

National Autistic Society (The) Crossways

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: Crossways is registered to provide accommodation and personal care for up to eight people. There were six people with a learning disability and/or autism living at the service at the time of this inspection.

The staff team were working within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could 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's experience of using this service:

People were supported by staff to keep safe. Areas of risk had been identified and assessments told staff what these were and how the risks could be managed.

People were supported by staff who had a good understanding of how to recognise and report potential harm or abuse and were confident in local safeguarding procedures.

People received their medicines as prescribed. Systems were in place for the safe management and supply of medicines.

People were supported by staff that knew them well and who were kind and caring.

People were supported to access the community and take part in activities and social events according to their preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff told us they enjoyed working at the service and felt respected and valued. The provider's quality assurance processes were effective in identifying any improvements needed.

Rating at last inspection: The service was rated 'Good' at our last inspection on 30 August 2016. The report following that inspection was published on 25 October 2016.

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

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

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

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 safe

Details are in our Safe findings below.

Good ●

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

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type: Crossways 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 who was in the process of registering with the Care Quality Commission and who had been in post since January 2019. Registration 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. The manager was based in a nearby office and visited the service on a weekly basis or as needed. The service was run on a day to day basis by a team leader.

Notice of inspection: This comprehensive inspection was unannounced.

What we did: Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is information that we request that asks the provider to give some key information about the service, what the service does well and any further developments they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection, we met three people who lived at the service however due to their complex communication styles we were unable to obtain detailed feedback verbally from everyone. We observed how people were being cared for and supported. We had contact with four relatives who gave us their feedback. We also met and spoke with three support staff, a team leader and the manager.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt that the care and support people received was safe. One relative said, "I feel the service is safe. My [family member] is well cared for and understood, staff have good insight."
- Staff were aware of the internal provider reporting system for safeguarding as well as how to contact the local authority safeguarding team. Information on how to do so was also displayed on a noticeboard should they need it.

Assessing risk, safety monitoring and management

- Risks to people's health, well-being or safety continued to be identified, assessed and reviewed regularly to take account of people's changing needs and circumstances. A variety of risk assessments were in place for people in respect of their support.

Staffing and recruitment

- There were enough, safely recruited staff to meet people's needs. Where people required one to one support this was available to them. Some people were assessed as needing two to one staff support in the community and the manager and staff told us this was provided.
- The team told us agency staff were not used at the service and any staffing gaps were covered by a team of regular 'bank' staff. This ensured continuity of care for people.

Using medicines safely

- People's medicines continued to be managed safely.
- Prior to undertaking the administration of medicines staff undertook training and had their competency assessed. Staff completed medicine administration records (MAR) to record when people's medicines had been administered.
- Medicine records, storage and stock were checked by two senior staff at handover during the day which ensured correct procedures were followed and medicines were available. This meant people had their medicines as prescribed.

Preventing and controlling infection

- Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons.

Learning lessons when things go wrong

- The manager and provider monitored accidents and incidents and used them for learning in the service to help prevent reoccurrence.

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

Good: 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

- People had lived at the service for many years and their support needs were well known to the staff team.
- Health professionals had given guidance on managing specific health conditions and this was included in people's support plans.

Staff support: induction, training, skills and experience

- People received support from staff that had the required skills and knowledge. Staff told us they had an induction and had regular updates to their training.
- Recently recruited staff were supported by more experienced staff, so people and their relatives could be assured care was being delivered by competent staff, who knew people's care needs and preferences well.
- Staff were supported in their role. Staff received supervisions and had regular meetings to discuss their role and the way the service operated.

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

- People had support plans in place regarding their food and fluid intake.
- Menus were planned according to people's preferences and operated over a three week cycle.
- At the weekly 'service user' meetings the meal for each Thursday was voted on and selected according to the majority preference. Staff told us people knew the menu 'off by heart' and plenty of notice had to be given to people if menus were changed to support them to process and understand the change and reduce distress.

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

- The building had been suitably adapted to meet the needs of people living there. Areas of the décor were tired in appearance with some evidence of mould growth to bathroom ceilings and several of the wooden window frames were rotten. The team leader told us they had raised these concerns. The service maintenance person was due to repaint bathroom ceilings and the need for window replacement was being raised with the landlord for the property.
- People's bedrooms were personalised. They had belongings that reflected their interests.

