good support to people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had received effective support to achieve good outcomes such as having their healthcare needs met quickly, being more independent in their daily lives, going to new places, doing chosen social activities, learning new skills and starting volunteer work.

People were supported in a kind and compassionate way by staff. People told us they thought staff listened to them and that their opinions mattered. Staff communicated in accessible ways with people. People were involved in planning their care, and staff worked well with other relevant people such as health and social care professionals and relatives to deliver responsive person-centred support to people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture (RSRCRC) is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Staff had not considered current evidence-based best practice guidance when assessing one person with a learning disability and/or autism needs. This had not had a known significant impact on the person, but there was an increased risk their needs may not be being met as effectively as they could be. We have made a recommendation about the provider being aware of statutory guidance about supporting people with a learning disability and/or autistic people.

Right support:
• The model of care and setting maximised people's choice, control and Independence
The service was a domestic style property in a residential street. There were no signs on the outside of the service to indicate this was a care home.
Staff did not wear name badges or uniforms when supporting people.
Staff encouraged people to become active members of the local community.
Right care:
• Care was person-centred and promoted people's dignity, privacy and human Rights
People were supported to make their own choices and be as independent as possible.
Staff treated people with kindness and respect.
Staff supported people in the least restrictive ways and in their best interests.
Right culture:
• Staff and management promoted ethos, values, attitudes and behaviours to ensure people using services lead confident, inclusive and empowered lives.
There was an open and positive culture that respected people's differences and treated everyone equally.
People and staff were encouraged to be involved in sharing their views and ideas about how to develop the service.

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

This service was registered with us on 1 May 2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on the amount of time the service had been registered with CQC.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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? 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 responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led section below.	**Requires Improvement**

Crossways Community - 71 London Road

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
Crossways Community - 71 London Road 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, we reviewed information we held about the service. the local authority and other agencies and health and social care professionals. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with the registered manager, the deputy manager leader and one member of support staff. We reviewed people's care and medicine records. We spent time talking with two people who lived at the service. We visited some people's bedrooms. Due to a positive COVID-19 case in the home, all people were choosing to self-isolate in their rooms during our visit. This meant we were only able to observe people interacting and being supported by staff for very short periods of time.

After the inspection –
We reviewed copies of people's care and medicine records, training records, rotas, policies, staff information, incident reports and quality assurance records. We spoke with the registered manager, two staff and one relative of a person using the service via telephone. We obtained feedback from four health and social care professionals who worked with staff and people at the service via email.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant 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.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare was not always assessed, monitored and managed safely.
- Some people's risk assessments lacked enough guidance or information about how to safely manage risks associated with their support needs. Staff said they mainly relied on informal team handover information to know how to manage people's risks. This increased the chance staff may not know the best way or how to support people safely or in a consistent way.
- Staff were regularly trained to know how to employ physical intervention techniques to de-escalate people's physically challenging behaviours, if necessary. People's behaviour risk assessments lacked information and guidance about when and how to use physical intervention techniques with them.
- Staff we spoke with were not always knowledgeable or confident about when and how to use physical intervention techniques with people. This increased the risk staff may support people in an unsafe manner if they displayed physically challenging behaviours.
- We found no evidence that people had been harmed, or that staff had been inappropriately physically intervening when supporting people. There had been one recorded incident of physically challenging behaviour since the service was registered, and this had not resulted in physical intervention from staff.

We recommend the provider considers current best-practice guidance and advice about assessing, monitoring and managing risks associated with people's behaviours that may challenge, and reviews their current practice accordingly.

- Other risks associated with some the service's physical environment, fire safety and people's mental health, medicines and social support needs had been assessed, monitored and managed safely. People, or people acting in their best interests, had been involved in deciding how to manage risks. This helped make sure people's personal freedom, independence and choices were respected.

