

S.E.S Care Homes Ltd

# Crossways Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 20 July 2018 and 27 July 2018 and was unannounced.

Crossways nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. A registered manager is a person who has registered with the 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.

Crossways Nursing Home provides nursing and residential care for up to 18 people with various needs including people living with dementia, diabetes and other health conditions. At the time of the inspection the provider was caring for 13 people.

The home comprised two floors and a large garden in a village near Basingstoke. There are 10 single rooms and four double rooms for residents, some with en-suite bathroom facilities. There is a lift for people to access both floors, as well as a communal lounge and dining room. There is also a large garden at the rear of the property which is used by residents and relatives.

Crossways was last inspected in August 2017 and was rated requires improvement. We found breaches of three regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, related to person-centred care, the need for consent and good governance. Following the last inspection, we asked the provider to make the necessary improvements to ensure they became compliant with the regulations. At this inspection we found the provider had made the necessary improvements to meet the requirements of regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At this inspection we found there were three breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, two continued breaches in the need for consent and good governance and one breach of safe care and treatment.

People's care plans contained assessments of their needs and some information about their individual preferences. Some people's care plans included details about their life histories and relationships. However, care plans were not always accurately completed, as care and support plans contained errors and inaccurate language which were not reflective of people's needs. People were exposed to the risk of not receiving person-centred care as care plans did not contain sufficient information to support staff to provide individualised care which reflected people's needs and choices. In addition, inaccurate language and unclear guidance in care plans also exposed people to the risk of receiving unsafe care.

The provider did not comply with all the requirements of the Mental Capacity Act 2005 (MCA) when delivering care and support to people. The provider had not always documented mental capacity assessments and best interest decisions to ensure MCA requirements were met at all times. Following the inspection, the provider sent us evidence that some actions had been taken to address these omissions. However, these were not sufficient to meet the requirements of the regulation.

The provider had not always ensured that effective systems were in place to assess and monitor the quality of the service provided to ensure appropriate action was taken to improve the quality and safety of the care people received. The provider's service improvement plan and quality assurance audits had identified a number of required improvements. However audits carried out were not always effective in ensuring improvements were sustained or embedded and had failed to identify risks to people's safety, including unlocked gates in the garden.

Systems and processes were effective in ensuring people were protected from the risk of suffering harm or abuse. Staff were clear about their safeguarding responsibilities and actions to take if someone was at risk of harm. There were safe recruitment processes in place to make sure the provider only employed candidates who were suitable to work in a care setting. Sufficient numbers of suitably qualified staff were deployed by the provider to ensure people were kept safe. Staff received the required training for their role. Records showed mandatory training had been completed by all staff

There were robust arrangements in place for the storage, recording and administration of medicines. Medicines were given by qualified staff who had their competency regularly assessed. People were kept safe from the risk of acquiring an infection and the provider reflected on incidents as a way of preventing reoccurrences.

People were protected from the risk of malnutrition and dehydration. Staff supported people to eat and drink sufficient amounts to maintain a healthy weight and diet. Staff communicated effectively with health and social care professionals to meet people's care and support needs. Since the last inspection significant improvements had been made to the building to make it more suitable for the needs of people living with dementia.

Staff treated people in a kind and compassionate manner. However, we observed staff addressing people inappropriately, using terms of endearment such as 'good boy' or 'good girl' when it had not been identified that people wished to be addressed in this manner. We made a recommendation that the registered manager address this with staff to prevent it happening in future.

Staff had developed bonds with people and supported them to express their needs. Staff maintained and promoted people's privacy and dignity when delivering care and support.

The provider had a robust complaints policy in place and people were supported by staff to express any concerns. The registered manager regularly sought feedback from people and their relatives about the quality of the service provided.

Staff worked effectively in partnership with health and social care professionals to provide care for people.

At this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of this report.

At this inspection we rated the home as requires improvement. This was the second consecutive requires improvement rating.

## 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 not always safe.

Risks to people's safety were not always identified and acted on.

People were protected from the risk of abuse or harm. There were suitable numbers of skilled staff deployed to keep people safe.

There were safe processes in place for the management of medicines.

People were protected from the risk of acquiring an infection.

The provider reflected on incidents to prevent reoccurrences.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People's needs and choices were not always accurately documented as records did not show that people and their relatives were involved in planning their care.

