

Oakhills Residential Homes Limited

Crosshill House Residential Care Home

Inspection report

Market Place
Barrow Upon Humber
North Lincolnshire
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Tel: 01469 531767
Website: www.crosshillhouse.net

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Crosshill House residential care home is centrally located in the market town of Barrow Upon Humber close to local shops and amenities. The service is registered with the Care Quality Commission (CQC) to provide residential care and accommodation for up to 17 people. The service is also registered to provide personal care in the

community. At the time of our inspection the service was supporting 16 people to live at Crosshill House and was providing personal care in the community for 13 people living in their own homes.

The service provides support for older people or people living with dementia related conditions. It offers 15 single rooms and two shared bedrooms. Six of the bedrooms

Summary of findings

have en-suite facilities. The service also provides two communal lounges, kitchen, bathroom and toilet facilities, conservatory, dining area, passenger lift access to the first floor and outside garden space with a pond.

The inspection took place on 4 November 2015 and was unannounced. The service was last inspected on 3 May 2013. At that inspection we found the registered provider was compliant with all the regulations we assessed.

At the time of our inspection the service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found there were policies and procedures in place to guide staff in how to safeguard people who used the service from harm and abuse. Staff received safeguarding training and knew how to recognise and report potential abuse. Risk assessments were in place to guide staff in how to support people appropriately and minimise risks. People lived in a safe, clean environment where the equipment used was regularly checked and serviced.

The registered manager was following the principles of the Mental Capacity Act 2005 (MCA) and we saw that applications, where required, had been submitted in respect of people being deprived of their liberty.

During our inspection we found that staff had been recruited safely and appropriate checks had been completed prior to them working with vulnerable people.

Staff had a good knowledge and understanding of the needs of the people they were supporting. Staffing levels were adequate and there was a training programme in place to ensure staff were equipped with the knowledge and skills required to carry out their role effectively. Medicines were managed, stored and administered in a safe way.

We found people's health and nutritional needs were met and they accessed professional advice and treatment from community services when required. Positive interactions were observed between staff and the people they cared for. People's privacy and dignity was respected and staff supported people to be independent and to make their own choices.

People who used the service were supported to engage in activities and local community groups were welcomed into the service. People were supported to maintain relationships with their families and friends.

The service was well managed and the registered provider undertook regular audits to ensure the service was safe. The registered manager promoted an open door culture and staff told us they felt well supported working at the service. People who used the service and their relatives were encouraged to give feedback on the service to help make improvements or changes to practice.

We recommended that the registered provider referred to current good practice guidance with regards to making the environment and daily food menus more accessible for people who may be living with dementia.

Summary of findings

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.

Staff knew how to recognise and report abuse and had received training about how to safeguard people from harm.

Safe recruitment practices had been followed and appropriate checks had been made into the suitability of staff who worked at the service.

We found that medication was stored, recorded and administered safely in line with current guidance.

Systems were in place to make sure people lived in a well maintained, clean and safe environment.

Good



Is the service effective?

The service was not always effective.

We recommended that the service refers to good practice guidance in making the environment and daily food menus more accessible for people who may be living with dementia.

Peoples were given choices of food and drink which took into account nutritional and dietary needs. People also had good access to health care services.

People's rights were respected and care was only provided with their consent or if best interest processes had been followed. The registered manager understood the principals of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had received appropriate training to ensure they had the skills and knowledge to support the needs of the people who lived at the service.

Requires improvement



Is the service caring?

The service was caring.

There was friendly atmosphere within the service and staff assisted people to maintain their privacy.

People and their loved ones were included in reviews of their care needs.

Interactions between staff and people who used the service were positive. Staff had a good understanding of people's individual needs and preferences.

People were treated with dignity and respect and their independence was promoted.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People received care which was personalised to meet their needs and was person centred.

People had access to a range of activities and were encouraged to participate.

A complaints policy was in place to enable people to raise any concerns they had.

Good



Is the service well-led?

The service was well-led.

People and relatives were asked their views and opinions about the service to assist with any improvements or changes.

Staff said they felt supported working at the service.

Audits of all aspects of the home were carried out and evaluated on a regular basis.

The registered manager had made statutory notifications to the Care Quality Commission in a timely manner.

Good



Crosshill House Residential Care Home

Detailed findings

Background to this 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 was planned to check whether the registered 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.

This inspection took place on 4 November 2015 and was unannounced. The inspection was carried out by one adult social care inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We checked our records to see what notifications had been sent to us by the registered provider. This showed us how they had responded to accidents and incidents that affected the people who used the service.

