

Rayson Homes Limited

Crosshill Nursing Home

Inspection report

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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

Crosshill Nursing Home provides accommodation, nursing and personal care for up to 30 older people with. On the day of our visit there were 28 people using the service.

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

Medicines were administered safely. People were protected from abuse by staff who understood how to identify and report any concerns. The risks to people's health, safety and welfare had been assessed, recorded and plans put in place to reduce these. Staffing levels enabled people's needs to be met safely, and ensured people received consistent and reliable support. The management team sought to learn from any accidents or incidents involving people.

Staff were recruited safely and received appropriate training to enable them to carry out their role effectively. 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 were happy with the food provided.

We have made a recommendation about the dining experience for people and the lack of a dining audit.

Staff were caring and treated people with kindness and respect.

Staff were responsive to people's needs and went to great lengths to ensure people felt valued and had opportunities for social stimulation and to continue with their hobbies. People had clear, detailed and person-centred care plans, which guided staff on the most appropriate way to support them. People were confident to raise any concerns.

There was a clear management structure and staff were supported by the registered manager. Quality assurance systems were completed. The management of records needed revising.

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

Rating at last inspection and update

The last rating for this service was good (published 29 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Crosshill Nursing 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

The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Crosshill Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as 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

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We received feedback from the local authority and we used this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and nine visitors. We spoke with 10 members of staff including the director of nursing, registered manager, care workers, activity coordinator and a cook.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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.

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.

Using medicines safely

- Medicines were managed safely. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- People were supported to take their medicines by staff who had been trained to do this safely and had their competency to administer medicines assessed.
- People received their when required medicines such as pain relief as prescribed.

Assessing risk, safety monitoring and management

- Risks to people were assessed and recorded in their care plans and updated when people's needs changed.
- The home was safe and adequately maintained. Regular checks on the home's environment and the fire, gas and electrical systems were undertaken and all were satisfactory.

Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection.
- Staff used effective infection control procedures. We saw staff using personal protective equipment and good hand washing techniques.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure living at the home. Comments included, "I am very safe here, I press my buzzer and staff come straight away" and "I feel safe there are plenty of staff."
- Staff were knowledgeable about safeguarding processes and how to raise any concerns, internally and externally.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify any themes or trends, so action could be taken to reduce the risk of any reoccurrence.

Staffing and recruitment

- Staffing levels met the needs of the people using the home
- Safe recruitment procedures were followed.

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 remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People made positive comments about the quality and choice of meals such as "Oh that was lovely."
- The cook had a good understanding of people's dietary needs and there were a variety of meals available.
- The meal time experience needed to be more inclusive for all people living at the home. For example, people who required support with eating were not assisted to eat at the dining table and tables were not set nicely with napkins and condiments or a menu.

We recommend the provider completes a full dining experience audit.

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

- People could access different communal areas and an outside space. Every room had ceiling tracking hoists, to make them accessible to all.
- There were signs around the home to help people identify their bedrooms, bathrooms and toilets. However, further work to orientate people around the home was needed.
- Areas of the home were cluttered, and the registered manager had recognised the need to clear communal areas and walkways.

Staff support: induction, training, skills and experience

- Staff had the required skills, training and support to undertake their role. People said staff were well trained and knew how to care for them.
- Staff felt supported. There was a supervision and appraisal system in place.
- Newly appointed staff received a thorough induction to provide them with the skills and training to meet people's needs.

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

- The information from the assessments was the basis for the care plan. Care plans were reviewed monthly or more often if required.
- Staff talked about people's individual needs and explained how they provided the support people needed. Staff knew people well and encouraged them to make choices and decisions about their day to day support and care.

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

- There were good links to external health and social care professionals and visits or appointments were

made when needed.

- Care records showed other professionals were involved and consulted to make sure people's health care needs were met.
- People were supported to maintain good oral health.
- The home had a core team of highly skilled nurses who proactively discouraged unnecessary hospital admissions and were advocates for early discharge from hospital. The director of nursing said, "We are in regular contact with the hospital to establish what needs to be accomplished to facilitate the earliest discharge possible."

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 had completed MCA training and ensured people had choices and could make decisions.
- People had their capacity assessed and applications for DoLS had been made appropriately.

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 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 relatives consistently said that staff treated them with kindness and compassion. Comments included, "I am well looked after, and the staff are honest and trustworthy", "Everyone is kind" and "They are kind and caring, we have no issues ever."
- Staff were observed to be kind, patient, respectful and considerate. They understood every person and knew what was important to them. They knew people's preferences and how they preferred to spend their days.
- Staff had completed training in equality and diversity.