The provider did not comply with some requirements of the MCA 2005 when delivering care, as some best interest decisions had not been documented.

Staff had completed the required training to support people's needs. People were supported to maintain a healthy diet.

Staff worked with health and social care professionals to provide care for people.

The home had been adapted to better meet the needs of people living with dementia.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff had kind and compassionate relationships with people.

**Good** ●

Staff encouraged people to express their needs.

Staff upheld people's privacy and dignity when providing care and support.

### **Is the service responsive?**

The service was not always responsive.

People did not always receive personalised care which met their needs. Care plans did not contain sufficient, personalised information to aid staff in providing responsive care.

There was a complaints policy in place and people and their relatives were supported to raise concerns.

There was not enough evidence to show that care for people at the end of their life had been fully considered.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Quality assurance processes were not always effective in assessing quality and safety within the service as certain risks had not been identified through the provider's audits.

The registered manager had a vision to provide care for people in a homely environment. This was shared by the staff team. Roles and responsibilities were clear.

Staff reflected on incidents to prevent reoccurrences.

The registered manager engaged with people, staff, relatives and healthcare professionals to gather feedback on the care provided. Staff worked effectively with other agencies to provide care for people.

**Requires Improvement** ●

# Crossways 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 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 the 20 and 27 of July 2018 and was unannounced. The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert had experience of supporting older people living with dementia.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Return (PIR) which was completed before the inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make. We also spoke with a specialist nurse from the local clinical commissioning group about the care and support provided at Crossways.

People living at Crossways were not able to share with us their experiences of life at the service, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with the registered manager, the cook, one member of care staff and two relatives. After the inspection we spoke with three members of staff. We reviewed records relating to five people's care and support such as their care plans and risk assessments, as well medicines administration records (MARs) for 13 people. We also looked at four staff recruitment files, four staff supervision records and staff mandatory training records. We reviewed policies and procedures which related to the running of the service, maintenance records, quality assurance audits and the provider's service improvement plan. After the inspection the registered manager sent us further records including advice from healthcare professionals such as speech and language therapists, records of best interest decisions regarding the

administration of medicines and records of leisure activities which staff supported people to engage in.

## Is the service safe?

### Our findings

On the first day of inspection we observed one gate had been left unlocked and one left open in the garden. People accessed the garden regularly with supervision from staff. This posed a significant risk to people living in the home as one of the gates led to the bin area which was next to a road. We made a recommendation to the registered manager that they ensured the gates were locked to mitigate the risk of people coming to harm. When we returned for the second day of inspection we observed that the gates remained unlocked. No action had been taken to address this risk. The registered manager told us that the gates had never been locked and that no-one had come to harm as people were not able to access the garden without supervision. However, this did not assure us that this risk had been mitigated. This meant that the provider was in breach of regulation 12.

The provider's failure to act on identified risks was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider sent us evidence that one gate had been locked after the inspection. However, this was not sufficient to meet the requirements of the regulation.

Robust systems and processes were in place to keep people safe from the risk of harm and abuse. Staff we spoke with understood their responsibility to safeguard people and were able to identify actions to take if they suspected someone was at risk of harm. Staff had received safeguarding training as part of their induction which was regularly updated. Staff displayed thorough knowledge of the provider's safeguarding and whistleblowing policies. A whistleblowing policy is designed to ensure staff are able to report concerns or bad practice at work without fear of subsequent discrimination, disadvantage or dismissal.

Risks to people's wellbeing and safety were assessed and recorded in their care plans. These included mobility, diabetes, skin breakdown, malnutrition and dehydration. Nursing risk assessments had been documented effectively to provide staff with sufficient information to mitigate these risks for people. For example, each person's care plan contained screening tools which identified the risk of them experiencing a pressure sore through incontinence and lack of movement. Care plans included guidance for staff about how to prevent pressure sores from developing.

People's care plans contained information about people's health needs. One person had a risk assessment in place due to their risk of choking. Their care plan contained guidance from a speech and language therapist (SALT) for staff about how to provide food and drinks in a suitable consistency to prevent the person from choking.

Another person was living with diabetes. Their risk assessment contained guidance for staff on regular blood sugar monitoring and suitable foods for the person to prevent from experiencing high or low blood sugars. Staff had signed care plans to demonstrate that they had been regularly reviewed.