The local authority safeguarding and performance teams were contacted prior to the inspection, to ask them for their views on the service and whether they had any ongoing concerns.

During the inspection we spoke with seven people who used the service and five relatives. We spoke with five staff including the registered manager, care staff and the cook. We spent time observing the interactions between the people who used the service, relatives and staff in the communal areas and during mealtimes.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as medication administration records (MARs) and accident and incident records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management, cleaning schedules and maintenance of equipment records. We also undertook a tour of the building.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. Comments included, “I’m as safe as I could ever be” and “Staff look after me well and make sure I’m ok.”

Visitors we spoke with said, “Really happy with how my relative is looked after and cared for here, couldn’t ask for better” and “Without doubt [relative’s name] is safe, they wouldn’t be here otherwise.”

The staff we spoke with were able to describe the process for reporting suspected abuse and contacting outside agencies including the local authority and CQC. Staff spoke confidently about recognising signs of abuse, for example, unexplained bruising or changes in someone’s personality. One staff member told us, “I could never sit back and not report something if I thought someone was being hurt, it’s not right, is it?”

We looked at training records which confirmed all staff who worked at the service had received training within the last year about how to safeguard adults from abuse and this was updated annually. The registered manager told us that safeguarding incidents were rare in the service; however, the service had a policy in place for staff to follow and the registered manager and staff knew how to report and respond if an incident occurred. We contacted the local authority safeguarding team who told us there were no outstanding safeguarding investigations on going at the time of the inspection.

The staff we spoke to were familiar with the organisations whistleblowing policy and stated they would report poor practice or concerns if they needed to. Staff told us they had never had to whistle blow before but felt they would be supported by the registered manager if they had to raise concerns. One staff member told us, “The manager is supportive and I could speak to her about anything.”

The registered manager told us that accidents within the service were minimal. We saw the service had a system in place for recording accidents and incidents if they occurred. The registered manager told us they would always seek medical advice or attention if necessary when accidents did happen. The service also had systems in place for analysing accidents and improving practice to ensure people were kept safe.

The care records we looked at contained risk assessments that identified how risks for people who lived at the service should be managed by staff. We saw risk assessments in place for mobility, personal care, moving and handling and medication. The registered manager told us that risk assessments and care plans were reviewed on a monthly basis and updated when changes were necessary. We saw that risk assessments relating to aspects of the environment including the passenger lift, stairs and outdoor space were also in place to ensure the service was safe. We saw the service had a business continuity plan in place which provided advice for staff in cases of emergency for example, floods, fire or breakdowns in essential services like water, gas or electricity.

We looked at documents and certificates relating to the maintaining of equipment and health and safety checks within the service. We saw that checks were carried out on emergency lighting, water temperatures, window restrictors, fire doors, the call bell system and the lift.

We saw that sufficient numbers of staff were available to ensure people’s needs could be met safely and efficiently. One person told us, “I sometime have to wait but it’s never for very long.” Another said, “Sometimes I have to wait a little while, staff say they are busy so maybe more staff would be an idea.” We spoke with the registered manager who told us they used the dependency needs of the people who used the service to calculate the appropriate staffing levels. The registered manager also showed us the electronic call bell system which showed how long people had to wait for a response once they pressed their call bell. The registered manager told us this is monitored and evaluated to ensure people were responded to quickly.

We looked at the recruitment files of three staff working at the service. The files contained an application form, photo identify, two references and a check with the Disclosure and Barring Service (DBS). A DBS check is completed during the staff recruitment stage to determine whether an individual holds a criminal conviction which may prevent them from working with vulnerable people.

We saw people’s medicines were stored and administered safely. We looked at how people’s prescribed medicines were managed and stored at the service. We also observed part of a medication round. Records showed that staff had received training about the safe handling of medication and this was updated on a regular basis. We reviewed a selection of the medication administration records (MARs)

Is the service safe?

which showed that medication was administered at the advised times and had been recorded appropriately. We saw any unused or refused medicines were returned to the pharmacy in a timely manner. We saw that two people living at the service self-medicated and there were risk

assessments in place to support this. The records we looked at showed that staff checked the medication room temperature and the fridge used to store medication in on a daily basis.

Is the service effective?

Our findings

People told us they felt staff were well trained. Comments included, “Staff look after me just how I like them to” and “I know they are trained because they know how to care for me in the right way.” A visitor told us, “They certainly know how to look after my relative well, I’ve got no grumbles.”

