Rayson Homes Limited

Crosshill Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 15 February 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Crosshill Nursing Home provides care and accommodation for up to 30 people with residential and nursing care needs. On the day of our inspection there were 29 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 last inspected the service in October 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Crosshill Nursing Home.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Care plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The registered provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

Staff felt supported by the management team and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Crosshill Nursing 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 15 February 2017 and was unannounced. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with six people who used the service, two family members and a visiting healthcare professional. We also spoke with the registered manager, director of nursing and three care staff members.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for five members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Crosshill Nursing Home. People told us, "They keep me safe" and "Very safe". A family member told us, "I've never heard a member of staff be nasty to a resident."

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us care staff absences were covered by the home's permanent staff and agency staff were occasionally used for nursing staff absences. Staff and people who used the service did not raise any concerns regarding staffing levels at the home.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Some of the staff had been working at the home for many years and had not had a recent DBS check carried out. The registered manager explained that staff were asked to complete a self-declaration form during every annual appraisal, stating whether they had any cautions or convictions. We saw evidence of this in appraisal records. Nursing staff registration requirements were checked annually to ensure all nursing staff were registered with the Nursing and Midwifery Council (NMC).

The registered provider had a safeguarding policy in place. We looked at the safeguarding log and saw there had been no safeguarding incidents in the previous 12 months. An individual safeguarding assessment had been carried out for each person who used the service. These included whether the person had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place, which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR), whether they had any health issues and any other areas of concern that staff should be aware of. The registered manager was aware of their responsibilities with regard to safeguarding and staff had been trained in how to protect vulnerable adults.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. Risk assessments included risk of falls, malnutrition, infection and pressure ulcers. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Equipment was in place to meet people's needs including hoists, shower chairs and wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Electrical installation, gas servicing and portable appliance testing (PAT) records were up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date and people who used the service had Personal Emergency Evacuation Plans (PEEPs) in place.

We looked at how medicines were managed at the home and found appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People who used the service told us, "I'm well looked after", "The staff are very nice", "They are incredible. Believe me, I look for problems but here I can't find any" and "All my visitors have remarked on the attitude of the staff here, they are very good". Family members told us, "The staff look after him wonderfully" and "I rate it very highly. I think it's excellent".

Staff were supported in their role and received supervisions with their line manager. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Some staff appraisals were out of date however this had been identified by the registered manager who was carrying out staff appraisals on the day of our inspection visit. The director of nursing showed us a copy of the staff training matrix and we saw staff mandatory training was up to date. Mandatory training is training that the registered provider thinks is necessary to support people safely.

Staff were aware of people's dietary needs. People had nutrition care plans, risk assessments and Malnutrition Universal Screening Tools (MUST) in place. MUST is a tool used to calculate nutritional risk. We saw that dietitians were consulted as required and guidance from these specialists was included in people's care plans. This meant people were protected from the risks of under nutrition.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities with regard to DoLS and appropriate applications had been submitted to the local authority. Mental capacity assessments had been carried out as required and best interest decisions included evidence that family members and healthcare professionals had been involved in the decision making process. This meant the registered provider was working within the principles of the MCA and DoLS.

Care plans included a signature box for people who used the service, or their family member or advocate, to sign to say they agreed with the content of the care plan. However, none of the records we saw had been signed. We discussed this with the registered manager who told us people didn't sign the forms but were given the opportunity to feedback verbally at review meetings, which were held every three, six or 12 months depending on the person's choice. People we spoke with confirmed this.

People who used the service had access to healthcare services and received ongoing healthcare support.

Care records contained evidence of visits to and from external specialists including GPs, dietitians, chiropodist, mental health nurse, district nurses and dentists.

Some of the people who used the service were living with dementia. We looked at the design of the home for people with dementia and saw a new wing had been added to the home. This was specifically designed for people with dementia and included brightly painted doors, including large room numbers, photographs and door knockers. People's bedrooms were individually decorated in bright colours and included sensory lighting. Communal areas included old style furniture, including a piano, typewriter and furniture. An indoor garden had been created with artificial grass and a painted landscape. The walls of a communal bathroom were painted to show a landscape of Whitby and people who used the service were depicted in the painting. The main corridor wall was in the process of being decorated with photographs of old films and musicals. This meant the service incorporated environmental aspects that were dementia friendly.

Good

Is the service caring?

Our findings

People who used the service and family members told us, "They are very caring", "I can't fault the care", "They have a lovely, caring nature. They are so funny, they make the residents laugh" and "The care is excellent. It hits the spot".

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff. For example, we heard a staff member say, "You've had your hair done, it's gorgeous" and "It looks beautiful". We observed staff engaging with people at every opportunity and talked about the weather, what they'd had for breakfast and family members.

