

Anson Care Services Limited

Crossroads House Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Crossroads House provides accommodation with personal care for up to 47 people. There were 39 people using the service at the time of our inspection.

People's experience of using the service:

- People consistently were treated with exceptional kindness, compassion and respect. Staff were very patient and spent a great deal of time supporting people the way they wished to be treated.
- We saw a great number of very positive compliments and praise received by the service from people, their families and friends and healthcare professionals.
- Feedback included, "We cannot thank you enough for the change in our mum, and how settled she is" and "It's the little things, like biscuits with tea/coffee, a cup and saucer and a warm welcome from staff that care. The care is outstanding, Mum is so well."
- People were placed at the centre of the service and were given very person-centred care and support by kind, caring and empathetic staff.
- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to ensure all staff had regular training to keep them up to date with best practice. Training methods included online, face to face training and competency assessments.
- Activities were provided seven days a week and offered a wide variety of relevant and meaningful activity both inside and outside of the service.
- Staff meetings at all levels were used to remind staff of safeguarding processes. One member of staff told us "I wouldn't be afraid to raise my concerns to management who would listen to me".
- The service was specifically adapted for people living with dementia. People were encouraged to be as active as possible. All the staff had been provided with dementia training and were highly skilled in responding to people's needs.
- The registered manager was passionate about sharing best practice dementia care. They had joined several groups and projects outside of the service to keep up to date with best practice and innovation.
- People benefitted from having a number of people including young children and students spend time with them. This helped raise the profile of good dementia care and challenged pre-conceived ideas of living in a care home.
- The registered manager was passionate about supporting people 'all the way through their journey to the end.' They went above and beyond to support relatives to spend time with their family member at the end of their lives. They told us, "We see them in the door and we journey with them. We attend every single funeral as we need to say Goodbye."

Rating at last inspection: This is the first inspection of this service since the provider became a limited company and the location changed its registration.

Why we inspected: This was a planned inspection. The service was rated Outstanding at this inspection.

Follow up: We will continue to monitor the service through the information we receive 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?

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?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-led findings below

Crossroads House 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector, a specialist nurse advisor and a bank inspector.

Service and service type:

Crossroads House 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 accommodates up to 47 people. At the time of our visit there were 39 people using the service.

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, we reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with seven people who used the service. We also had discussions with five staff members, the registered manager, the head of care and the registered provider. We spoke with two relatives and one visiting healthcare professional.

We looked at the care and medication records of three people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe –this means 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.

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. The service had raised and investigated safeguarding concerns appropriately.
- Staff meetings at all levels were used to remind staff of safeguarding processes. One member of staff told us "I wouldn't be afraid to raise my concerns to management who would listen to me".
- The registered manager managed people's money on their behalf. We checked this money and it tallied with the records held. These monies were audited weekly.

Assessing risk, safety monitoring and management

- Risks were identified and staff were provided with some guidance to help them support people to reduce the risk of avoidable harm. However, this guidance could be more detailed in some care plans to help ensure a consistent approach from all staff.
- There was a positive approach to risk taking to enable people to maintain their independence. People were encouraged to walk around throughout the many different areas available.
- Where people presented with behaviour that challenged, staff were clear on how to help reduce the risk of this behaviour.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. All equipment was in good working order.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- The Fire Brigade had been invited by the registered manager to visit Crossroads House to familiarise themselves with the layout of the service. They spent time with people so they had an understanding of their needs.

Staffing and recruitment

- The staff team were stable with many having worked at the service for years. There were no staff vacancies at the time of this inspection.
- There were sufficient numbers of staff to meet people's needs.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.
- Call bells did not ring throughout the service. Staff wore pagers which vibrated when a person, or colleague, had called for assistance. The pagers were not audible to people in the building which helped to ensure the atmosphere was calm and undisturbed.

- Many people living at Crossroads House were unable to use a call bell due to their healthcare needs. Staffing levels were sufficient to ensure there was always a member of staff close by to meet people's needs.