Our observations showed that staff had a good knowledge and understanding of the needs of the people living at the service. We saw that people received effective care from appropriately trained staff. Staff told us they received ongoing training to support them to ensure the needs of the people who lived at the service were met. The service had a training matrix in place which showed when training had been completed. Training records showed that staff had completed a range of training in areas including moving and transferring, health and safety, infection control, dementia care, dignity and Mental Capacity Act (MCA). Staff told us they felt the training provided by the service was, “Very good”. A visitor told us, “All the staff appear to be very well trained; I have no complaints about how they care for my relative.”

We saw that staff received an induction before they commenced their role at the service. One staff member told us, “As part of the induction you get to shadow two morning, afternoon and evening shifts before you go live.” The registered manager told us that they monitored the competency of staff before they were left to support people on their own and if necessary supported to complete a longer induction period. We saw that staff received supervision and appraisals to review their practice and discuss any issues or concerns they might have. The registered manager told us staff received supervision approximately every six months. One staff member told us, “I get supervision every so often but I can speak to the manager at any time if I need to.” Two of the supervision records we looked at contained paperwork that was either missing or incomplete. We spoke with the registered manager about this who said they would look at this and ensure the recording was improved.

We saw evidence during our inspection that people were asked for their consent before personal care tasks were completed or medication administered. Care records contained consent documents that people who used the service had signed, when they had capacity, to agree to

care and treatment being provided. Visitors we spoke with confirmed that they were involved in decision making meetings with their loved ones and kept informed at all times.

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. The application procedures for this in care homes are 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 were being met. We found the registered provider had appropriately submitted applications to the ‘Supervisory Body’ for authority to deprive specific people of their liberty. We found that one person had a DoLS authorisation in place and one application was still awaiting a decision from the ‘Supervisory Body’. The registered manager and the staff we spoke with understood the principles of the MCA and DoLS and staff had completed training in this subject.

People we spoke with told us they were happy with the food provided at the service. Comments included, “Food is excellent, plenty of choice”, “Good food, served hot, lovely” and “Best part of the day meal times.” Relatives also told us they were happy with the food provided to their loved ones. One relative told us, “Meals look and smell excellent. There is always a menu on display so you know what’s on offer and there is never any complaint from [relative’s name].”

People were supported and encouraged to follow a balanced diet. Details of each person’s dietary needs were assessed and recorded. We saw the service had a weekly menu which offered two choices of meals. The service used the conservatory as the dining room which was presented with tables set with table cloths, condiments and cutlery.

Is the service effective?

People were offered a choice of drinks and asked if they would like protection for their clothes before they started to eat. The atmosphere was pleasant and we saw people engaging in conversation and light hearted jokes.

The dining room displayed a small menu detailing the choice of meals available that day. We spoke with one person who told us, "I'm not sure what's for lunch today. I think I chose earlier." We heard another person ask a member of staff what was for lunch. We spoke to the registered manager about this who confirmed that a menu choice went round each morning for people to choose from. We discussed the way the menu was displayed and how presenting this in large print or with pictures may be more effective for people living with dementia. The registered manager said they would look into this and present the menus in a clearer way.

We recommend that the provider looks at new ways of presenting the daily menu that is more accessible for people who may be living with dementia.

People living at the service were supported to maintain good health and had access to health care services when needed. A relative told us, "My [relatives name] never has to wait very long to see a GP or nurse if there is a problem with their health. I must say the home is good like that." Care records contained evidence that people attended appointments when needed and actions and outcomes were also documented. Staff told us they referred people to health professionals as and when required and would also contact the GP or nurses if they needed advice or guidance.

During our inspection we saw that people living at the service had personalised their rooms with their own furniture and family photos which meant a lot to them. We saw that the service had CCTV in operation which monitored the lounge areas, kitchen and conservatory. We spoke with the registered manager about this who told us the system was introduced to increase the safety of people using the service and staff. We asked if people and their relatives had been consulted over the introduction of the system. The registered manager told us they had but didn't have anything documented. We spoke to a relative who said, "They told us they wanted to put in CCTV and asked us our thoughts. I have no problems with it, it's a good thing, all homes should do it." The service did not have a policy in place about the usage of CCTV. Since the inspection the provider has produced a policy and sent us a copy.

While we found the service was clean and tidy throughout. We did note that there was a lack of clear signage on doors and items such as clocks and the day and date were not displayed within the service. We heard people constantly asking what the date and time was during our inspection.

It is recommended that the registered provider refers to good practice guidance with regard to making the environment more suitable for those people who may be living with dementia.

Is the service caring?