Care records contained evidence that people had been consulted about their care and asked their preferences. For example, people had been asked by what name they wished to be called. People had 'This is me' files in their bedrooms, which had been written with the person and their family members. These provided information on the person before they moved into Crosshill Nursing Home. For example, childhood, family, holidays, employment and things that were important to the person.

Bedrooms we saw were individualised with people's own personal possessions. We saw many photographs of relatives and social occasions in people's bedrooms. People we spoke with told us they could have visitors whenever they wished and visitors told us they were always made to feel welcome.

"Please knock before entering" signs were on communal bathroom doors and we saw staff knocking on bedroom doors and asking permission before entering people's rooms. People's care records described how staff were to promote dignity and respect people's privacy. For example, "Ensure [Name]'s dignity is protected during toilet activity" and "Encourage [Name] to help where appropriate, promoting dignity at all times". Family members told us staff were very good at respecting people's privacy and dignity. A person who used the service told us, "If my [family member] is here, staff ask if they can give us five minutes." This meant that staff treated people with dignity and respect.

People were supported to be independent where possible and care plans described what people could do for themselves and what they needed assistance with. For example, "[Name] requires assistance from two members of staff to bath/shower weekly" and "Staff to fully assist [Name] to choose and dress in appropriate clothes for the current temperature/conditions". We observed lunch time and saw most people were able to eat and drink independently however staff were on hand if any assistance was needed. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us none of the people using the service at the time of our inspection had

independent advocates.

People had 'Future wishes' care plans in place. These described people's plans and wishes for their end of life care. For example, where they wished to be cared for in the event of deteriorating health, what would be important to the person at this time, who they wanted to be contacted and preferred funeral details. This meant people had been consulted about their end of life wishes.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were reviewed and evaluated every three months and a full review took place annually.

People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they moved into Crosshill Nursing Home.

Care records were person centred and included important information about the person including emergency contact details, disability, allergies and contact details for health care professionals involved in reviewing the person's care needs.

Up to date care plans were in place and included mood and behaviour, washing and dressing, mobility, personal safety, continence, pressure care and night care. Each care plan included an assessment of the person's need, goals and expected outcomes, the interactions and support required, and a monthly evaluation.

For example, one person had been identified as at very high risk of pressure sores. The person had a 'Pressure care' care plan in place, which provided guidance for staff to follow to reduce the risk and "To maintain [Name]'s good level of skin integrity." The guidance included, "Ensure [Name] is transferred often during the day and turned during the night" and "To monitor for signs of pressure damage, reporting any changes and implementing new strategies". The person also had a risk assessment and Waterlow tool in place. Waterlow is a risk assessment tool used to identify the level of risk for the development of pressure sores. These records had been reviewed monthly and were up to date.

Daily records were maintained for each person who used the service. Records we saw were up to date and included information on the person's diet, activities, health and mood.

We found the registered provider protected people from social isolation. People had individual social activity calendars, which described the activities people had taken part in. Activity care plans were in place for each person and described what people enjoyed doing, what level of family contact they had and what the desired goal or outcome of each activity was. We saw photographs on notice boards of people taking part in recent activities, for example, the home's 25th anniversary celebrations.

The registered provider's complaints policy was available in the entrance to the home. This described how to make a complaint and the procedure to be followed in responding to a complaint. We looked at complaints records and saw there had been four recorded complaints at the home in the previous 12 months. We saw the outcomes of these complaints and each complaint had been satisfactorily resolved. People who used the service and family members told us they did not have any complaints but knew who to contact if they did. This meant the registered provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the management team. One staff member told us, "I get lots of support" and "We are one big happy family". We asked family members whether they thought the home was well run. They told us, "Yes I do" and "Oh yes, the nurses are wonderful".

Staff were regularly consulted and kept up to date with information about the home and the registered provider. Staff meetings took place regularly and an annual staff satisfaction questionnaire was carried out. We looked at the results of the most recent questionnaire in January 2017 and saw most of the responses were rated 'very good' or 'good'. For example, 19 out of 21 responses rated the quality of personal care and respect for people's privacy and dignity as 'very good' or 'good'..

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. The registered manager and director of nursing carried out a number of audits at the home. These included monthly audits of care records, and audits of health and safety, infection control, housekeeping, moving and handling, accidents, medicines and financial records. Records we saw were up to date.

People were consulted about the quality of the care at Crosshill Nursing Home. Residents' meetings took place monthly and an annual 'Client satisfaction survey' was carried out. We saw the results of the most recent survey that had been sent out to 20 people. 13 responses had been received. The responses were positive and 13 out of 13 people stated they were happy at Crosshill Nursing Home.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.