

S.E.S Care Homes Ltd

Crossways Nursing Home

Inspection report

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30 April 2019

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12 June 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

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

Crossways Nursing Home accommodates 18 people in one adapted building. At the time of our inspection there were 11 people living at the home, some of whom were living with dementia.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

This was a focused inspection following up on previous concerns, which looked at both the safe and the well-led domains. Although, both of these domains are now rated good, it does not change the overall rating for the service, which remains requires improvement. More information is in the full report, which is on the CQC website at: www.cqc.org.uk

People told us they felt safe and there were appropriate systems were in place to protect people from the risk of abuse.

There were enough staff to meet people's needs. The provider had effective systems in place to ensure safe recruitment practices.

Individual and environmental risks were managed appropriately.

Management processes were in place to monitor and improve the quality of the service. There was a positive, open and empowering culture.

Rating at last inspection:

The service was rated as requires improvement at the last full comprehensive inspection (published 18 November 2018).

Why we inspected:

At the last inspection we identified three breaches of the regulations. Following that inspection, we asked for an action plan and issued a Warning Notice, which required the provider to be compliant in respect of a repeated breach of Regulation 17 'Good Governance' by 30 November 2018.

This was a focused inspection to check whether the provider had taken action in respect of the Warning Notice to ensure they were compliant with Regulation 17 'Good Governance'. Therefore, the inspection only looked at two key questions as to; was the home safe? and was the home well-led?

At this focused inspection we found the provider had taken action required and the service was no longer in

breach of this regulation.

Follow up:

We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for services rated as requires improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Crossways Nursing Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by one inspector.

Service and service type:

Crossways Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Crossways Nursing Home accommodates up to 18 people in one adapted building.

The home 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.

Notice of inspection:

The inspection was unannounced and took place on 30 April 2019.

What we did:

Before the inspection, we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also reviewed the Warning Notice, which we issued after the last inspection in July 2018.

During the inspection, we gathered information from:

Two people using the service, both people were unable to answer complex questions, a family member and a health care professional.

Three people's care records, records of accidents, incidents and complaints, audits and quality assurance reports.

The operations manager, the registered manager, a registered nurse and two care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At the last inspection in July 2018, we found the provider had failed to assess and mitigate risks to people's safety. This included risks related to the environment, such as insecure gates leading out of the property.
- At this inspection we found improvements had been made and assessments were undertaken to identify any risks to people and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person.
- However, we found that where paraffin based creams had been prescribed to some people, known additional risks, in respect to their use and storage away from sources of ignition had not been identified and action had not been taken to mitigate those risks.
- We raised this with the registered manager and they took action to review the risks related to the use of these creams.
- Where other risk assessments had been completed they included information about how to keep people safe, were detailed and person centred, these included the management of falls, skin care and the risks related to the use of bed rails.
- Staff were provided with clear and detailed information about how to support people safely.

Systems and processes to protect people from the risk of abuse; Learning lessons when things go wrong

- People, a family member and a care professional told us they felt people were safe. The family member said, "I have no concerns at all. The staff are very caring and obliging." The health care professional said, "Yes, I think people are safe. People are happy and well looked after."
- Appropriate systems were in place to protect people from the risk of abuse. Staff had received safeguarding training and could recognise abuse and knew how to protect people from the risk of harm.
- One member of staff told us, "I have done my safeguarding training. If I had any concerns I would go to my manager and if necessary I would go to you, CQC."
- Accidents, incidents and safeguarding concerns were documented by the registered manager to enable analysis of any concerns identified.

Staffing and recruitment

- Staffing levels ensured that people received the support they needed safely and at the times they needed.
- A family member told us there were sufficient staff to meet their relative's needs, "They [staff] know her well; she is always clean and well looked after."
- During the inspection we saw staff had time to engage with people and ensure they received the support they needed.
- A care professional told us, "There is always staff around and you never see people walking around unsupported."
- A member of staff said, "Yes, we have enough staff; we have enough time to support people and stop and

talk with them." Another member of staff told us, "I am always with people during the day." They added, that the registered manager was always available to help with people when they were busy.

