

Croftwood Care UK Limited

Crossways Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Crossways is a residential care home providing accommodation and personal care to up to 39 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 33 people using the service.

People's experience of using this service and what we found

People were very complimentary about the support they received at Crossways. They told us they felt safe and were well treated by the staff.

Overall, risks to people's safety were assessed and plans were in place to manage identified risks. However, we found some examples where all aspects of risk had not been considered as part of people's risk assessments. This had already been identified for improvement by the provider.

People received their medicines as prescribed from staff who had been trained and their competency checked to administer medicines. We found some aspects of record keeping in relation to medicines could be improved.

There were enough suitably training and supervised staff to support people's needs and to respond to them in a timely way. There had been some staffing challenges during the COVID -19 pandemic, however the registered manager had recruited several new staff, who were due to start soon. Staff were safely recruited. Systems were in place to ensure learning occurred when things went wrong.

People were complimentary about the food on offer and were offered enough to eat and drink. Staff understood people's nutritional needs and people's weights were monitored. Staff worked closely with other professionals to promote people's health and well-being.

Areas of the home had been redecorated with further decoration planned. People were supported to take part in meaningful activities. Appropriate infection prevention and control measures were in place.

Staff sought people's consent before delivering support and respected people's decisions. People were treated with dignity and respect and staff maintained their privacy.

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.

Staff supported people in a person-centred way, taking account of their individual needs and preferences. People knew how to complain if they needed to and told us they would be listened to.

The home was well-led. People and staff were positive about the way the home was managed. The provider had effective systems in place to monitor to safety and quality of the service. People views were sought to help improve the service.

Rating at last inspection

This service was registered with us on 11 February 2020 and this is the first inspection.

The last rating for the service under the previous provider was good(published on 25 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crossway Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

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 findings below.

Good ●

Crossways 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Crossways Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Crossways is a care home without nursing care. 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people and three relatives of people using the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, area manager, domestic and care staff. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 of 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

- Overall, risks to people's safety were assessed and plans were in place to manage any identified risk. However, we found some examples where all aspects of risk had not been considered as part of people's risk assessments. This was in relation to falls and risks associated with smoking. The registered manager agreed to address this. This was an area for development which the provider had already identified through their own quality assurance processes.
- A domestic trolley was left unattended containing products which should be kept securely, this was a potential risk, especially as people were living with dementia. This was addressed straight away.
- Generally, staff were knowledgeable about potential risks and the actions they needed to take to support people. For example, where one person was assessed to be at high risk of falling, GP and physiotherapy input had been obtained and sensor alarms were used to alert staff to movement.
- There was an electronic reporting system in place to enable the provider to monitor areas of risk such as weight loss or pressure ulcers. This ensured action had been taken where necessary.
- The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out.

Using medicines safely

- People received their medicines as prescribed
- Staff had been trained and their competency to administer medicines checked.
- Stocks of controlled drugs had not been checked as often as required by the provider's policy. However, stocks appeared to be correct.
- Charts were in place where people needed support with prescribed creams. However, these had not been completed on the day of the inspection so we could not evidence creams had been applied. The registered manager confirmed this was a recording oversight and creams were available and had been applied.
- One person's medication care plan and risk assessment needed to be reviewed to reflect their needs more accurately. The registered manager agreed to address this.

Staffing and recruitment

- Staffing levels were determined using a dependency calculation tool which was regularly reviewed.
- Feedback from people and staff indicated there were generally enough staff to meet people's needs. One person commented, "I just press my button and they come quite quick."
- There had been some challenges due to staff leaving and absences. Where necessary, agency staff had been used to fill any staffing shortages.