Staffing and recruitment

- People we spoke with told us they thought there were enough staff to meet their needs safely.
- The service was currently short staffed and was actively recruiting staff to resolve this issue.
- To make sure the current staff vacancies did not impact on the service being able to deliver safe and effective support regular agency staff were employed and staff worked extra support shifts, including the registered and deputy managers. Rotas were managed to ensure there were always staff with enough experience and skills working on each shift.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● There were systems in place for staff and management to report, review and investigate safety and safeguarding incidents.
● There was information available for people and staff about how to recognise abuse and what they could do if they were worried about this.
● People and staff we spoke with told us they had no concerns about abuse at the service and knew how get help if they were worried.
● Staff recorded and reported accidents or incidents, and these were quickly reviewed by the registered manager. Action was taken to discuss incidents and share information with staff, people and outside agencies to agree on any necessary actions to help prevent future incidents.

Using medicines safely
● Staff were trained and assessed as competent to support people to take their medicines safely.
●People had medicine administration records (MAR). Recent MARs we sampled showed people had been supported to have their medicines as required.
●The support people received from staff with medicines was audited regularly. Action was taken when there had been medicine errors, to help prevent these re-occurring.
● There were effective systems to order, transport, store and dispose of medicines.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff had not considered evidence-based best practice guidance for one person's learning disability and/or autism needs when assessing their support. This was because although staff had identified the person required support with some activities due to their learning disability, they had considered these needs 'secondary' to their mental health needs.
- We did not find this had resulted in a known significant impact on the person's safety or quality of life. However, failing to properly evaluate the underlying nature of the person's needs and abilities had increased the chances the person may not always receive effective support, and that staff may be able to improve their current support.

We recommend the provider actively considers recent statutory guidance about services providing support to people with a learning disability and/or autistic people.

- We found other people's needs had been effectively assessed to help identify and achieve people's preferred support outcomes. Assessment processes were designed to help make sure staff respected people's equality and diversity and would not discriminate against their individual support choices.
- Two people we spoke with told us staff understood their needs and helped them to do what they wanted and needed. Health and social care professionals told us staff met people's mental health and other support needs effectively. We saw examples of effective outcomes people had been supported to achieve with staff support, such as volunteer work, increased social independence and accessing and engaging with the local community more.

Staff support: induction, training, skills and experience

- Staff were offered training in relevant subjects and the registered manager was supporting staff to make sure they completed all of this. Staff said their training was of a good standard, although more face to face training would be helpful for some subjects. The registered manager and deputy were currently implementing more specialised training about people's specific needs, some of which included face to face training which had been asked for by staff.
- Staff received regular supervisions and appraisals. In addition, the registered manager carried out regular observations, handovers and discussions with staff to help embed learning from training and promote effective ways of working.
- Staff experience and knowledge was considered when deploying them to support people, to make sure

people had effective support. There was a comprehensive induction and probation programme for new starters and one for temporary and agency staff. This helped make sure new staff understood and were confident to meet people's individual needs.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● People's health and nutritional needs were assessed and monitored by staff and they received support that met their needs. Staff supported people's specific eating and drinking needs, including diabetes, and helped promote and provide a healthy and balanced diet for people.

●People were encouraged to be as independent as possible when preparing food. People could eat when and where they liked. Staff promoted a social approach to mealtimes in the communal areas. There were regular themed meals planned each week, which people enjoyed attending together.

● Staff discussed people's health and wellbeing with them and monitored this. We saw several examples of how staff had acted quickly to support people to access healthcare treatment if necessary.

●We received positive feedback from several health and social care professionals about staff working well with them to achieve good outcomes for people. A healthcare professional said, "Staff always seem to be acting in the best interests of people: chasing us up appropriately, informing us appropriately of problems/changes/concerns, and supporting people appropriately depending on their level of independence."

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

● The service had a communal kitchen, dining room and lounge, which had been decorated according to people's choices. There was a garden and a recently built summer house where people could take part in activities and meet with other people and visitors.

●People could spend time in their individual rooms whenever they wanted. We visited two people's bedrooms which had been personalised according to their choices.