Our findings

People told us staff were kind and treated them well. Comments included, “I can have a laugh with them and they listen to my jokes so that’s good enough for me”, “I get on with some more than others, but they look after me and make sure I’m ok” and “I like living here, they’re nice people.”

Visitors told us they were happy with the care their loved ones received. Comments included, “If you’re looking for a first class care home this is the place to come, its lovely”, “My [relatives name] is well cared for and that’s all that matters” and “Best care my relative has ever had, couldn’t be happier.”

We saw people who used the service enjoyed chatting to each other and staff. Staff spoke to people with kindness and respect and involved them in conversations. We saw that people who used the service appeared well cared for and wore clothing that was appropriate and in keeping with their age group. One person told us, “It matters to me how I look and what I wear.”

Staff were quick to respond when people needed assistance or showed signs of distress. We saw one person was feeling unwell and kept repeating themselves and asking if they’d be ok? Staff responded in a gentle tone offering them reassurance. We observed staff being respectful to people’s needs and they explained things prior to tasks being completed. We saw how staff promoted people’s privacy and dignity by knocking on bedroom doors prior to entering and ensuring toilet and bathroom doors were closed when in use. A relative told us, “The girls are lovely, they look after [relatives name] like no one has before, they always check my relative has everything they need before they leave.”

We observed that people were encouraged to be as independent as possible with staff providing support only

when required. We saw that staff were patient and took their time in explaining things to people and support was delivered in a sensitive and unrushed way. We observed a number of visitors at the service during our inspection. Staff told us they promoted family contact and encouraged family and friends to visit as often as possible. One relative told us, “I’m always made to feel welcome when I visit. It really is a lovely, friendly home, I could live here myself.”

Relatives told us they were kept up to date with their loved ones care and any changes that happened. We saw evidence in people’s care records that family and professionals were invited to review meetings. One relative told us, “I’m always invited to meetings and attend when I can. I have a copy of [relatives name] care plan, I couldn’t ask for better involvement.”

People told us staff communicated with them and involved them in decisions about their care. One person told us, “Oh yes they always speak to me and ask what I think.” A relative told us, “It’s difficult to include [relatives name] as they don’t understand anymore, but they still always try and include them.”

Staff told us they would not discriminate against anyone due to their age, race or religious beliefs. Training records showed that staff had received training in equality and diversity to help promote this within the service. We saw that the service displayed advocacy (independent mental capacity advocates) information for those who may need it although the registered manager told us most people had good networks of family and friends around them who provided support when required.

The registered manager was aware of the need for confidentiality regarding people’s records. We saw that the files were stored securely within the registered manager’s office or on a secure computer system.

Is the service responsive?

Our findings

People and their relatives told us they knew how to make a complaint or raise a concern. One person said, “If I’m not happy I tell the manager and it normally gets sorted.” A relative told us, “I’ve not had to complain but I know who to speak to if I ever need to.” Another told us, “I go straight to the manager or the owners. I normally email them and they get things resolved ever so quickly, I’m more than happy with the service.”

We saw the service had a complaints policy in place. There was information on how to make a complaint on display in the entrance of the service. The registered manager told us that any complaints raised were recorded onto a computerised system which included responses and any further actions so that they had a clear audit trail of communications.

We saw that the service completed a pre-assessment of people’s needs prior to services commencing. On the day of the inspection the registered manager had an appointment to visit a potential user of the service to complete this assessment and understand more about the individual’s needs. The registered manager told us they had to be confident they could meet people’s needs and that people would fit into the service before agreeing to support someone.

Staff had a good understanding about the needs of the people they were supporting. We saw staff referred to people using their names and there was a good understanding of people’s needs. One staff member told us, “We read the care plans to get to know someone and use this information to support people how they want to be supported.”

The care records we looked at were well organised, clear and person centred. The records contained people’s photos, likes and dislikes, next of kin information and individual’s needs were clearly documented. We saw that care plans were reviewed on a monthly basis and amended when necessary. A relative told us, “I’m more than happy with the way the home keep me informed and updated about my loved ones care. I can’t always attend the meetings but they keep me updated with what’s been discussed and that’s fine with me.”

People who used the service told us they could make choices about their daily lives and staff encouraged them

to do so. One person told us, “If I want to sit in my room, I can sit in my room. They ask me to do games sometimes but I prefer not to and just watch.” Another said, “I wear what I want and what makes me feel comfortable, if anyone tried to change that there’d be trouble.” We saw people were offered a choice of meals, desserts and drinks over lunchtime and people were asked if they were happy sitting in certain places. One relative told us, “They do try and ask [relatives name] to make choices, but it’s really difficult now and most of the time there not sure what they’re saying yes to.”