- The home continued to have safe recruitment process to protect people from being cared for by staff that were unsuitable to work at the home.

Using medicines safely

- Medicines continued to be managed safely and records were completed correctly.
- Only registered nurses administered medicines and they had completed training in administering medicines and had their competency checked before supporting people.
- There was guidance available to staff in respect of 'as required' (PRN) medicines.

Preventing and controlling infection

- The home was clean and well maintained. People were protected from the risk of infection.
- Staff had received infection control training and were provided with personal protective equipment (PPE), such as disposable gloves and aprons to use.
- A care professional told us, "The home is clean; they are cleaning all the time."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- At the last inspection in July 2018, we found the provider was in breach of regulation 17 'Good Governance'. The provider had failed to ensure that records were accurate, complete and contemporaneous; and failed to ensure there were effective quality assurance processes in place. Following that inspection, we issued a Warning Notice, which required the provider to be compliant with the regulation.
- At this inspection we found the provider had taken the required action and the home was no longer in breach of this regulation.
- A series of audits had been established to assess and monitor the quality of the service. These audits included, medicines management, care plans, accidents and incidents, fire safety and the environment. These systems need to be further developed and embedded to create a more robust focus and ensure they supported the registered manager to monitor quality and compliance with the regulations.
- The provider also maintained oversight of the home through the operations manager who carried out monthly compliance visits and health and safety audits.
- Where concerns had been identified during the audits or the compliance visits, the registered manager took action to respond to the concerns. For example, an audit identified that remedial work was required to the floor in one of the bedrooms. We saw that action had been taken and this work had been completed.
- There was a management structure in place, consisting of the registered manager, who was supported by the operations manager who was the provider's representative, registered nurses and care staff. Each had clear roles and responsibilities.
- Staff were organised and carried out their duties in a calm, professional manner. They communicated well between themselves to help ensure people's needs were met, including during handover meetings at the start of each shift.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was supported to deliver high quality care by the management team and staff who were actively involved in the service.
- The registered manager was fully involved in the daily running of the home. They were visible and accessible to people and staff and told us they often worked alongside staff to monitor the standard of care delivery.
- The registered manager demonstrated an open and transparent approach to their role and were

responsive to feedback provided during this inspection.

- There was a positive culture within the staff team, and staff worked in line with the provider's values, which was to provide a family atmosphere tailored to enable residents to live a full, interesting and independent lifestyle.
- Comments from staff included: "This is my first care role, I like it here; it is a homely environment" and "I like to look after the residents. I love seeing people enjoying themselves [doing the activities] then others want to join in."
- The provider and the registered manager were aware of their responsibilities in notifying CQC of important events and their duty of candour. The rating from their last inspection was displayed in their office and on their website.

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

- The provider used a range of ways to involve people and staff. This included sending out regular questionnaires to people who use the service and their families. We looked at the results of the latest questionnaire sent out in March and April 2019 and all of the responses were positive. Comments from families included, "Staff are incredible", "The care and attention that you give to [my relative] is noted by all of the family. Crossways is a big family home. Thank you for looking after my lovely [relative]" and 'You came into our lives as [my relative's] carer and quickly became part of our family.'
- Staff had group meetings and informal supervisions, which provided opportunities to communicate with the management team.
- The home and the registered manager had an open-door policy for staff to go and raise any concerns they may have.
- One member of staff said, "[The registered manager] is a hard worker and supportive of staff. He understands our needs; very supportive; he listens to me."
- Another member of staff told us, "Staff are nice here, especially the manager who helps out."

Working in partnership with others

- There was a coordinated approach to people's care. Partnership working with people, their relatives and other external healthcare and social care professionals ensured people received care that was effective and appropriate to their needs.