- Seven new staff had been recruited and were in the pipeline to start. The provider had implemented a new recruitment role, which aimed to support managers to recruit new staff.
- Staff had been safely recruited. Staff had pre-employment checks to check their suitability before they started working with people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Crossways. They said "I've never seen any hint of mistreatment, nothing that I could take exception to" and "They've got some nice girls here."
- Staff understood the need to protect people from abuse or harm and those spoken with told us they would not hesitate to report any concerns. One commented, "The residents are our first priority, if I see something, I would say something."
- Staff had undertaken training in safeguarding and the registered manager discussed safeguarding people with staff during their one to one supervision meetings to clarify their understanding and knowledge.
- Where necessary, any concerns were reported through local procedures and the registered manager maintained a record with any outcomes from these.

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 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.

Overall, the premises were clean and hygienic. However, further attention to detail was needed in some areas. The provider was in the process of redecorating and there were plans for further work to be carried out.

Visiting was taking place in line with government guidance. People were supported by staff to see their family members in a safe way. On arrival their temperature was taken and evidence of a recent negative COVID test was required.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Systems were in place to ensure learning occurred when things went wrong. Procedures were in place for staff to follow and record any accidents and incidents.
- The management team reviewed and analysed accidents including the time they had occurred to consider if any further action could be taken to reduce the risks further. There was also a monthly lessons learnt log.
- They had also shared information as required with the local authority in relation to falls people had experienced. The registered manager had considered further options to support these people.

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 good. 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

- Assessments were carried out when people moved to the home and used to develop detailed care plans for each person, including guidance to help staff understand how people liked and needed to be supported.

Staff support: induction, training, skills and experience

- People were supported by staff who had been suitably trained. Face to face training had restarted at the home following the pandemic and sessions had been planned with a dietician, optician and dementia team.
- Staff received an induction and their competency was assessed where necessary.
- Staff felt well supported by the registered manager and part of an effective team. Supervision meetings were regularly carried out, as well as regular staff meetings.

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

- People were complimentary about the food on offer. They were offered choices to meet their individual preferences. One person commented, "The food is brilliant", and another person told us how much they had enjoyed their cooked breakfast.
- People were offered enough to eat and drink. Staff understood people's nutritional needs and people's weights were monitored. Food and fluid charts were in place where necessary, and further action taken if required.
- Where people required assistance, staff supported people in a dignified way during mealtimes.

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 MCA 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 sought people's consent before delivering support and respected people's decisions.

- Where appropriate, people were asked to sign their consent to the care and support within their care plans.
- The provider had processes in place to ensure mental capacity assessments and best interest decisions were undertaken with DoLS applications made where necessary. However one person needed to have a capacity assessment completed which the registered manager agreed to complete as soon as possible.
- Staff had received training in relation to the MCA, however aspects of recording in relation to capacity assessments was not always specific enough. The regional manager agreed to provide further support and guidance to staff in this area.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff assisted people to access support from health care professionals such as GPs, speech and language therapists and nurses, when required.
- People's oral hygiene needs were considered as part of their care plans.

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

- Re-decoration of the home was underway, and areas had been repainted and redesigned to support people living with dementia. Further decoration was required in some areas and a plan was in place to address this.
- There were several communal and quiet areas, as well as accessible outdoor spaces and garden area which people could use. One person told us they were looking forward to doing some planting soon.

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

- People and their relatives were complimentary about the staff and our observations supported this positive feedback. People said, "I ring the bell and they (staff) come, you tell them what you want, they smile at you and do it," and " We like it, staff are pleasant and we have banter." A relative commented, "(Name) has got to know the staff and classes it as home."
- Staff were kind, considerate and caring in their approach. Staff knew people well and had formed trusting relationships with them.
- Equality and Diversity was part of the provider's mandatory training requirements to ensure staff understood and supported people's differences.
- Relatives gave examples where staff had been particularly supportive and worked effectively to achieve good outcomes for people.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People were treated with dignity and respect and staff maintained their privacy. One person told us, "They (staff) never fail to knock." In another example, a staff member shared private information with a colleague, we observed them to be discreet, ensuring the information could not be overheard.
- Staff understood the importance of involving people in decisions about their care and providing person centred support.
- Residents' meetings were held to enable people to express their views and ideas about the care being provided. More recently people had been involved in decisions about the home redecoration.
- People's independence was encouraged and supported. One person told us, "They support us to do as much for ourselves as we can." For example, people were being supported to improve their mobility or make themselves hot drinks, where safe to do so.

