

Oakhills Residential Homes Limited

Crosshill House Residential Care Home

Inspection report

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Barrow Upon Humber
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13 March 2018

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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

The inspection took place on 6 and 13 February 2018. It was unannounced on the first day and announced on the second day.

There was a registered manager at the service. 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.

Crosshill House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Crosshill House Residential Care Home may accommodate up to 26 people, some of whom may be living with dementia. At the time of our inspection 25 people were living there. This service also operates a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

Not everyone using Crosshill House Residential Care Home receives regulated activity; The care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection we rated the service as good. We found some shortfalls regarding making the environment and daily menus more accessible for people living with dementia. At this inspection we found those issues had been addressed.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People we spoke with confirmed they felt safe being supported by the staff. People were safeguarded from harm and abuse. There were sufficient knowledgeable and skilled staff provided to meet people's needs. Risks to people's wellbeing were monitored and advice was sought from relevant health care professionals to help to maintain people's wellbeing. Medicine management was monitored effectively and safe recruitment practices were in place.

People's needs were assessed before they were offered a service. People were involved in planning their

care and support. People's care records were person-centred and informed the staff about their current needs and any changes to people's health were acted upon.

Staff undertook a programme of induction and training to help develop and maintain their skills. They were provided with regular supervision and a yearly appraisal. Staff we spoke with told us this helped them feel valued and supported.

Staff treated people with care, compassion, dignity and respect. Staff listened to and acted on what people said. People's preferences for their care and support were known by staff. People's diversity was promoted and they were encouraged to live the life they chose.

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

There were systems in place to deal with complaints that were received. People we spoke with had no complaints to make about the service they received.

The management team undertook audits and checks to help monitor or improve the service. People views were asked for and were acted upon. Regular staff meetings were held. The management team worked well with the local authority and commissioners of the service and looked at how they could improve the service on a continuous basis.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service improved to Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on 6 February 2018 and ended on 13 February 2018. It was unannounced on the first day. We visited the location on both dates to see the registered manager and staff; and to review care records and policies and procedures. We gave the service notice of the second day of the inspection because the location provides a domiciliary care service. We needed to be sure that the care co-ordinator would be in. This inspection was undertaken by one inspector on both days.

Before the inspection the provider completed Provider Information Returns (PIR), which contained information about the services and how the provider planned to develop them. We reviewed the PIR along with other information we held, including statutory notifications which the provider had submitted. Statutory notifications are pieces of information about important events which took place at the service, for example, safeguarding incidents, which the provider is required to send to us by law. We also contacted the local authority and Healthwatch to gain their views about the service prior to our visit.

During our visit we undertook a tour of the building. We used observation to see how people were cared for in the communal areas of the service. We observed lunch being served and watched a member of staff giving out some medicine at lunch time. We met with the care co-ordinator for the domiciliary care service and contacted three people who were receiving a service by phone.

We looked at a variety of records; this included six people's care records, risk assessments and medicine administration records (MARs). We looked at records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and complaints information. We looked at the

staff rotas, six staff's training and supervision records and appraisals. We inspected information about the staff's recruitment.

We spoke with the provider, registered manger, care-coordinator, cook and six care staff. We spent time talking with four people who were living at the service, and with three people receiving a service in their own homes (by phone) to gain their views.

Some people living at the service were living with dementia and could not tell us about their experiences. We used a number of different methods to help us understand the experiences of people which included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported appropriately by staff and provided us with evidence that staff understood people's individual needs and preferences.

Is the service safe?

Our findings

People told us they felt safe being cared for by the staff. We received the following comments "I feel safe", "Staff have my safety in mind" and "My health and safety is monitored by the staff."

People continued to be kept safe from the potential risk of harm and abuse. Staff undertook safeguarding training and understood their responsibilities to immediately report issues or concerns. Staff were aware of the types of abuse that may occur. The registered manager reported issues to the local authority and to the Care Quality Commission, which helped to protect people. A member of staff said, "I would report issues I would not want one of our clients to be abused."

Risks to people's wellbeing were assessed and monitored by staff. This included assessing risks that may be present in people's homes. We found risk assessments were specific to people's needs. For example, they included the risk of falls and of developing pressure damage to skin due to being frail or immobile. Staff we spoke with knew about the risks present for each person they supported. Risk assessments were updated as people's needs changed to reduce the risk to people's health and wellbeing. The registered manager and provider monitored people's risk assessments and undertook an analysis of any accidents or incidents that occurred, to help to prevent any further re-occurrence. Advice was sought from relevant healthcare professionals, where necessary.

We found safe recruitment processes continued to be followed. People at the service helped with the interview process. Staff had to complete an application form, provide references and have a police check to ensure they were suitable to work in the care industry before starting their employment with the provider.