The provider deployed sufficient numbers of suitably qualified staff to meet people's needs and keep them

safe. Most members of staff had worked at the home for several years. This helped to ensure continuity for people. The registered manager told us that on rare occasions when agency workers were deployed, the same staff were used so that people received care from familiar staff. Records we reviewed showed the number of staff required to assist people was assessed regularly. Rotas for the four weeks prior to the inspection showed that sufficient staff numbers were on shift to support people.

Recruitment checks were used to ensure that only staff who were suitable to work in a care setting were employed. Staff files contained evidence of previous employer references, right to work in the UK, photographic identity and checks with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with people made vulnerable by their circumstances.

The provider used safe, robust systems to store, record and administer people's medicines. Medicines were administered by registered nurses. Records showed that nurses had their competency regularly assessed by the registered manager. Medicines administration records (MARs) were completed accurately for each person in the home and contained details of people's allergies. There was a clear, detailed medicines policy and records showed that people's medicines were reviewed by their GP.

There were procedures in place for 'as required' medicines and homely remedies such as cough syrups. Medicines were stored safely and appropriately in locked cabinets or refrigerators at suitable temperatures which were regularly recorded. Records showed monthly medicines audits were completed to identify any errors.

People were protected from the spread of infection. Staff were observed using the appropriate protective equipment when delivering personal care and when preparing and serving food. Communal areas such as bathrooms were kept clean and cleaning equipment was colour coded to prevent cross contamination.

The provider kept a log of accidents and incidents. This was used as a way of analysing the causes of incidents and of preventing reoccurrences. Records we reviewed showed that staff supervisions were used as opportunities to discuss ways to improve care for people.

## Is the service effective?

### Our findings

Staff knew people well and were aware of their needs. People's needs were assessed by registered nurses before they moved into Crossways. Care and support plans contained risk assessments for areas such as continence, mobility and nutrition. Further information for staff about how to support people to manage these risks was contained in specific care plans, however, the guidance was contradictory and not sufficiently detailed. For example, one person's support document contained information about assisting them to eat. The care plan stated that the person required a pureed diet according to guidance from the speech and language therapist. However, it also stated that the person ate cornflakes. This posed a risk that the person would choke due to being offered inappropriate foods if staff were not familiar with their needs.

Staff we spoke with however, were able to assure us that they provided safe care to people at risk of choking. One staff member told us that they had followed the guidance put in place by the SALT when supporting people who were at risk of choking. They said, "There are no big chunks [of food] for residents who are high risk...the guidance... I give one copy to kitchen, and one copy in the staff room, one copy in bedroom and one in the care plan. I also assess what type of food they are receiving." This gave us reassurance that staff were providing safe care in spite of the inaccuracies contained in care plans.

Another person's care plan contained information about how staff should help them mobilise. However, it did not state how many carers were needed to assist the person or the size and type of equipment required to help the person move safely.

On the day of inspection, we requested evidence that this information had been recorded in the person's care and support documents, however it was not provided. The registered manager informed us that this information was available to staff. We observed that this information was contained in a document which gave an overview of people's mobility requirements for staff. This included the type of equipment needed and the number of staff required to support people to move safely. However, this evidence alone was not sufficient to meet the requirements of the regulation.

The provider had not ensured that accurate documentation had been completed for people living in the home. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We made a recommendation that the registered manager consult best practice guidance to revise care plans so they contained an accurate record of the equipment and instructions for staff to use to meet people's needs and provide person-centred care based on evidence based 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 in the least restrictive way 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.

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. Staff had been trained in the Mental Capacity Act (2005) and were observed applying its principles when caring for people.

Staff sought consent from people before commencing their care. Where people were deprived of their liberty in their best interests, the registered manager had made the appropriate applications. The provider maintained an up to date record of the applications due to be approved.

Records of some best interest decisions made on behalf of people for consent to some aspects of care were also contained in people's care plans. However, care plans did not contain records for all best interest decisions such as consent to receive medicines and medical treatments. Best interest decisions are made on behalf of people who no longer have the capacity to agree to a particular aspect of their care. Best interest meetings are held with family members or legally appointed representatives as well as professionals on the person's behalf. This ensures their needs are met fairly and that any action taken is for the benefit of that person.

