

Crossways Residential Home Limited

Crossways Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Crossways Residential Home is a residential care home providing personal care to 18 people aged 65 and over in one adapted building. The service can support up to 24 people.

People's experience of using this service and what we found

Staff had received training in safeguarding and knew how to keep people safe. Staff had been recruited safely and were well trained and supported to provide the best possible care for people. Medication was administered safely.

People were supported by staff who had the skills and knowledge to do so effectively and staff sought guidance from other health professionals in order to support people's needs.

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

Some people's experience of the care they received was positive and they told us they were supported by kind and caring staff, however, other people's experience was not so positive.

People's support needs were assessed regularly and planned to ensure they received the support they needed, however records were not always updated in a timely way. There were activities at the home for people to take part in if they wished. The provider had a complaints process which people were aware of to share any concerns.

The provider carried out regular audits of the service, however, further improvements were required in order to make them more robust. People we spoke with felt the management team were approachable, however, views from staff were mixed.

Rating at last inspection

The last rating for this service was good (published 22 June 2018).

Why we inspected

The inspection was prompted in part due to the amount of concerns/safeguarding's received about the service including falls and management of behaviours that challenge. A decision was made for us to inspect and examine those risks.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Crossways Residential 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspection manager, an inspector and an assistant inspector.

Service and service type

Crossways Residential 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service about their experience of the care provided. We spoke with

nine members of staff including the nominated individual, the registered manager, deputy manager, cook and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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. We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to keep people safe and could describe the actions they would take when people were at risk of harm. One person said, "I feel safe. There has never been an incident where I felt unsafe."
- Safeguarding referrals had been made to the relevant authorities where incidents of concern had taken place so they could be investigated.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and staff we spoke with were aware of people's risks and were able to tell us how they supported people to keep them safe.
- Accidents and incidents were recorded and investigated to prevent them from happening again in the future.

Staffing and recruitment

- We saw there were enough staff to support people and people did not have to wait long for assistance when needed. We observed staff taking the time to talk and interact with people. One person said, "Staff have reacted quickly when I needed help."
- Staff generally felt there was enough staff, however, some staff felt that more support would be helpful at busier times, for example, when people wanted to go to bed at the same time. One staff member said, "It can be a struggle." However, people we spoke with consistently told us they felt there were enough staff and did not feel they had to wait long for assistance.
- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.

Using medicines safely

- People's medicines were managed safely. Processes were in place for the timely ordering and supply of medicines. Medicines administration records showed people received their medicines as prescribed. One person said, "The staff are lovely, support me with medication, no problems."
- All medicines were stored securely and daily temperature checks were carried out to ensure medicines were stored at the correct temperature.
- Supporting information to aid staff in administering medicines that had been prescribed on a when required basis (PRN) was in place.

Preventing and controlling infection

- The home was clean. Staff used personal protective equipment and this was readily available to them and we observed this in practice.
- Staff supported people and were following good standards to ensure they could protect against the spread of infection.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and accidents. Records we looked at showed us they understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences. For example, making referrals to the fall's clinic for those at risk of falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment of people's support needs so they could be sure they could support people how they wanted. People using the service and their family members were involved in the initial assessment.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to do so effectively. We observed people being moved using safe moving and handling practices on the day of inspection.
- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff were given opportunities to review their individual work and meet their development needs.
- Staff received on-going training to ensure they had the skills and knowledge to meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people's feedback on the food were positive whilst others were not so positive. People were offered a choice and the cook told us people could ask for something different if they didn't like what was on the menu.
- Where people had specific dietary requirements, staff knew these and could support people accordingly.
- Processes were in place to regularly monitor people's weight where they were at risk of malnutrition.
- Advice was sought from health professionals when needed and we saw evidence of this in people's care plans.

Staff working with other agencies to provide consistent, effective, timely care

- Records we observed confirmed that staff worked well with other agencies and followed their advice as required.

Adapting service, design, decoration to meet people's needs

- The home was clean, however, some of the decoration around the home was tired and needed updating. The provider told us they were aware that the home needed some re-decoration and were in the process of re-decorating the home at present. They showed us some of the improvements they had already made, for example the implementation of LED lights to bring more light into the home. Part of the home had been without hot water and heating due to problems with the boiler and a new boiler and flue system was installed to rectify this.

- There was currently only one shower within the home and two bathrooms. People we spoke with and the registered manager confirmed that most people preferred to have a shower and the bathrooms were not really used. We discussed with the provider about converting one of the bathrooms to a shower room as this was people's preference. People we spoke with did tell us they could have a shower when they wanted.
- The provider had painted certain areas in different colours to help people living with Dementia to identify where they were and there was clear signage around the home.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare in the community and live healthy lives. This was evidenced in people's healthcare plans.
- There were oral health care assessments in place for people to give guidance to staff on how to support people with good oral health.