Using medicines safely

- Medicine management systems were electronic. People received their medicines as prescribed. Staff followed safe protocols for the receipt storage, administration and disposal of medicines.
- People who received their prescribed medicines covertly, that is hidden in food or drink, had the necessary GP agreement and protocols in place.
- People who only required a prescribed medicine occasionally, had the appropriate protocols in place.
- Staff were trained in medicines management and competency checks to ensure safe practice were in place.
- Medicine storage temperatures were monitored to make sure that medicines would be safe and effective.
- The electronic medicines management system generated audits as the provider required.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Flooring and surfaces were intact and could be effectively cleaned.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Risk assessments were reviewed following each event.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals, after incidents where people had fallen, such as treatment by a GP or advice from an occupational therapist or physiotherapist.
- Additional CCTV cameras were being considered to cover some of the many communal areas, in addition to the existing cameras in the corridors. This was decided after some unwitnessed events had been reported. It was hoped that if footage of recording could be accessed, after an event, it could help with the investigation and any required action.

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 were assessed prior to moving in to the service. Detailed assessments led to personalised care plans being drawn up. The registered manager carefully assessed that each new person would 'fit in' with the people already living at Crossroads House.
- Care plans showed comprehensive assessments had been carried out on all aspects of each person's needs. These assessments were regularly reviewed to ensure they remained current and up to date.

Staff skills, knowledge and experience

- People were supported by staff who had ongoing training. One member of staff told us, "Since I have worked here I have achieved NVQ level 2." Another member of staff new to care told us "The training is very good". All staff were specifically trained in supporting people living with dementia.
- Staff were given opportunities to discuss their individual work and development needs. One member of staff told us, "Happy with the support given to me by the manager" and "Nice little family here".
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.
- Staff confirmed they had spent time working with experienced staff and members of management until they felt confident to work alone.

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

- Staff took a tray of condiments around the tables at lunch time and asked people what they would like, if anything, on their meal. This gave people choice and control over what they wanted.
- The service had been inspected by the Food Standards Agency and given a five-star rating.
- People were offered a choice of food and drink. Their preferences were well recorded in care plans. Vegetarian meals were available.
- The service had the use of a very large function room which regularly held, dances and parties. The registered manager told us they were planning to have a carvery meal in this room so that people can invite their families to join them for a meal.
- Following the feedback from a recent survey, the kitchen staff had recently held a chip tasting session. They offered people different types of chips to help choose the most popular chip for use at the service.
- People told us they enjoyed the food provided. Comments included, "Very nice" and "Lovely."
- Staff monitored some people's food and drink intake where concerns about their intake had been identified. All people living at the service were regularly weighed to ensure they had sufficient nutrition.

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

- Most people living at the service were living with dementia and were independently mobile with aids. The service was carefully adapted for people with dementia. There were additional features to help people to orientate around the service. Each corridor was identified with different décor, a named street sign and each 'front door' had different door furniture on it to help people to recognise their own door.
- There were many varied areas for people to spend time. A church, kitchen, shop, hairdressers, bar, conservatory and as the train line was visible from the service, a train platform where people could sit outside and watch the trains.
- The provider involved people in discussions and decisions about the environment they lived in. One person wanted a specific coloured 'front door' and this was taken in to account.

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

- People were supported to see their GP when needed. One health care professional told us, "The home is very good at telephoning for advice" and "They are very good at informing the doctor and we come out the same day to put things right."
- Care plans held records of all external healthcare and social care professional's visits.
- Staff and the registered manager accompanied people to attend appointments if needed.

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.

- 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.
- Related assessments and decisions had been properly taken. The registered manager had details of any lasting powers of attorney that had been appointed by people.
- Continuous supervision and control, combined with lack of freedom to leave, indicated a deprivation of liberty, and the provider had applied for this to be authorised under DoLS.
- The registered manager kept clear records of which people were awaiting authorisation and when existing authorisations needed renewing. There were conditions in place for one person which were being supported.
- People's care plans clearly described what decisions people could make for themselves.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act in general.
- People were given choice and control over how they spent their time and where.