We made a recommendation to the registered manager that the relevant meetings were held and records put in place. After the inspection the registered manager provided evidence of best interest decisions having been made for the administration of medicines. However, full records were not available for all treatments and aspects of care. This meant it was not always clear that people were receiving care which was in their best interests. Although improvements had been made, more time was needed to fully embed these.

Where a person lacked mental capacity to make an informed decision or give consent the provider had not acted in accordance with the requirements of the MCA and associated code of practice. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People were supported by staff who had received the necessary training. New staff members completed a week long, comprehensive induction and staff were supported and encouraged to access further training. One staff member told us, "I do my updated training, at the moment I'm doing level five management. If [the county council] provide training we go there...other training I get from the nursing home." Staff also told us that as and when training was delivered in the home by the registered manager. One staff member said, "If we need training he tries to give us the training as soon as possible." Training records showed that all staff had completed their mandatory training.

Staff were supported through supervisions which were held every three months and through yearly appraisals. Records we reviewed showed that staff were supported to reflect on their strengths and development opportunities. Staff we spoke with told us they felt well supported with their professional development and that this helped them provide effective care for people.

People were supported to maintain a balanced diet. Risk assessments were completed so that those at risk of malnutrition or dehydration could be identified and their dietary intake recorded. The cook told us meals were on a four-weekly rotating menu and alternatives were available on request. If there were any changes to the menu this was communicated to people.

Staff worked effectively with different professionals to meet people's healthcare needs. Care plans contained logs of visits from healthcare professionals such as GPs and district nurses.

The home had been developed to meet people's needs. Contrasting colours had been used to paint hand rails and walls to assist people living with dementia to navigate their way around the home. Signs had been placed on toilet doors and corridors were wide enough to allow wheelchair access. The floors were neutral colours and were not patterned, as patterned carpets may distract people living with dementia and present a falls risk.

## Is the service caring?

### Our findings

Staff had developed caring and compassionate relationships with the people they looked after and were attentive to their emotional needs. Staff knew people well and were aware of emotional triggers which could cause anxiety. We observed staff responding to people who were upset with patience, through the use of calm words and appropriate touch. Staff told us that they used different methods to comfort people. One staff member said, "I give [them] time to express what happened, talk to them, take them aside, comfort them."

Staff supported people in a caring manner during mealtimes, offering them choices of meals and supporting those who needed assistance. Staff maintained eye contact with people during conversations and supported them in a calm and patient manner. However, during the inspection we did observe two staff members using inappropriate terms to address people. Staff were heard saying "good girl" and "good boy" as people ate their meals. This was an example of people being treated in a disrespectful manner as it had not been identified that people wished to be addressed using these terms. We raised this with the registered manager on the first day of inspection and made a recommendation that this be discussed with the staff team to prevent it happening again. On the second day of inspection the registered manager informed us that he had spoken with staff and highlighted that this was not the correct way to address older people.

People were supported to maintain relationships with family and friends and relatives were welcomed into the home at any time. Relatives had made positive comments about the care their loved ones received. One person wrote, 'As ever we love how you look after [relative] and appreciate all your efforts. Could not be happier that we found Crossways.'

Some people's care plans contained relevant information so staff could support people to express themselves and make their needs known. One person's care plan gave guidance for staff about supporting people who were unable to speak, including using non-verbal prompts, closed questions and allowing the person ample time to respond to questions to ensure they were understood.

Staff ensured that people maintained their appearance and took care when dressing people to ensure that their preferences were met. This was confirmed by relatives we spoke with. One relative told us, "She likes to look nice and has lots of nice clothes- she is always kept clean...they support her in washing, dressing – she is not able to speak. She is also blind but they understand her well."

Staff we spoke with gave examples of how they upheld people's dignity, privacy and independence. These included knocking before entering someone's room and ensuring people were covered when they were receiving personal care. One staff member said, "We always need to maintain privacy. If we are going to the room we need to knock...give privacy and protect them." This was confirmed by relatives we spoke with. One person said, "I cannot fault the staff in any way. They are very caring. [relative] likes them and trusts them. They treat [relative] with great respect and dignity. If there is a problem there is an immediate response."