Staffing levels were monitored by the management team to ensure there was always enough skilled and experienced staff available to meet people's needs. Staff undertook a period of induction and training to ensure they had the skills needed to support people safely. People were supported by a team of staff in the community.

Robust medicine management systems were in place. Medicine audits took place regularly. If issues were found corrective action was taken to maintain people's health and wellbeing. Staff completed medicine safety training and their skills were reviewed to ensure they remained competent and followed the provider's medicine policies and procedures.

Health and safety checks and audits were undertaken. Policies and procedures were in place for staff to follow to advise them of the correct action to take in an emergency. Staff were provided with personal protective equipment such as gloves and aprons and attended training about maintaining infection prevention and control. When issues occurred advice and guidance was sought from infection control specialists.

The registered manager and provider told us they always learnt from issues that arose and took corrective action to improve the service. The quality assurance checks we inspected regarding maintaining people's

safety confirmed this.

Is the service effective?

Our findings

During our last inspection in November 2015 we recommended that the provider refer to good practice guidance with regards to making the environment and menus more accessible for people living with dementia. During this inspection we found large print and pictorial menus were in place and pictorial signage and day and date boards were also present at the service.

People we spoke with told us the service was effective at meeting their needs. People told us "I am well looked after" and "If I was not well staff would get the GP for me."

People's needs were assessed, monitored and reviewed by staff to ensure they were provided with an effective service. People's care records confirmed they had access to healthcare professionals and services to maintain or improve their wellbeing.

Staff undertook a programme of induction and on-going training to help to maintain or develop their skills. In house training was provided about catheter care utilizing the knowledge of those affected. Staff received regular supervision and a yearly appraisal where they could discuss any training needs or performance issues, which helped to support them.

People had their nutritional needs assessed and monitored, where necessary and their preferences and dietary requirements were known by staff and were catered for. People were provided with a choice of nutritional meals. Pictorial and large print menus were present to inform people. If staff had concerns people's weight was monitored and advice was sought from relevant health care professionals. People were encouraged to eat and drink by patient and attentive staff. Those receiving nutritional support in their own homes were monitored by staff appropriately.

Health care records we inspected confirmed people's needs were met and they were supported by healthcare services. We saw changes in people's health needs were acted upon by staff and advice was sought to maintain their wellbeing. People we spoke with told us the staff supported them to maintain their independence. We saw staff supported and encouraged people to remain mobile; some people were supported to access the local shops to maintain their links within the community.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found people's ability to consent to their care was assessed and recorded in their care records. People signed their care records to consent to their care and to have their photograph taken. When people lacked capacity to make decisions about their lives; their relatives and relevant health care professionals were involved and decisions were made in their best interests. The registered manager had applied for DoLS to the supervisory body for people who lacked capacity to consent to their care. This ensured people's rights were protected.

The care home was inviting and well maintained. Improvements had been made since our last inspection; some areas had been reconfigured and redecorated to improve the facilities. People's bedrooms were personalised, bedroom doors were numbered and their photograph was present to help people living with dementia find their room. Gardens had level access. A programme of maintenance, servicing and repair of equipment was in place. People receiving a service in the community had their home environment assessed to identify any potential hazards present, which protected all parties.

Is the service caring?

Our findings

People we spoke with told us the staff were caring and kind. We received the following comments, "The staff are all nice people. They are professional and polite", "I have some lovely staff, and they come in and ask me about my needs. I couldn't want for more. They are all wonderful" and "Some staff are very good. I get good attention from the staff." A visitor we spoke with said, "We are made welcome. The staff go the extra mile. I cannot praise this service highly enough. The staff all deserve a gold medal."

In the communal areas of the service we observed staff supported people with care, kindness dignity and respect. Staff were polite and attentive and addressed people by their preferred names. People told us the staff took their time to speak with them and asked how they were whilst providing their care and support. We observed in the care home if people became anxious staff attended promptly to provide them with comfort and reassurance.

There was a friendly and inviting atmosphere provided within the care home. All the staff we spoke with told us they loved working for the provider and told us they loved their work and the people they cared for, in the home or community. We received the following comments from staff, "It is brilliant working here, and it is more like working as part of a family. It is the best place I have ever worked", "The residents are all lovely, we are like a little family, so caring. I am emotionally attached to the residents" and "It is a good place to work. I enjoy getting up and going to work."

Staff we spoke with were able to tell us in detail about people they supported and how they enjoyed providing the care that people needed. Staff understood people's life history and what was important to them because this was documented in the care records. Understanding this helped the staff to build a positive supportive relationship with people and their family. People we spoke with told us the staff were there for them and they enjoyed friendly banter held with the staff who supported them. People told us they really liked the fact that the service was provided by staff who lived locally who they may have known for many years, which they said was comforting.