Is the service caring?

Our findings

Caring –this means 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

- People were supported to continue with the faith of their choosing. The provider had created a multi faith place of solace for people who wanted to some time away from the busy communal areas, complete with 'stained glass' windows. The registered manager told us the staff are often found here enjoying the peace. Staff were exceptionally kind, caring and empathetic in all their interactions with people.
- One visitor told us, "I visit regularly and staff treat the person I come to see with respect and dignity".
- One person had specific beliefs which had implications on the way they were treated in an emergency situation. This was clearly detailed in their care file.
- The service held a policy on equality and diversity and staff had been provided with training to help ensure people's rights were protected at the service.

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

- Due to the care needs of the people living at Crossroads House their views and experiences could not easily be obtained. Families and visitors were given the opportunity to complete a survey which had very positive responses. Advocates were used when people did not have any family to support them.
- People were supported to cross the road from the service to visit a local nursery and enjoy the company of young children. Some people found this very enjoyable as they did not have regular contact with their own grandchildren.
- A carer recorded that following having taken a person to hospital a few times from treatment the person took hold of her hand and said, "Thank you so much for helping me, you've helped me a lot lately and you looked after me the other day and again today."
- One person was born and lived the majority of their life in London. They often spoke of their love for pie, mash, liquor and jellied eels. The registered manager spent some time sourcing this specific food for the person and provided it for them as a surprise. The cook then learnt how to produce this food for this person whenever they wished. This gave the person great enjoyment.
- Another person used to work for the Post Office delivering letters. This person was supported to take the post from the manager's office out across the road to the letter box to post them. This gave them a regular opportunity to feel useful and increased their self-worth.
- Staff went the extra mile for the people they supported and attended events held in the function room on their day off. One staff member told us, "I was not going to miss seeing all the dancing. It helped people to enjoy the day that we were all there. I love working here, I love the people and so I wanted to be there."
- Care plans were held electronically. It was not easy to establish if people, or where appropriate, had been involved in the creation of the care plan and signed in agreement with the contents. However, the registered manager gave the opportunity for appropriate people to be involved in care plan reviews and families confirmed this.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection visit we saw many positive interactions between people and the staff and management.
- Staff were empathetic, understanding and extremely patient with every person.
- We observed care staff lowered their voice when asking people if they wished to use the bathroom.
- Staff ensured people's privacy was respected by closing doors and curtains during personal care.

Is the service responsive?

Our findings

Responsive –this means that the service met people's needs

•Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were placed at the centre of the service and were given very person-centred care. The registered manager ensured that the service was a responsive to the needs of the people they supported as it could possibly be.
- Most people living at the service were living with dementia and could not easily express their needs.
- People's communication needs were thoroughly assessed, identified, and highlighted in care plans. These needs were identified by watching body language, facial expressions and gestures. Life histories and information from families and friends was gathered to build a picture of how the person had spent their past life. These very specific needs were shared with others appropriately.
- We observed staff consistently ensured people received all the support they required when they needed it. Every time we noticed a person in need of something there was always staff nearby to assist them.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
- People living at Crossroads House, and their families, valued their relationships with staff and the commitment they provided and this benefitted people greatly.
- One to one support was provided to some people at the time of the day or night that they found most upsetting and when they required constant support from one person.
- Activities were many and varied and provided both in and outside of the service, seven days a week, on a very person-centred basis. People's dementia meant that their concentration levels varied and so activities were set up and stopped as required.
- The service shared the use of a minibus with the other services in the Anson Care group. This enabled people to go out in to the local area and enjoy the amenities.
- Music played a big part in people's lives at the service. Local children were invited in to the service to play their musical instruments and a local GP visited to play the piano to people.
- The service went above and beyond to support people in a very person-centred way.
- An artist from Arts for Health had been invited in to the service to work with people to produce personalised cups and saucers with words on them that prompted conversation and reminiscence. On person's cup had the word 'blackcurrant' on it. This prompted the person to recall the jam her mother used to make her and further conversation about homemade jams.
- One person's past job involved them managing and overseeing others. This person still needed to do this. They were supported to go out of the service with the registered manager with to the providers office, with

