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

Overall summary

The inspection took place on 27 October 2014 and was unannounced. Crosshill Nursing Home provides care and accommodation for up to 25 people. The home provides care for the elderly, people with physical disabilities and those who require nursing care.

At the time of our inspection there were 22 people living at the home.

The home 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.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a very friendly and respectful manner. One person told us, "It's a lovely place to live." Another said, "I'm happy here and I'm well looked after."

Summary of findings

Care staff were appropriately trained to carry out their roles and additional training was provided if staff requested it. The provider actively encouraged staff to take part in training and to request training for any particular areas of interest.

The provider had policies in place to ensure people who used the service were kept safe.

Medicines were stored and administered appropriately with accurate records kept of medicines in stock.

An infection control lead had been appointed and staff were regularly assessed and monitored to ensure they followed the necessary requirements to prevent the spread of infection.

Further audits were carried out for housekeeping, mattresses, bed rails and cushions which helped to protect people from pressure sores. In addition regular checks were carried out to ensure running water in the home was kept to a safe temperature.

Recommendations regarding the health needs of people who lived at the home were recorded in care plans, along with the letters from the relevant professionals. Care plans showed, where recommendations had been made, this advice was followed and care and support were amended to take account of these needs. This meant people received care that was most appropriate to their needs.

Everybody who used the service had care plans to detail the help they required and how they would like it to be provided. Risks to people who used the service were identified and appropriately managed.

The home provided an environment and facilities that were welcoming to people who used the service, their friends and relatives.

People who used the service, their friends and relatives told us the registered manager was friendly and approachable. We were told that if they had any concerns they would tell the manager and they were confident they would be appropriately investigated and dealt with.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Good

The provider had policies and procedures in place for recognising and dealing with allegations of abuse. Staff were able to identify different types of abuse and were confident about how to deal with any concerns they may have. Care plans contained risk assessments which linked directly to people's care needs. The provider had a robust recruitment process in place to ensure staff who worked in the home were not prevented from working with vulnerable adults.

Staffing levels were regularly reviewed and assessed according to the needs of the people who used the service.

There were policies and processes in place for the administration and storage of medicines and we found these policies were being correctly followed. The home had an infection control lead who carried out regular checks to ensure staff were following correct procedures and people who used the service were protected from the spread of infection.

Is the service effective?
The service was effective.

Good

Staff completed training in a diverse range of areas that reflected peoples' needs. Effective staff supervision and appraisal systems were in place.

We saw evidence of mental capacity assessments being carried out and people who used the service being supported to make decisions about their care.

Staff were trained to provide healthy and nutritious meals which were suitable for people who used the service, including those who required a special diet.

We found the home to be well decorated with plenty of space for people to move around. We saw building works were being carried out in order to extend the home.

Is the service caring?
The service was caring.

Good

We saw staff had a caring approach towards the people they were caring for.

Staff treated people with dignity and respect, supporting their independence whilst ensuring they received an appropriate level of support.

People who used the service, their relatives and others who were important to them were encouraged to be actively involved in the running of the home.

Is the service responsive?
The service was responsive

Good

We found comprehensive care planning around areas such as mobility, sleep, nutrition and communication.

Summary of findings

Advice was sought from other medical professionals and referrals were made where necessary, ensuring care was most appropriate to their needs.

Care plans showed, where recommendations had been made by health professionals, this advice was followed and care and support were amended to take account of these needs.

Is the service well-led?

Good

The service was well-led

The provider had a quality assurance system in place. We found people who used the service, relatives and other health professionals were asked for their views on the service and the care that was provided.

People told us the registered manager was approachable and they would be listened to and their concerns taken seriously.

Regular checks to ensure the standard of care in the home remained high were completed by the registered manager and staff with designated lead roles.

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 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.'

The inspection took place on 27 October 2014 and was unannounced. The inspection team consisted of an Adult Social Care inspector and a specialist advisor. A specialist advisor is a person who had professional experience in caring for people who had similar needs to the people living in the home. The advisor that was with us at the time of the inspection was a Registered General Nurse.

Before the inspection we checked the information that we held about the home and the service provider. This included statutory notifications, safeguarding concerns and information from other professionals. No concerns had been raised and the service met the regulations we inspected against at the time of the last inspection which was 17 October 2013.

During our inspection we reviewed the care records of nine people who used the service, staff training and recruitment files and records relating to the management of the service such as audits, surveys and policies.