The provider told us they created the service to provide support to local people, which they could access to help them stay in their own home or to support in the care home.

People were treated as individuals and cultural and religious needs were known and provided for. They chose how they wanted to be cared for and were supported by staff which enabled people to continue to live the life they chose. Staff had undertaken equality and diversity training which helped them support people as individuals. Advocates were available for people to help them raise their views.

We found confidential information was stored in line with current data protection legislation.

Is the service responsive?

Our findings

People we spoke with told us the management and staff were responsive to their needs, and their needs were met. We received the following comments; "The carers are very helpful I have regular calls from nurses. Health care professionals come in to see me. If I need a GP, staff call them and they come and see me", "Staff monitor everything. The staff talk to me about my needs" and "The staff turn up when they are meant to. I receive a reliable service."

People's needs were assessed prior to them being offered care in their home or in the care home. People were able to ask questions about the service that could be provided for them. Staff gained information from people, their relatives, local authority care records, relevant health care professionals and discharging hospitals, which enabled them to understand people's care and support needs. This information was used as a baseline for staff to create personalised care records for people so their needs were known and could be met.

People were provided with information about the service in a format that met their needs. This helped to keep people informed. Advice and guidance was provided to people, their relatives and staff at any time because there was an on call system in place. This ensured people continued to receive the care and support they required.

We found people's care records were reviewed regularly and were updated as people's needs changed, which ensured they continued to receive the care and support they required. People's preferences, likes and dislikes were recorded to make sure staff delivered person centred- care for people in line with their wishes. The provider had introduced more detailed care records for people recently and this had been implemented by the registered manager and staff. Information about people's needs was provided to hospital staff on admission, in the form of a 'hospital passport'.

There was a complaints policy and procedure in place which people were given and staff were aware of. The registered manager confirmed any issues raised were investigated and addressed. There had been no complaints received since our last inspection. People we spoke with knew how to make a complaint but they all told us they had no issues to raise and were quite satisfied with the service they received. One person said, "I think I would complain." Another person said, "I would raise a complaint if I had any."

Activities were provided for people to take part in at the care home. This included arts and crafts, manicures, bingo and outings to local attractions and events. People in the community receiving a service were supported to go out, to attend appointments or outings, or to go shopping, as they wished.

People had end of life care plans in place where they wished to have this information recorded. These contained people's wishes and preferences for their care. Staff confirmed people's wishes were followed appropriately and advice and support was gained by specialist nurses in this area to ensure people had a pain free and dignified death.

Is the service well-led?

Our findings

People we spoke with told us the service was well-led. We received the following comments. "The management is very helpful. I receive a great service. I am quite happy", "The management and care is absolutely fine" and "We have residents meetings and I am asked for my views. We tell them our comments and they are acted upon. Everything is satisfactory."

The service had a registered manager in place. 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.

The registered manager was experienced and the provider supported them in their role. A team of senior staff were in place to help the registered manager deliver the service. People we spoke with told us they were satisfied with the quality of the care and support they received, which met their individual needs. We saw there was an open and transparent culture in place; this was confirmed by people we spoke with, visitors and staff. The registered manager had an 'open door' policy in place and there was an on call system provided out of office hours so that people using the service, their relations or staff could gain help, advice and support at any time.

People receiving a service were asked for their views, informally, in resident and relatives meetings or through yearly questionnaires. The feedback received from the questionnaires was positive, and any issues were acted upon to ensure people remained happy with the service they received. 'Spot checks' were undertaken by senior staff to monitor the staff's performance when caring for people in their own home. There was a programme of checks and audits in place to monitor all aspects of the service, this helped to maintain or improve the service provided. We saw the management team continued to look at how the service could be improved.

There were staff 'champions' in place to promote excellence in areas such as dignity and infection control. A key worker system was in place and people we spoke with knew who their keyworkers were and how they helped to support them.

Staff told us the management team were supportive and listened to their views and acted upon them. Staff meetings were held, minutes of the meetings were produced to help inform staff if they were unable to attend. Areas covered included people's care needs, policies and procedures, training and any matters staff wished to discuss. Staff we spoke with said, "They [the management team] are behind us as staff members"; "I talk with the management if I have any problems. They are there for you, it's so nice" and "The manager and directors are there to support you. The service is very well-run. We are a good team we all know our roles and discuss any problems, so they are sorted. The directors come in and they are so involved and show us different ways of doing things. The manager is so welcoming and sorts things out."

The registered manager submitted notifications to the Care Quality Commission to inform us of certain

events that occurred, to comply with the legal requirement. The provider and registered manager followed good practice guidance and this was reflected in the services policies and procedures. The provider and registered manager attended meetings with the local authority and commissioners and had a good working relationship with health care professionals who supported people. They told us they welcomed help and advice from relevant external bodies which they used to improve the service, wherever possible.