the banking which the person held and handed over to the provider. This person was then taken around the offices and 'helped' other staff to complete their tasks. We saw this person visit the registered managers office, during the inspection, to 'check on everything'. They were supported to look at files and paperwork until they were satisfied all was well, they then left happily and wandered on. This gave the person a great sense of self-worth and they recalled it for some time following each event.

- One person used to work making pasties in a shop and spoke of it often. So, the registered manager arranged for the person to be taken to a local bakery and they were given the support they needed to once again make a pasty themselves. This gave the person great personal pride and enjoyment.
- One person had been the president of the Rotary Club. They were supported to go out to attend Rotary meetings for some time until their dementia prevented this. However, the registered manager arranged for the Rotary Club to meet at the service so that the person could continue to be involved.
- Some people found it difficult to recognise the difference between night and day. The registered manager recognised the need to differentiate between day and night in the service which always had the same lighting on all the time. Therefore, each corridor had 'street lighting' fitted, which was switched on when the daytime central lighting was switched off. This made the corridor dark except for occasional lamps as it would be in a street at night. This helped greatly to orientate some people to the fact it was night time.
- Staff knew people very well and noticed when there was any change in their condition. Specific support and training had been provided for them to record these changes, which is detailed further in the Well Led section of this report.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service. The service did not have any complaints in process at the time of this inspection.
- The registered manager held a record of any concerns raised, the action taken and the resolution.
- The registered manager received an enormous number of compliments. Feedback included, "We cannot thank you enough for the change in our mum, and how settled she is" and "It's the little things, like biscuits with tea/coffee, a cup and saucer and a warm welcome from staff that care. The care is outstanding, Mum is so well."
- One relative had not seen his relative 'look so happy in a long time', and told the service 'how fantastic' they [staff] are at looking after their relative and their care needs, they said, "Just amazing!"
- Visitors had watched staff interaction and commented on their handling of situations and commended the staff on their approach stating this was due to the way they were led.
- We saw compliments from families consistently praising the level of choice and interactions that staff made possible for people. All stated the standard of care was excellent and that people improved their abilities and were happier and settled living at the service. Families and healthcare professionals reported it 'being a pleasure to visit the service'.

End of life care and support

- Whilst the service did not provide nursing care, the staff were supported by the community nursing team to provide good quality end of life care to people. A local GP praised the service in their care of people at the end of their lives.
- The registered manager was passionate about supporting people 'all the way through their journey to the end.' They went above and beyond to support relatives to spend time with their family member at the end of their lives. They told us, "We see them in the door and we journey with them. We attend every single funeral as we need to say Goodbye."
- Families could be provided with a bed in the person's room so that they could spend all their time with their loved one. At one time a very large family, all of whom wished to provide as much care for their loved one as possible 24 hours a day. The registered manager arranged for all of them to use an empty bedroom

with mattresses provided for several people to rest a few hours, in shifts, whilst they cared for their family member. The family provided all the person's care needs, with staff providing oversight only to ensure the person was appropriately supported.

- Medicines were ordered and held to be used if needed at the end of a person's life. This helped ensure people were pain free and comfortable.
- The service had very close working links with many outside health and social care agencies. This helped ensure vital equipment could be provided at short notice as people's health needs changed at the end of their lives, such as hospital beds and special seating.
- Care plans showed people had been asked for their views and wishes about how they wished to be cared for at the end of their lives.
- Staff would often stay on after their shift in order to continue their support of a person at the end of their life such was the commitment of the staff.

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.

- Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- Families and healthcare professionals told us of the consistent high standard of care and support provided by Crossroads House.
- The provider visited the service regularly and was extremely supportive to the registered manager. The provider was planning to use the registered managers knowledge and experience of outstanding dementia care across all the services in the Anson Care Group.
- The registered manager was visible, known to them and very open and approachable.
- Staff were very happy working at the service and felt well supported.
- Care plans promoted person centred, high quality care and good outcomes for people. Care plans took into account the physical, spiritual and social aspects of a person's life, by providing opportunities for people to enhance their physical ability through encouraging mobility, addressing people's health needs promptly and providing relevant and meaningful activity. This was consistently achieved and seen through feedback received.

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

- There was a very clear ethos at the service. The registered manager told us, "We encourage people to live and grow here. People do well here, so many have arrived expected to not live very long and have improved steadily and are still doing well. This is their home, we are very privileged to be part of people's lives. We recognise dementia care is emotional but very rewarding and it has to be an environment where people want to come and live and work."
- The registered manager had a highly effective oversight of the running of the service and was able to respond to all our questions with an in-depth knowledge of all areas
- The registered manager had appropriately notified CQC of abuse concerns or events that stopped the service, including the reporting of any deaths.
- Audits of many aspects of the service using the electronic care management system, helped ensure continuous improvements were made. Care plans, accidents and incidents, risk assessments of people living at the service, premises and medicines management were all regularly checked.

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

- The people living at Crossroads House were not easily able to contribute to a meeting or share their views and experiences. The registered managers door had a sign on it saying, "Please come in" and we saw people

coming and going in to this office all through the inspection. People were regularly asked, "What can I do to help" and "What would you like me to do for you."

- We received overwhelmingly positive feedback from everyone we spoke with about Crossroads House. One visitor told us, "Communication and quality of care is good" "and "Everybody seems very happy".
- A survey had sought the views of people and their families in 2018. Responses included, "Mum has always been treated with love and care from the staff. They are wonderful," " Really happy with the genuine caring attitude of staff" and "All of the staff were friendly, welcoming, cheery, helpful, attentive, and kind." Overall satisfaction rose from 90% in the last survey to 92% in this one.
- Staff meetings were held regularly and staff told us they were encouraged to share their views and ideas were taken forward. One member of staff told us they had suggested the outside space was too open and could benefit from cosier sheltered areas for people and this was being acted upon.
- Meeting over the past few months had focused staff on their next CQC inspection. The Key line of Enquiry (KLOE's) used by inspectors, were explained to all staff so that they would be able to assist us in our inspection. Staff were able to speak knowledgeably about how they provided outstanding care with pride.
- Throughout this inspection all the inspectors were impressed at the calm and relaxed environment, People did not stay in their rooms but were moving around constantly, stopping staff to have a chat or ask for assistance. On each occasion staff stopped what they were doing and provided people with their complete attention showing great patience and skill.
- Before each shift began a handover meeting was held. This helped ensure consistent appropriate and person-centred support was provided across different shifts.
- One person had a specific belief which affected how they would be cared for in a medical emergency. This was clearly detailed in their care file.

Continuous learning and improving care

- The registered manager was very keen to promote the high quality of dementia care provided at Crossroads House.
- It had been recognised that people living with dementia became unwell very quickly. In order that staff were able to effectively present the condition of a sick person to a healthcare professional they were trained to use the NEWS 2 (National Early Warning Score) tool. This tool guided staff to carry out specific observations using a recording system which ended with a score and guided them on next actions. This information was then presented by the care staff to the health professional for advice. This greatly improved the speed with which appropriate care was accessed.
- The registered manager ensured the staff were trained to recognise first signs of possible sepsis. A visiting dementia liaison nurse complimented the skills of the staff by saying, "Crossroads have recently identified two separate cases of sepsis. The circumstances surrounding at least one of these was above and beyond what I would anticipate from a residential home and I think it would be good for them to realise that this is recognised."
- The registered manager used specific events which took place at the service, or concerns raised as an opportunity to learn and change practice where necessary. Such events were raised at staff meetings and in supervision with specific staff to continuously improve the service.
- The registered manager developed a form on the electronic care planning system. It was a tool that prompted managers to look to ensure that care plans and risk assessments are updated, the person has been weighed and any action taken, all charts have been updated, and an area for any other comments. This has since been shared across the providers other services. They told us, "The really good thing is that it can be used from any location, so managers above me can also log in and quality audit our care plans."
- The electronic medicines and care planning system was accessible by the registered manager from their home. This had provided very useful access to information when the registered manager was looking at how the service can improve further.