We spent time speaking with people who used the service, their relatives and the staff who cared for them. People who lived at the home could not always tell us their experiences of living at Crosshill Nursing Home. Due to this, 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

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During our inspection we found the provider was carrying out building works to the home for an extention.

Good

Is the service safe?

Our findings

People who lived Crosshill Nursing Home were safe because the service had arrangements in place to reduce the likelihood of harm from abuse or unsafe care. Everyone we spoke with told us they felt safe living at the home. One person told us, "The staff are so caring here." A relative told us, "I know (relative) is safe here."

On the day of our inspection there was a calm and relaxed feel in the home and we saw staff interacting with people who used the service in a kind and respectful manner. We saw staff taking their time to help people and at the same time encouraging them. People who used the service appeared comfortable in the company of staff and we saw both sharing laughter throughout the day.

The provider had policies and procedures in place for recognising and dealing with allegations of abuse. Staff we spoke with were able to identify different types of abuse and were confident about how to deal with any concerns they may have. We looked at the minutes from staff meetings and saw safeguarding was a standing agenda item which was discussed at every meeting. We looked at staff training records and found all staff were given appropriate safeguarding training. All these things meant people were protected from the risk of abuse.

We looked at the care plans for nine people who used the service and saw risks to them, staff and visitors had been identified and strategies had been put in place to help keep people safe. For example one person had been identified as having behaviour that may challenge the service. We saw the care plan for that person contained information on how staff should deal with concerning behaviour to ensure risks were minimised.

We saw care plans also contained risk assessments which related to people's everyday activities. We found risk assessments were included for areas like falls, pressure areas and mobility. Risk assessments were linked directly to people's care plans meaning as people's care needs changed the risk assessments were changed too. For example one person in the home was taking their own medicines (self-medicating). In order to ensure this was safe, assessments had been carried out to establish if the person was capable of doing this safely. The risk assessment was reviewed monthly.

We asked about the staffing levels in the home and were told there was always at least one qualified nurse on duty with five care staff during the day. In addition at the time of our inspection there was an apprentice, two housekeeping staff and two kitchen staff. We asked how the staffing levels were decided and were told that a staffing tool was used and the number of staff was directly linked to the needs of the people who used the service.

We looked at the recruitment records for the home and found there were robust recruitment processes in place. We found checks were carried out to ensure anyone who may want to work at the home was suitable for the role. Disclosure and Barring Service (DBS) checks were completed, health questionnaires were filled in and references were obtained. People who applied for jobs were also required to attend an interview in order for the registered manager to meet them and assess their knowledge and skills.

We looked at the home's medicines policy. We found the policies relating to medicines were comprehensive and gave staff clear guidance on how medicines should be stored, administered, managed and disposed of. We also found detailed information how staff were to complete the paperwork associated with these. We saw there was a policy in place for homely remedies and 'as and when required' medications.

All medicines received were held in a locked treatment room which was protected with a digital lock. The treatment room contained a medical fridge and also a locked cupboard which was used for the safe storage of controlled drugs. We found the temperature in the treatment room was kept to a controlled temperature with a list of room and fridge temperatures recorded.

We looked at the Medication Administration Records (MARs) for people who used the service. We found the MARs were correctly and legibly completed. We also saw that any allergies people may have had were recorded on MARs. Medicines which needed to be administered when required were recorded on the MARs and where people did not want their medicines there was an appropriate record to say they were not wanted. We found body maps were used to show where creams and ointments were applied but when creams and ointments were opened, staff did not record the opening date. We have advised the provider that as best practice, this should be done whenever new creams, drops and ointments are opened.

Good

Is the service safe?

We saw the provider arranged annual medical and medicines reviews for people who used the service, all of which were recorded in a register which was held in the home.

We found there was an infection control notice board on the wall in the home. This held details of the home's infection control policy and details of additional infection control training staff could access if they wished. The home had identified an infection control lead and this person carried out audits on staff use of Personal Protective Equipment (PPE) and cleaning. All staff had access to appropriate PPE and we witnessed staff using this equipment throughout the day. This meant people who used the service were protected from the risks of infection because staff were properly trained and appropriate measures were taken to minimise the spread of infection.

Accidents and incidents that had occurred in the home were reviewed regularly to see if there were any trends and if any changes to equipment or care needed to be made.

Good

Is the service effective?

Our findings

Staff ensured people's needs and preferences regarding their care and support were met. Staff we spoke with talked knowledgably about the people they supported. One person told us, "Staff are absolutely fantastic, they are always really accommodating."