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

- We observed a positive and inclusive atmosphere where people were encouraged to make day to day decisions about their care. Staff listened to people and waited patiently for their responses to questions.
- People were supported to express their views and were involved in their care. This was reflected in people's care plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People said, "They [staff] keep my dignity and lock the door when I am having a bath" and "I am treated with dignity at all times, not just when getting a bath."
- Staff encouraged people to maintain their independence where possible. One person said, "They [staff] keep me independent by encouraging me to do what I can." Another person said, "They [staff] instil confidence in me and keep me independent."
- People looked well cared for and staff offered appropriate support to make sure people were well presented. For example, making sure people wore the jewellery they liked and their favourite perfume. This was also documented in people's care plans.

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 now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 received support and encouragement to achieve goals which had a strong impact on quality of life and health. A lot of thought had been put in to ensure people could continue with their hobbies. Staff took time to find out what people had done in their past and to tailor activities to the person's needs. For example, art was very important to one person, due to health needs they struggled to continue with this. Staff took time to support this person, to learn new ways and continue with their art.
- The activity coordinator was committed to making sure people enjoyed activities that were relevant to them. They said, "Every time it is someone's birthday a large number of people get involved with baking the cake, [person's name] was a top-notch cake decorator, so they help, this way everyone has a hand in baking each person's birthday cake." One person said, "We have a good laugh here with good activities and we go out as much as possible."
- People were encouraged and stimulated to have fun through use of an interactive table. One person's care plan stated, "Loves the magic table and interacting with the games." The home also had a sensory room where people could just go and sit and relax in.

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

- People received care and support that was focused on individual needs, preferences and what was important to them.
- People had details about their life history and people important to them as part of their care plans.
- Care plans were reviewed on a regular basis and people and/or their relatives were involved in reviews with their views clearly recorded.

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 knew how people preferred information to be provided to them.
- Good communication care plans detailed how people expressed a need. For example, " [person's name] often doesn't react to you speaking to her, if you use 'Weardale' speak they will generally react straight away. They often talk as if they were a third person, such as she instead of I. They respond well to touch but not their hands as these are painful to them."

Improving care quality in response to complaints or concerns. The provider had systems to analyse complaints and concerns to make improvements to the service.

- People were supported to raise any concerns and action was taken in response to these.
- Very few complaints had been received. People said, "Complaints, no one will complain here, there is nothing to complain about" and "With regards to complaints there is nothing to complain about is there."

End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end of life care. Advance planning took account of people's wishes to remain at the service, in familiar surroundings and supported by staff who knew them well. As well as how the family wished to be involved. Advance Care Planning is a way to think ahead, to describe what's important and to ensure other people know your wishes for the future. It's about helping you to live well right to the end of your life.
- The home used the Gold Standards Framework who provide training in end of life care, to ensure a gold standard of care was provided for all people nearing the end of their life.

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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted person-centred care.

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

- Staff were knowledgeable and enthusiastic about their working roles. All staff had a clear understanding of their job roles and how to provide safe, responsive and effective care. One staff member told us, "I like it, I do [working here] we all work as a team, we change over every shift, so we get to know everybody, it is better doing that."
- The provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. We saw these were regularly completed and reviewed.
- The registered manager did struggle to keep on top of the paperwork such as filing and would benefit from more administrative support. This was put in place immediately after the inspection.
- The director of nursing and registered manager were committed to making continuous improvement. The director of nursing was nominated and awarded 'Nations favourite nurse' from Richmond food awards.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had excellent knowledge of the people within the home and took an active part in people's day to day lives and support.
- The management team positively engaged with people, visitors and staff and there was a cheerful atmosphere. Comments included, "It is very good, friendly atmosphere and the manager is good, there is a reliable team working with her", "I can't think of anything that they wouldn't try to do for you, everything is good, the general running of the place is good, I would definitely recommend here to everyone" and "The atmosphere here is excellent, they listen and talk to you like human beings, but above all they care, they really care."
- Staff said the registered manager was approachable and supportive. One staff member said, "The manager is lovely, she is supportive, people are happy, they are safe and have everything they need here."

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 management team knew how to share information with relevant parties, when appropriate.
- The registered manager understood their role in terms of regulatory requirements. For example, they notified CQC of events, such as safeguarding's and serious incidents as required by law.
- People, relatives and staff said the management team were open and transparent and listened to any

issues or concerns they had.

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

- The provider had established forums in place to communicate with people. This included meetings and formal surveys.
- Regular staff meetings occurred; staff said they felt listened to and able to contribute.
- Staff had developed strong links with local businesses to help ensure people were engaged in their local community. Staff liaised with health and social care professionals to make sure people received joined up care which met their needs.