●The service had made adaptions to communal bathrooms, corridors and staircases to meet a person's mobility needs. The office and medicine storage area had recently been adapted to ensure people's privacy when they were being supported with medicines.

●There was a separate annexe with its own entrance, kitchen, bathroom and dining areas where two people lived. The annexe had been created to allow people who did not need as much support to be more independent in their day to day living.

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.

● People's mental capacity to be able to make decisions about different activities had been assessed. If people lacked mental capacity to decide about something, best interest decisions had been considered in line with the MCA.

●Nobody at the service was currently subject to a DoLS, and this was being monitored effectively by the registered manager.

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Supporting people to express their views and be involved in making decisions about their care

- People were treated in a kind and caring way. One person told us, "Plenty of staff are about, if I felt like I was being ignored and got angry and I want to talk to someone, we agreed I can go and ask to have a chat. I am happy about that… If I feel worried, staff will go and talk to me and have time for me."
- One person said staff listened to them and they were involved in deciding about their support. They said this was positive and noted that, "It is a lot different from when I was in hospital."
- Staff had helped people to contact and access independent advocacy services to ensure they were supported to be involved in decisions about their care, if this had been necessary.
- A healthcare professional told us, "I have always found staff to be professional and caring. They are effective with communication and advocate effectively for the needs of the residents that they care for."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to do as much as possible for themselves. One staff told us, "We encourage independence, and always speak to people respectfully, listen to them, talk to them, and take concerns or worries on board to see how we can help them."
- One person told us how staff had helped them to learn how to cook more independently. Other people had been supported to undertake social activities on their own which they had previously required support with.
- The provider had a 'Data Protection and Privacy Notices' policy, which included confidentiality considerations in line with relevant legislation. Staff were aware of and followed these policies. One staff gave an example of how there were regular coffee mornings where people and staff got together to talk. They explained people's private matters were not discussed at coffee mornings to ensure people's confidentiality was respected, although any issues could be talked about one to one with staff in a private space.
- Due to a COVID-19 outbreak at the time of our visit to the service we had limited opportunities to observe people being supported by staff, due to people isolating in their rooms. We observed one interaction where a staff member supported someone in a compassionate way, offering to check-in with a person more regularly as they had started to feel anxious about the COVID-19 isolation guidance measures in place.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

●People, and other relevant people such as relatives and healthcare professionals were involved in planning their support. People had care plans that recorded strengths and levels of independence, as well as their physical, emotional and cultural needs. People we spoke with told us staff knew them well and they received personalised care.

●Staff and people regularly reviewed their care, and people's support was regularly discussed at keyworker meetings and informal discussions such as coffee mornings. This helped staff to plan people's care using as much up to date information as possible about people's wants and needs. We saw several examples where staff had responded effectively to changes in people's needs to make sure they were met in the best possible way.

●The registered manager told us personalised care planning was, "Something that we have a multi-faceted approach with." They explained they made sure people's choices and rights - including on the grounds of protected characteristics under the Equality Act 2010 - were considered as part of this process. They gave examples of how on-going discussions about people's identity had been incorporated into group activities, to share learning and positively celebrate individual differences and choices.

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 had support to follow their interests and staff planned activities based on people's wishes. One person told us how staff supported them with going for walks and cooking. We saw examples where people had been supported with other interests such as photography, exercise and meditation sessions and going into the local community.

●The registered manager had invited groups that reflected people's cultural background to lead workshops at the service. There was a service newsletter that regularly featured information that reflected people's interests, including cultural events and news both within the service and the wider community, to help enable people to take part in relevant social activities. Some people regularly contributed features to the newsletter based on their own interests.

●Although there had been some recent challenges due to COVID-19 restrictions, staff had been responsive in ensuring people had been supported to maintain contact with families and friends and develop relationships with people.

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.

● Staff had considered people's individual needs and there was information in care plans about how to communicate with people in ways they understood. This helped people to be aware of information about their support and to help them make choices.