We looked at the training records for staff that worked in the home and saw staff had completed training in several areas. This included moving and handling, safeguarding, infection control, food hygiene, equality and diversity, dementia care and risk management. We saw staff training was regularly updated and certificates were held to show when training had been completed.

We saw that when new staff started working at the home they were required to carry out induction training and shadow another member of staff for a short time. This gave staff time to learn their roles and to get to know both staff and people who used the service.

Crosshill Nursing Home was well decorated with ample space for people to move around the home. At the time of our inspection building works were being carried out to allow for an extention to the home.

The home had a rotating menu system in place for meals. Choices were available to people who used the service for all meals and the four week rotating menu meant there was a wide variety of food available. People who used the service told us the enjoyed the meals that were provided. One person told us, "The meals are lovely." Another person told us, "I like the food."

We saw kitchen staff had received training in food hygiene and nutrition, meaning the meals provided were well balanced, healthy and nutritious. We spoke with the cook who was on duty at the time of our inspection. We were told if people had special dietary needs alternative meals could be offered to take this into account. We were told if someone was diagnosed with a new condition or someone new moved to the home with a dietary need that was new to them they would carry out research and seek professional advice to ensure meals were appropriate to their needs. We saw a list of people's dietary requirements was kept in the kitchen of the home. This included people who needed pureed meals to reduce the risk of choking. These measures meant people who used the service received meals that were healthy and safe for them to eat.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. At the time of our inspection there were no applications for DoLS restrictions.

We saw evidence in people's care files that where people who used the service may have difficulty in making decisions, possibly because of their medical diagnosis, a 'best interest' meeting took place to make decisions on their behalf. This meant people could be sure that if they weren't able to make decisions themselves someone would still do what was best for them.

Staff at the home received regular supervisions and annual appraisals. We looked at staff supervision records and saw areas covered included work load, training, safeguarding and DoLS. There was also an opportunity to discuss any other areas including, their home, their role and their colleagues.

We looked in the care plans for evidence of mental capacity assessments being carried out and found that some of the people who used the service needed a flu vaccine. In order to establish whether they were able to make the decision to have the vaccine a capacity assessment was carried out and the result saved. This meant people who used the service were supported to make decisions and appropriate tests were carried out to ensure they were able to understand decisions they made.

Good

Is the service caring?

Our findings

People who used the service told us they were well cared for. One person told us, “Care is first class here.” Another person told us, “Staff are absolutely fantastic.”

We spoke with three people who lived in the home. They told us the staff that cared for and supported them were caring, considerate and kind. The relative of one person told us, “My (relative) has been here for years and it’s always been nice and homely.”

We used the Short Observational Framework for Inspection to observe people who used the service and their interactions with staff and others who lived in the home. We found people’s interactions were positive and found staff to be polite and courteous. We saw staff had a caring approach and smiled when they were talking to people they were caring for and gave them time to listen and respond.

During the inspection we observed a meal time. When staff needed to assist people we saw they talked to people about what they were doing and explained how they were going to help. Staff took time to sit with people and make them feel comfortable. Staff treated people with dignity and respect supporting their independence whilst ensuring they received an appropriate level of support.

Staff we spoke with told us they enjoyed their work and two of them told us they had witnessed relatives receiving poor care in other homes and wanted to make sure other people didn’t receive the same treatment.

We looked at some of the bedrooms in the home. We found that on the wall in people’s bedrooms there was a holder which contained minutes from the last Service User and Relatives’ meeting and a ‘This is me’ folder. The folders contained pictures and birthday cards as well as details of family members and information about any medical issues which may affect them. We saw information about the activities and outings people participated in were also recorded so visitors and relatives were able to see how their friends and family were spending their time.

We saw people who used the service were also provided with a safe in their bedroom. This meant they were able to keep personal items and money securely.

People who used the service, their relatives and others who were important to them were encouraged to be actively involved in the running of the home. There were regular meetings, raffles and events people could participate in.

We looked at the plans that were in place for people’s end of life care. We saw some people had made an advance decision that in the event that they might stop breathing, they did not want to be resuscitated. Where this decision had been made the relevant document had been completed and was kept in the individual’s file. These decisions were discussed in full and agreed by a doctor or district nurse. We saw there was a record of people’s wishes for when they passed away, including whether they wanted to be buried or cremated and where they wanted the service held. One of the files we looked at also had evidence of the person’s relative having been granted Lasting Power of Attorney (LPoA). This meant their relative was able to make decisions about their care and welfare.

Arrangements were in place for people to have access to opticians, podiatrists and dentists. We also saw referrals were made to other health professionals. This meant people’s wider healthcare needs were being looked at.