## Is the service responsive?

### Our findings

At the previous inspection in August 2017, we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because we identified the provider had not arranged sufficient activities for people which met their individual needs and choices. At this inspection we found significant improvements had been made. The registered manager told us that in response to requests from people and their families, staff had arranged for people to go on outings and to have performers and exercise therapists visit the home. The registered manager also told us about how the garden space was used to hold social events for people and their relatives.

We reviewed records relating to planned activities for people living at Crossways. After the inspection the registered manager sent us photos of people engaged in card games, flower arranging and trips to local attractions. There were also photos of staff engaging people in reading and discussion activities if they were not able to leave their rooms. People's daily activities and moods were recorded in separate documents and showed that people enjoyed a range of pursuits.

Staff used a range of methods to provide responsive care to people living with progressive dementia. Staff knew people well and used a range of methods to find out their preferences. One staff member told us, "[There are] family around we can ask...the life stories...we learn how to care for them, gather the information from previous nursing homes, friends, social worker." Staff described how they provided a range of activities suitable for people living with dementia to ensure that they were stimulated. One staff member said, "[We have] so many activities...scent guessing, sensory stimulation...touch and feel."

However, care plans we reviewed did not contain sufficient evidence that people and their families or those who knew them well, had been involved in planning their care. Of the care plans we reviewed, only two contained completed 'This is Me' documents, which is a document produced by the Alzheimer's society to aid person-centred care planning for people living with dementia.

Care plans contained guidance for staff about how to support people's individual needs. These were not always completed accurately and contained several mistakes. One person's care plan stated that a best interest decision had taken place with the person's relative regarding the use of bed rails. However, there was no evidence of this decision being agreed. In skin care plans for two people it was stated that they had 'friable skin'. This could cause confusion for staff and expose the person to the risk of receiving inadequate care through unclear instructions. Another person's care plan provided guidance for staff to manage their mood swings and stated that they could experience a 'labile mood'. Although staff we spoke with knew people well, this information could be confusing for staff and lead to them providing care which was not specific to the person's needs, especially if they were new employees who were unfamiliar with people's care and support needs.

The failure to maintain an accurate and clear record of people's planned care posed a risk of people receiving care which did not reflect their needs and preferences.

The provider had not ensured that accurate documentation had been completed for people living in the home. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff had received training in end of life care and one staff member told us about care they had provided for a person who was dying. However, people's care plans did not contain any information regarding care people would wish to receive as they approached the end of their life or any records of preferred funeral arrangements. The registered manager told us that plans were put in place for people as situations arose. After the inspection the registered manager sent us an advanced care plan which included basic details about the person's wishes. However, although there was a record of the person's next of kin to be contacted in case of emergency, there was no evidence that they had been involved in the decision-making process regarding end of life care. We could not be assured that this plan was completed appropriately or accurately.

We made a recommendation that the registered manager seek further advice regarding best practice for end of life care.

Staff we spoke with told us that they supported people to express their concerns and were clear about actions to take if people were unhappy. One staff member said, "If they want to make a complaint, we have to accept...if they need to talk with manager, he can take any steps. If something goes wrong, next time we try our best." Another staff member told us, "If something [goes] wrong...we [inform] the manager, whoever is in charge."

Each person's care plan contained specific information for staff about how to support people to make a complaint. Within the last 12 months no formal complaints had been made.

## Is the service well-led?

### Our findings

At our last inspection in August 2017 we found the provider had not always ensured that effective systems were always in place and operated effectively to assess, monitor the quality of the service provided and ensure appropriate action was taken to improve the quality and safety of the care people received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had not taken sufficient actions to meet the requirements of this regulation.

The provider's operations manager completed an overall service audit in May 2018 to assess the quality of the care provided. This included care plan reviews and records of best interest decisions made in accordance with the MCA. This audit had not identified the inaccuracies in people's care plans, the lack of information to reflect people's individual needs and preferences and the lack of specific information and guidance to enable staff to provide safe care. It had also failed to identify that staff had not fully adhered to the principles of the MCA as records of best interest decisions for certain care interventions and treatments had not been documented.

The operations manager's audit stated that security arrangements for the home were appropriate. However, two gates had been left unlocked in the garden. This posed a significant risk to people living in the home as one of the gates led to the bin area which was next to a road. This showed that the provider's auditing system was not effective in mitigating risks posed to people.