Ensuring consent to care and treatment in line with law and 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 as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- We found where people lacked capacity and were being deprived of their human rights that the appropriate authorisations were applied for and were being reviewed by the local authority. People were cared for in the least restrictive way.
- Staff received training in the Mental Capacity Act and had a general understanding of the Act.
- Mental capacity assessments and best interest's decisions were recorded on people's files, however, more training was required for staff to understand when it was appropriate to record best interests decisions.
- We observed people being asked for their consent before support was given.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People had mixed views on the care they received. People told us most of the staff that supported them were kind and caring. However, some people told us about experiences they had where staff had not been so caring. This was discussed with the registered manager during the inspection who was aware of the alleged incidents. The registered manager had completed investigations and had taken action to address the concerns raised.
- Relatives had raised concerns that people were not always well presented in clean clothes and appropriately dressed and we observed this in practice. For example, people did not always have socks or tights on their legs and some people told us they were cold. We intervened and asked a member of staff to fetch some socks for one person who had been cold all day despite having a blanket over their legs.
- During the inspection, we did observe some kind and thoughtful interactions between staff and people. One person said, "The staff are lovely."
- We found people's equality and diversity needs were respected and staff received training in equality and diversity.
- Our observations showed that staff knew people well. People interacted easily with staff and were comfortable around them.
- The provider had a compliments file which was shared with staff. One compliment read, "Just like to say thank you for looking after [person] and providing them with all the care and support they needed. It means a lot. We can't thank you enough."

Supporting people to express their views and be involved in making decisions about their care

- Whilst the provider told us that people and their relatives were involved in care planning, this was not recorded. We spoke with the registered manager who told us they would ensure this was evidenced moving forward.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and we observed this in practice. One person had a fall during the inspection and staff put a privacy screen around them to promote their privacy.
- People were supported to maintain their independence. A member of staff said, "If a person can put their own trousers on, I'll give them the opportunity to put them on. When they are struggling I will assist them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly.
- Staff knew people's individual needs and preferences. For example, staff knew that one person liked to wear lipstick and we observed staff helping this person to touch up their lipstick during the day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider told us in information they had shared with us prior to inspection, how they supported people with their communication needs. For example, people who have a disability, impairment or sensory loss can access information in a way they can understand such as producing documents in a different format such as large text.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to take part in various activities in the home to prevent social isolation, for example playing board games and completing puzzles.
- The provider had recently employed a new activities co-ordinator to introduce more activities to the home.
- The provider looked at different ways of getting people together to help reduce social isolation, for example, they held a Christmas party at the home and were currently planning a Halloween party.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. Complaints we sampled had been investigated and the outcomes clearly recorded. One person told us, "I have no problems."

End of life care and support

- Where people were on end of life care, the service had implemented end of life care plans to ensure their wishes and beliefs were respected at the end of their life. Where people were not receiving end of life care,

they had not been given the opportunity to discuss their preferences and choices at the end of their lives and record these in their care plan. We discussed this with the registered manager who said they would ensure people were given the opportunity to record their end of life wishes, if they would like to do so.

- One relative sent in a thank you card for the care provided to [person] at the end of their life. It read, "It is much appreciated how well you looked after [person] and us, the family, during [person's] last few days."

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider told us in information they had shared with us prior to inspection, that they carried out regular staff observations and supervisions and also completed monthly audits and care plan evaluations to monitor the quality of the service.
- We sampled some audits during inspection and whilst some audits were robust, some audits were not effective and had not picked up where further improvement was required. In that audits of risk assessments had not identified where risks associated with peoples' care required further improvement to ensure they contained clear and up to date information to guide staff on how to mitigate people's risks. For example, one person's behaviour management plan did not contain clear guidance to staff on how to manage their behaviours safely when they became upset or anxious. Another person's mobility risk assessment stated they could walk independently with a frame but also stated the person was now mainly in bed and could not walk far.
- Spot checks were carried out regularly on staff in order to ensure they were providing good quality care for people and staff received regular supervisions.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff had mixed views about the management team. Some staff felt management were approachable whilst others did not.
- People generally spoke well of the service. One person said, "The manager is very nice. I could talk to them if there was a problem."
- The registered manager recognised staff and thanked them when they had performed well in their role.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their requirements around the duty of candour. When incidents had been reported they were investigated thoroughly, and outcomes recorded for learning.
- The provider had displayed their last inspection rating as required.

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

- The registered manager carried out surveys for people, relatives, health professionals and staff to gather information about people's views. There was evidence that actions had been taken in response to feedback.
- There were regular staff meetings for staff to share their views of the service.

Continuous learning and improving care

- The provider had a development plan in place to further improve the quality of the service for people who lived there.
- Management and care staff received on-going training to ensure their learning, skills and knowledge were current to be able to support people.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred and this was evidenced in people's care records.