Working in partnership with others

- It was evident from speaking with people, relatives and staff that there was a great emphasis on working with other professionals to get the best care for the people they support.
- The registered manager worked closely with CQC, external healthcare professionals such as GP's, dementia liaison nurses, community nurses, occupational therapists and physiotherapists to improve the service provided to people.
- The registered manager was very keen that people had regularly contact with family and friends. The service had been approached to see if they could help move some people, who had been placed in accommodation outside of Cornwall, back to living nearer to their families and friends back in Cornwall. The registered manager had visited people out of the county and assessed that some could be cared for at Crossroads House. This had greatly benefitted the people and their families, being able to visit more easily and regularly.
- The registered manager was passionate about learning and raising the profile of best practice dementia care. They were very aware of the balance between inviting the local community in to the service and taking people out in to the local area and not overwhelming people with too much stimulation at any one time.
- The registered manager supported a young person from the Scouts to complete the voluntary part of their Princes Trust Award at Crossroads House. They spent one evening a week, for three months, spending time with people living at the service and flourished. This is something that Crossroads House is going to continue to support.
- The registered manager had joined the EPIC project (eHealth Productivity and Innovation in Cornwall). This project is a highly collaborative and interdisciplinary project seeking to improve health, wellbeing and enhance the care quality by using eHealth technology. From this project the service had bought robotic animals in to the service to spend time with people. Plans were in place for interactive white boards to be installed into people's bedrooms to display messages, prompts and skype opportunities to help people keep connected with family and friends.
- Crossroads House was the only service in Cornwall to have worked with a care staff training company in developing a virtual reality (VR) experience for staff training. This VR experience was created from film taken in Crossroads House and was seen as a ground-breaking method of teaching staff new to the carer role.
- The registered manager had joined a working group with health colleagues looking at enhanced health care in care homes. Monthly 'outstanding care' meetings were attended by the registered manager aimed at continuously learning from others.
- The registered manager also worked with the NCS (National Citizen Service) which is a social development programme for 15 to 17 year olds. They invited 14 young people to spend time in the service playing board games and dancing with people. The young people put on a show for the people living at the service. The feedback from the young people following this experience was very positive as it had greatly changed their perceptions of dementia care.
- Students from Poole academy were invited to visit people at the service and observe activities and supporting being provided. The academy requested this be repeated as such good feedback was received from the students who shared their very positive feedback. It had increased the students confidence and understanding of older people, dementia care and support.
- An artist was invited to visit the service to sketch pictures for paintings to exhibit for the Crossroads House Art Project. Sketch books and notebooks were available for people, their visitors and families to write any thoughts, stories and biographies. People could add their own drawings or photographs to enrich the picture of life at Crossroads House. An exhibition of this work will be shared with as many agencies as possible to increase the understanding of dementia care. All necessary consents were obtained for this work.
- The registered manager supported a person from Crossroads House to join with them and attend the 'Proud to Care' event in Truro a few months earlier. This event was held to raise awareness of the caring profession and encourage recruitment. The person spent time tasting food, dancing and talking to people.

Later the registered manager supported the person to meet with a close relative for lunch in a café. This was arranged as a big surprise for the person. The event was highly enjoyable for both the person and their relative to enjoy a meal with their loved one in a café.

- The registered manager worked with the Cornwall Dementia Partnership. Working with police, fire service and the dementia alliance workers to improve communities and make them dementia friendly.