Good

Is the service responsive?

Our findings

People who lived at Crosshill Nursing Home received care and support that was personalised to their individual needs. People we spoke with told us staff looked after them and offered them choices about things. One person told us, “They ask me what I want to do.” Another person told us, “The staff help me to choose what I want to wear.”

Each person had a care plan in place which gave detailed information about them and the way in which they wanted support. People’s religious and cultural needs were identified and recorded on the care plans.

We looked at the care plans for nine people who lived in the home and found they contained information that was relevant to the person and these were linked to risk assessments. We found comprehensive care planning around areas such as mobility, sleep, nutrition and communication.

Care plans contained records of people’s weight and food and fluid intake. Information recorded was monitored. Advice was sought from other medical professionals and referrals were made where necessary, ensuring care was most appropriate to their needs. This meant the provider was taking steps to maintain people’s health and wellbeing.

Recommendations regarding the health needs of people who lived at the home were recorded in care plans, along with the letters from the relevant professionals. Care plans showed, where recommendations had been made, this advice was followed and care and support were amended to take account of these needs. This meant people received care that was most appropriate to their needs.

We saw care plans had space for a signature and some of the people who lived at the home had signed to say they had taken part in planning their care and in reviews. Where people may have had problems making decisions about their care someone else such as a friend or relative could represent them. We saw care plans and associated risk assessments were reviewed on a monthly basis or more regularly if the care needs changed. All reviews were signed and dated to show who had carried them out and when. This meant people’s changing needs were responded to quickly ensuring they received the right support.

The provider had a formal complaints procedure in place and a copy of this was displayed in on the wall of the home’s entrance. People we spoke with told us they were aware of how to make a complaint and said they were confident that if they made a complaint it would be dealt with properly. No one we spoke with had ever made a complaint and when we asked to see the complaints and compliments file we found no complaints had been made.

We found the décor in the home was clean and fresh with people’s rooms being decorated to the same standard. People who lived in the home were encouraged to personalise their rooms with some having personal items of furniture and pictures.

The provider and the staff who worked in the home supported people who used the service to continue with their personal interests. We saw there were regular visits from nuns, priests and Methodist ministers who all helped to ensure people’s spiritual beliefs were met. We also saw local school children visited the home and an activities coordinator organised events in the home.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a Registered Manager in post however, the registered manager was not available on the day of our inspection.

The provider had a quality assurance system in place. We found people who used the service, relatives and other health professionals were asked for their views on the service and the care that was provided.

Before our inspection we contacted healthcare professionals involved in caring for people who used the service. No concerns were raised by any of these professionals.

Staff we spoke with told us the registered manager was approachable and they were happy that if they had concerns about anything in the home, including procedures, other staff or people who used the service, they would be listened to and concerns taken seriously.

Staff meetings were held in the home every month. Items included regularly were clinical issues, laundry and housekeeping. In addition there were standing items which included health and safety, safeguarding and privacy and dignity. There was also an opportunity for staff to raise any other concerns they wanted to discuss. We saw minutes of the meetings were posted on the staff notice board and action points were recorded for action.

Meetings were held every three months for people who used the service. These 'Resident and Relative' meetings included how people would like to use the home's amenity fund. This was money that was raised by donations, raffles and events that were held in the home. There were also discussions about activities in the home. Special activities that had already been arranged and views about how previous events had gone were discussed and people were able to suggest future possible events. Minutes of these meetings were posted on the resident's notice board and were available for everyone to read.

The provider carried out regular checks to ensure the standard of care in the home remained high. This included asking people who used the service, their relatives and other health professionals what they thought of the service.

There was an infection control champion who carried out audits every month to ensure the home was clean and staff knew what steps to take to minimise the spread of infection. These checks included checking the environment was clean and clear of clutter, floor coverings were intact and furnishings were in good repair and free from stains, rips and tears.

Environmental audits were carried out throughout the home with additional audits including health and safety checks, medication, staffing levels and accidents and incidents.

Spot checks were carried out to ensure staff were carrying out correct procedures and wearing the correct protective equipment.

Further audits were carried out for housekeeping, mattresses, bed rails and cushions which helped to protect people from pressure sores. In addition regular checks were carried out to ensure running water in the home was kept to a safe temperature.

Following all these audits action plans were produced which gave details of issues identified, work required, whether this caused a health and safety risk, the priority for work and who was responsible for ensuring the work was completed. All these things meant people who used the service were kept safe and any risks were minimised because appropriate adjustments were made.