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

- Staff supported people in a person-centred way, taking account of their individual needs and preferences. People told us, "The staff are all really great, they go to so much trouble to accommodate my needs," ; "I'm fussy, if I ask them for something they'll do it" and "The carers come to get help me get up when I feel like it, they would come back if I'm not ready."
- Staff understood the importance of respecting people's choices. One staff member commented, "They need to have choice in life" and "Knowing people is very important."
- Care plans were in place which provided detailed information about people's individual health and care needs, including their specific preferences. These had been reviewed on a regular basis. During the COVID - 19 pandemic face to face reviews with family/friends had been paused, however the registered manager told us there was a new focus on undertaking these.
- People had been supported to complete individual profiles, where they shared their views and other information about their history. This provided staff with meaningful information about the people they were supporting.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had an accessible information and communication policy in place.
- Where necessary staff provided information in an accessible format. For example, the home's newsletter was printed in larger print for a person with visual impairment and another person was supported to access a magnifying glass to aid their reading.
- There was a menu board in the dining area containing pictures of food choices which supported people living with dementia. The registered manager was working with an optician to improve this further.
- Each person had a communication care plan in place to ensure staff considered and understood their individual communication needs.

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 were supported to maintain relationships with family and friends. Relatives told us they were able visit through an appointment system and had been supported to keep in contact by various means

throughout the recent pandemic.

- People were supported to take part in various group or one to one activities. There was an activities coordinator who was dynamic and had developed a weekly planner of activities with people. We observed armchairs exercises, bingo and singing taking place during the inspection.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to read in the reception area.
- There was a system in place to log any complaints and to investigate/address them.
- People spoken with had no complaints but felt able to raise any concerns with staff should they need to. One person explained they had raised a small issue with the registered manager who had listened and acted to ensure all staff understood their preferences. They commented, "They do listen (the staff)".

End of life care and support

- The service worked with other health professionals to provide care for people who were approaching the end of their life. Training had been arranged for staff in relation to end of life care and support.
- People had care plans in place which included their wishes of care at the end of their lives.

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 good. 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

- We received positive feedback in relation to how the service was managed, and our own observations supported this. One relative commented, "Crossways have been fantastic, (the registered manager) has been very helpful."
- There was a registered manager in place who promoted a positive person-centred culture which achieved good outcomes for people.
- Staff were dedicated and positive about the management support. Comments included "I love working here, I love our teamwork" and "I'm here for life."
- Staff went out of their way to support people effectively, such as helping a person to find documentaries about a subject they particularly enjoyed and arranging a "shout out" from a person's favourite football team for their birthday.
- The registered manager had notified CQC of incidents as legally required apart from one which had been an oversight. The registered manager told us they were being supported by their line manager to ensure all regulatory requirements were being met.

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

- Staff were clear about their roles and were supported with good communication, including team meetings and handovers.
- Numerous audits and quality checks were in place. The regional manager undertook a monthly audit and created an action plan if any improvements were required.
- Some issues highlighted during the inspection around risk assessments and medicines had already been identified through this process and staff coaching was in progress.
- The registered provider had a dashboard in place which enabled them to have oversight and monitor the care people received.

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

- People and relatives told us they were asked for feedback and had regular contact with the registered manager. One relative told us the registered manager was approachable and said, "If I bring things to their attention, they will look at it." Another said, "They absolutely keep me informed."

- Various surveys were carried out to seek people's view about the service. A recent survey had been undertaken with relatives. The responses were on display with any further actions to be taken.
- Staff worked closely with others, such as the local authority and health professionals, to ensure people were supported in the most effective way.