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

- People continued to have access to support with their health and wellbeing.
- Health professionals were involved where needed in providing care for people.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Where necessary, the provider had applied to the local authority for DoLS to keep people safe.
- Staff understood their responsibilities under the MCA and followed the principles.
- People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, decisions were made appropriately and in their best interests.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff continued to have a good understanding of treating people with respect. Many of the staff had worked at the service for a number of years; it was clear when speaking with staff and observing their actions that they demonstrated a caring attitude towards people.
- Not all of the people who lived at the service were able to tell us about their experiences and views of the service. We observed how people were being supported and saw that staff were caring towards them.
- People's relatives told us of staff who were kind and caring. One relative said, "It's excellent, it's like family. Staff stay there long term and that makes a difference. It's 'tick tick' for quality of care." Another relative commented, "The staff are lovely, very caring and we all have a good relationship with them."
- Staff understood people's needs and what they liked and disliked and the importance of consistency of routine and structure for people on a day to day basis.

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

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support wherever possible. People were supported to access advocacy services to support with decision making where needed.
- Some people had complex communication needs and it was challenging to always involve them in making decisions about their care however staff supported people to be involved as much as possible.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected by staff. Staff spoke with people respectfully and ensured their privacy was maintained.
- People were treated with dignity and respect and their independence was promoted wherever possible. A member of staff said, "Independence, we are really promoting that. In fact, I'm shocked at how much more [people] are doing for themselves now."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- Staff were knowledgeable about people's personal routines and provided consistent care. They recognised that disruption to plans and sequences had potential to cause people a lot of anxiety and distress. One person's relative told us, "[Family member] has to have a defined routine to stick to. Staff know that these habits are vital and the implications if they were not followed."
- Support plans were detailed and contained important information about people's personal histories, their likes and dislikes, routines and preferences. This enabled staff to provide person-centred care.
- Detailed daily records were kept by staff. Recordings of people's support and well-being were made throughout the day which staff accessed for good communication for the benefit of people being supported.

- People were supported, where required, to access the community to participate in activities such as shopping and lunch out in the community.

- People had opportunities to take part in a range of activities. During our visit several people went out horse riding for the morning. A member of staff said, "We go out into the community, please go shopping, out to town, swimming and to places like the local lakes for walks." Another member of staff added, "People take and sort the recycling. Some people like to go out to car boot sales or out for coffee and cake. We're here, there and everywhere."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which staff understood. Staff resolved any issues where possible or passed on issues to the management team.
- Relatives felt able to raise concerns and were confident they would be listened to. One relative said, "I would feel able to relay a concern if needed, however I couldn't envisage a situation that would occur that meant that I would need to."

End of life care and support

- At the time of our inspection, no one at the service was in receipt of end of life care. Staff understood how to liaise with relevant professionals should the need arise.
- The team leader told us that they had commenced preliminary discussions about end of life care during people's annual review meetings and told us they recognised that this was something they needed to start addressing to ensure they were aware of any specific wishes.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives were happy how the service was run. One relative told us, "I couldn't tick enough boxes to say how good it is. If this place ever closed, I'd be devastated."
- Staff commented positively about working for the provider and about the team culture.
- The service was managed on a day to day basis by a team leader. A manager and deputy manager were based a short distance at one of the providers offices. Both maintained frequent contact with the service.
- Staff told us they felt that they were well supported. The manager had been in post since January 2019 and staff told us they were still getting to know her. Day to day support for staff was provided by the team leader. One member of staff said, "[Team leader] is very approachable, I can say anything to [them]."

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

- The provider ensured that staff were well trained and were aware of their roles and responsibilities.
- The provider understood the obligations of their registration.
- Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). The notifications we received from the provider enabled us to understand events and actions taken following an event or incident within the service.

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

- The provider promoted an open and transparent culture within the service. People's relatives told us they were asked for feedback and were given opportunities to express their views.
- A recent survey had been sent out to people, their relatives and key stakeholders. The manager was analysing the responses for any themes and trends.

Continuous learning and improving care

- The manager carried out monthly quality checks and audits on the service. These included checks on support plans and medicines management for example. Where concerns were identified, action was being taken to improve, for example through the audits the manager had identified that support plans needed updating and some out of date information archiving.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in

people`s care. These relationships were reflected in people's support plans which contained guidance to work with people to ensure they were receiving the care they needed.