●The registered manager told us staff could adjust information about the service and individual care needs to support people's communication preferences as and when this may be necessary.

Improving care quality in response to complaints or concerns; End of life care and support

● The registered manager encouraged formal and informal feedback and complaints. Complaints that were received were resolved in a timely manner.

● A person told us they had no complaints now but knew they could speak to staff if they did. Relatives told us they knew how to make a complaint if they needed to. One relative said they had never had any reason to complain.

● No one at the service was currently being supported with end of life care. We were told by the registered manager that if and when necessary people could be supported to plan end of life care to make sure their physical and emotional needs were met, and there was access to the right resources and equipment to have as dignified and pain free a death as possible.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were quality assurance systems and processes in operation. These included internal and external audits and reviews of service safety and quality. The findings from these audits informed action and development plans, which identified actions to address issues and improve the service.
- The registered manager had support from external consultants and managers, as well other registered mangers and the CEO within their organisation to oversee their quality assurance processes. Staff at all levels within the service and organisation had regular performance conversations and appraisals to help make sure they understood and were positively accountable for their roles and responsibilities.
- We saw these processes had been working well to identify and act within a reasonable time to address most risks and quality issues.
- However, there were some areas of people's support regarding assessing their needs and risks that we identified as requiring improvement which had consistently not been recognised through the provider's quality assurance processes. We have commented more on these in the Safe and Effective sections of this report.
- Some statutory notifications about safety incidents and people's needs had not always been sent to CQC by the registered manager and provider as required. This is important so we can check the action the provider takes and ask for more information if we need it.
- We found the provider had acted appropriately in response to incidents where they had not notified CQC, and people had not been placed at risk of harm to their health and well-being. Following this inspection, the registered manager sent us backdated notifications as required and we were assured they now understood their responsibility to notify CQC.
- The registered manager was aware of their responsibilities regarding duty of candour regulations. We saw a recent example where they had acted in accordance with this regulation when something had gone wrong with someone's support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider had a vision of empowering people to recognise their potential, encouraging independence, promoting self-worth and integrating people within their local community. The registered manager and staff were aware of the provider's vision and explained the values they were expected to display to achieve this,

including being respectful and honest, showing integrity and supporting people with compassion and patience.

●The registered manager was committed to creating an open, inclusive and positive culture at the service. They told us they aimed to, "Lead by example, have a presence in the house and not be in the office all the time. I regularly observe staff and will give immediate feedback if don't think appropriate values are displayed."

● People, staff, relatives and health and social care professionals told us they thought the service was well-led. A staff member told us they believed that the organisation was well-led, "From the top-down" with the CEO, registered manager and all other staff displaying values consistent with organisation's vision. A person told us, "Yeah, I am happy, I wouldn't change anything [about the service or staff]."

● A healthcare professional told us, "Whenever I have visited for home visits to see people, staff have been polite, professional and very helpful and supportive. I have never had any concerns about the level of care they offer there for people."

●A relative told us their family member had lived there for a long time and they had consistently found staff to deliver attentive care to a good standard for their loved one.

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

●There was an Equality and Diversity policy in operation. We saw several positive examples of where the registered manager had made workplace adjustments for staff with protected characteristics under the Equality Act 2010. Staff told us they felt their rights and well-being were respected. One staff said, "Differences are respected within the staff team we are inclusive of everybody's personal cultural or individual differences. Bullying would not be tolerated. Everybody is treated the same."

● Staff and people were encouraged to contribute their ideas to the development of the service, including via regular meetings and feedback surveys being sent to people. One person said staff had acted on their feedback to make changes after they had raised an issue they were not happy with.

●The registered manager regularly engaged with relatives to share information and invite them to share their views on how the service operated. They had recently started a newsletter to share information to make relatives feel more involved in what was happening at the service.

●Relatives had been provided with additional written updates and feedback forms during periods where face to face meetings were restricted due to COVID-19 concerns.