At the time of inspection, we requested records relating to quality assurance in the service. The registered manager completed quality assurance audits to monitor effectiveness and quality within the service however these were not fully effective. Audits were completed for building improvements such as carpet replacements and repainting. There was also evidence of completed monthly checks for the call bell system, fire extinguishers, emergency lighting, bed rails and air mattresses.

Although actions had been identified there was no evidence that these had been reviewed. This meant that the registered manager had not maintained an accurate record of service improvements or timescales for completion, presenting a risk that service provision was not suitable for the needs of the people living at Crossways. After the inspection the registered manager sent us additional quality assurance documents which identified required actions, timescales for completion and review dates.

After the inspection, the registered manager completed quality assurance audits to monitor effectiveness and quality within the service. Audits were completed for building improvements such as carpet replacements and repainting. There was also evidence of completed monthly checks for the call bell system, fire extinguishers, emergency lighting, bed rails and air mattresses. Evidence showed improvements were completed within identified timescales. However, this evidence was not sufficient to meet the requirements of the regulation.

The provider had not ensured appropriate and effective quality assurance processes were in place to assess, monitor and improve the quality of the services provided. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager had a vision to provide person-centred care in a homely environment. This was

shared by the staff team. The provider's 'Philosophy of Care' was displayed in the home along with the 'Charter of Residents Rights.' These included that people's right to live in a secure, relaxed and homely environment in which their care, medical requirements, wellbeing and comfort was of prime importance.

Staff spoke positively about the registered manager and told us they felt he was supportive. One staff member said, "He is a good manager, he's communicative and he helps us in training." Another staff member told us, "He's approachable, he listens if I raise some concern about anything, he's supportive. He's a nurse, he understands and he's easy to work with."

The registered manager was a visible presence in the home and maintained a 'hands on' approach to care. This was confirmed by relative we spoke with. They said, "He is always around and often asks my opinion on what improvements can be made or what I think about a particular idea, They do very well with the limitations."

The registered manager sought regular feedback from people and their relatives about the quality of the service provided. Resident's satisfaction surveys were completed and results showed that people were satisfied with the care they received. People were involved in regular meetings which gave them further opportunities to express their opinions. Minutes from meetings showed that people were positive about the activities, meal choices and staff at Crossways.

The registered manager sought to engage relatives to provide feedback about changes they wished to see in the home. This was confirmed by a relative we spoke with. They said, "Residents and relatives can bring up points and they are added to a new board in the hallway along with the response." The registered manager had implemented a 'you asked, we listened' board which was displayed in the foyer of the home. In response to requests from residents a trip had been made to a local leisure attraction. Photos of people had been placed on the board so that they could reminisce about their trip.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. We use this information to monitor the service and ensure they take appropriate actions to keep people safe. The registered manager had submitted notifications in line with CQC guidance. Services providing regulated activities must display their CQC rating legibly and conspicuously on their website and within the home so that the public are able to view it. We saw that the rating was displayed in the foyer of the home as well as on the provider's website.

Staff maintained a log of incidents and accidents and used this as means of monitoring safety and improving care. This was used to analyse incidents and identify preventive measures to keep people safe. The registered manager reviewed this record to ensure it was accurate. The log showed that people were kept safe due to the low accident rate.

Staff worked effectively with a number of health and social care professionals to promote and maintain people's health and wellbeing. People's care and support records contained evidence of visits from healthcare professionals such as GPs and community psychiatric nurses as well as hospital and opticians appointments.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity  | Regulation  |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Where a person lacked mental capacity to make an informed decision or give consent the provider had not acted in accordance with the requirements of the MCA and associated code of practice.<br><br>This was a breach of Regulation 11(1) |
| Regulated activity  | Regulation  |
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had failed to effectively assess and mitigate risks to people's safety.<br><br>This was a breach of Regulation 12 (1)(2)(a)(b)   |

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance  |
| Diagnostic and screening procedures                            | The provider had not ensured that accurate and complete documentation had not been completed for all people living in the home.                                       |
| Treatment of disease, disorder or injury                       | The provider had not ensured appropriate and effective quality assurance processes were in place to assess, monitor and improve the quality of the services provided. |
|  | These were breaches of Regulation 17 (1)(2)(a)(b)(c)  |

### **The enforcement action we took:**

Warning notice.