On the day of our inspection we saw a hairdresser was visiting the service and styling peoples hair. One person told us, “I look forward to the hairdresser coming; I like to get my hair done.” We saw the service also had a regular delivery of books from the local library and people who used the service were encouraged to participate in activities when they were scheduled. We received feedback from a local church group who told us they visited the service every six weeks to sing hymns and do religious reading for people who want to take part. This visitor told us, “It’s a lovely, friendly atmosphere. People appear happy and appreciate our visit.”

During our inspection, other than the hairdresser visiting we didn’t see any activities taking place. We also noted that no music or TV was on in the conservatory sitting area where at least five people were sitting for most of the day.

We spoke with the registered manager about this who told us most of the people using the service didn’t like to have music constantly playing, even in the background. The registered manager told us that the TV in the main lounge got used the most but people usually put this on later in the afternoon. We saw people in their bedrooms watching their own TV. One person told us, “They offer to do things but I don’t really like to get involved.” A relative told us, “The do things to try and keep people active, they ask [relatives name] to join it but she doesn’t like to, they’ve never been one for activities really.” Another told us, “My relative is looking forward to Christmas, I think there organising a shopping trip, which will be nice.”

Since the inspection the registered manager has provided us with the list of activities that have happened at the service and what is planned for the rest of the year. This

Is the service responsive?

includes village walks, baking, quiz afternoons, decoration making and carol singing. We have also received copies of the activity participation sheets which evidenced which people have participated or declined the activities on offer.

Is the service well-led?

Our findings

During our inspection everyone we spoke with told us they were happy with the care they received and thought the registered manager and the staff did a good job. Comments included, "I do feel at home here, there is not one part about it that I don't like", "Were lucky to have good people around us who look after us right" and "The managers a nice lady, always got time for a chat."

Relatives confirmed they knew the registered manager's name and said she was always available at the service. One relative said, "The manager and the staff are a real credit to the service." Another said, "They really do care about people, they know what they're doing and it really does make the service stand out from the rest."

The service was led by a registered manager who was registered with the CQC. The registered manager was also supported by the registered provider on a weekly basis. We saw the registered manager had a hands on approach and would support with caring for people when required. During the inspection we saw someone had phoned in sick for the night shift and the registered manager confirmed, "If I can't find cover I will be working the shift myself." The staff we spoke with told us that it was a nice place to work and the people who lived there were well cared for.

The service had a statement of purpose that set out its principals of care in an easy to understand document. The statement purpose was to create a service in a happy environment which promoted dignity, independence, choice, rights, fulfilment and security. The registered manager told us they operated a fair and open culture within the service and welcomed feedback from people using the service, staff and relatives.

The service holds meetings for people who used the service and their relatives. They also request feedback on a yearly basis. Relatives told us they were invited to meetings about the service and had been asked for their view on the service. We looked at the survey responses from January 2015 which stated comments including, "Can't think of any improvements, it's perfect", "Always warm and friendly atmosphere whenever I visit, would recommend Crosshill to anyone looking for a first class care home" and "Manager seems up to date with the needs of residents."

Staff told us they felt well supported and listened to. One staff member told us, "The support from the manager and the owners is very good. I get supervision, attend staff meetings and can speak to [registered manager's name] about anything." People who used the service, relatives and the staff appeared comfortable in the registered manager's presence. During our inspection we observed the registered manager took time to speak with people who used the service and their relatives. The registered manager told us they were well supported by the registered provider and met regularly with them to discuss the service and future plans.

We saw audits had been undertaken in a range of areas on a regular basis. These included medication and health, activities and social contact, health and safety, food and nutrition and the environment. Although we saw documents that confirmed the audits took place on a monthly basis some of the recordings had missing information and were not as robust as it should have been. For example the infection control audits we were shown by the registered manager had completed audits for March, April, May, August and October 2015. We spoke with the registered manager about this who confirmed they would review these immediately with the registered provider and ensure the recording of information was improved.

We saw the service involved the relevant healthcare professionals when required and the registered manager told us they had a good working relationship with the local GP surgery and other healthcare professionals. We received feedback from health care professionals who told us they had no issues or concerns with the service. One professional told us, "The home is always efficient. There is a good degree of care and compassion shown by the staff towards the residents and the residents do indeed remark how they feel well looked after in the home. I feel overall the home provides good quality care in a safe, clean environment."

As part of their responsibilities the registered manager is required to report accidents, incidents and other significant event that occur at the service to the CQC. The registered manager had appropriately notified the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken within the service.