

CLS Care Services Limited

# Crossways Residential Care Home

## Inspection report

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12 April 2016

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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

We inspected this service on 11 and 12 April 2016 and the visit was unannounced on the first day.

This care service is owned by CLS Care Services Limited. They are registered to provide personal and respite care for up to 39 adults. A passenger lift and staircases provide access to all levels. The home is purpose built and situated in the village of Lostock Gralam, about three miles from Northwich town centre. Parking is available to the side of the building.

At the time of this inspection visit there were 31 people living at Crossways. They were supported by a staff team of 36.

There was a registered manager employed to work at the service and they have been registered for 10 months. 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.

People told us that they felt safe at the home with the staff. Appropriate safeguarding policies and procedures were in place and staff told us they would raise any concerns they had with the management team.

People said the staff were kind, friendly and respectful towards them. Relatives said that the home was well run by the new registered manager and that significant improvements had been made since his employment. Staff said the registered manager was very supportive and good improvements had been made since his arrival.

Robust recruitment processes were in place and people could be confident that checks had been undertaken to ensure staff were suitable to work with vulnerable adults. Staff had undertaken a range of training suitable to their role and had met with their line manager for supervision and annual appraisals to discuss their work and training needs. Staff told us that they also had the opportunity to attend relevant meetings.

People told us the food was good and that they had plenty of choice. Other comments included "The food is hot and tasty". We saw that mealtimes were a pleasant and enjoyable experience and one where people enjoyed their meals.

There were enough staff working to meet the needs of people. People said that staff were available when they needed them. We noted that an activities coordinator was employed at the service.

We looked at how complaints were dealt with. People told us they would approach the staff on duty or the

management team if they had any concerns. The registered provider had not received any complaints since the last inspection, however, processes were in place should a complaint be raised and these showed they would be dealt with in a timely manner.

People told us that Crossways was clean and hygienic and on a tour of the building we saw that staff worked hard to ensure that the home's cleanliness was maintained.

A range of audits were completed as part of the quality assurance processes used within the service. This meant that there were systems in place to ensure that all areas of the service are regularly monitored.

People and their relatives told us that they were asked on a regular informal basis if they were happy with the care and service provided. Annual surveys, care plan reviews and meetings were held on a regular basis. This meant that people had the opportunity to discuss any issues and help inform future planning at the service. People who took part in the survey were happy living at Crossways and were satisfied with the overall standard of the home.

## 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.

Medication administration was managed safely which meant that people could be confident they would get their medication as prescribed.

Safeguarding procedures were in place and staff knew how to raise any concerns which meant that people who used the service were protected from abuse.

We found that robust recruitment practices were in place to ensure that unsafe practice was identified. People were protected by staff who were suitable to work with people who lived at Crossways.

### Is the service effective?

Good ●

The service was effective.

Staff undertook a range of training that was relevant to their role. Staff had up to date supervision and appraisals and access to a range of meetings.

We found there was a choice of meals available and people told us that the meals were very good.

People's rights were protected because the Mental Capacity Act (MCA) 2005 Code of Practice was followed when decisions were made on their behalf.

### Is the service caring?

Good ●

The service was caring.

We saw that staff encouraged people to make decisions on a day to day basis and staff were friendly and caring.

People commented on the caring and kindness of the staff team. They told us that their privacy and dignity was respected when staff were supporting them, particularly with personal care.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and regularly reviewed. This meant that information was centred around the individual and that people could be confident information was up to date and accurate.

We looked at how complaints raised were dealt with, and found that processes were in place and these would be used to deal with issues.

### Is the service well-led?

Good ●

The service was well led.

The service had quality assurance systems in place, which ensured that all areas of the service are assessed, monitored and kept up to date.

A registered manager was in place who was supported by care and ancillary staff. We saw the registered manager had an open door policy.

We observed a culture of openness and a friendly and warm atmosphere amongst the people who were living at Crossways.

# Crossways 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.

We inspected the service on 11 and 12 April 2016. The inspection visit was unannounced and the inspection team consisted of one adult social care inspector.

We spent time at the service looking at records. This included three people's care and support records, three staff recruitment files, policies and procedures and other records relating to the management of the service.

Before our inspection, we reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the service is required to tell us about by law.

The registered provider had completed a Provider Information Return (PIR) as requested. This is a form that asks the registered provider to give key information about the service, for example, what the service does well and any improvements they intend to make.

We contacted the local authority safeguarding and contracts teams for their views on the service. No concerns were raised about this service.

On the days of our inspection we spoke with six people who used the service, two relatives, the registered manager and four staff members.

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt safe at the home and in the care of the staff team. Comments included "I feel safe here", "Yes, definitely safe". One relative said "[Name] seems to be safe".

Following our previous inspection in June 2015 where a breach of Regulation 13 was made with regard to safeguarding people from abuse, we found that significant improvements had been made. Staff told us about how they ensured people were protected from abuse or harm. They said they would report any concerns to the senior person on duty or the registered manager and they felt confident that their concerns would be acted upon. Staff said they were aware of the speaking out at work (whistle-blowing) policy and that a copy of this was included in the staff handbook. We saw that the registered provider had copies of the local authorities safeguarding policy and procedure in place. This included information regarding when an issue should be referred to the local safeguarding team and how this process should be undertaken. The registered manager told us that they sent information on "low level" concerns to the local authority safeguarding team on a monthly basis. These concerns did not meet the safeguarding thresholds and therefore were reported separately. Records confirmed this. We saw that where safeguarding referrals had been made that detailed information was kept regarding the referral, with minutes of meetings and outcome letters. This meant that the registered manager had clear information and the outcome regarding each incident. During discussions with the registered manager they demonstrated their clear understanding of the local authorities safeguarding policy and procedure and also the registered provider's policy on safeguarding. Staff told us they had received training in safeguarding and records confirmed this.

People and their relatives said that people were supported with their medicines. Comments included "Yes, I get all support with medication", "Yes [name] has support" and "I have no concerns with the support given with medicines". Following our previous inspection in June 2015 where a breach of Regulation 12 was made with regard to medication administration, we found that improvements had been made. We observed the senior person administering medication and had discussions with them regarding the medication administration, policies and processes. We saw that people were given their medication in a timely manner and that systems were in place to ensure that PRN (when required) medication was given at the appropriate times. The staff member explained that a log is kept of the time each PRN medication was given and if the correct interval of time had not been reached the medication would not be administered. We saw medications being administered during the lunchtime meal and the staff member explained to people what they were doing, asked people if they needed PRN medication and signed the Medication Administration Record (MAR) sheets after they had seen the person take the medication. The staff member explained there were two medication trollies used one for upstairs and one for downstairs. These were locked into the medication room when not in use and secured to the wall for added security. Included in the MAR sheets folder was a photograph of the person and details of any homely remedies used. Homely remedies are medicines that can be bought "over the counter" and do not require a prescription from the doctor. We reviewed the storage and stock of controlled drugs. These were stored appropriately and checks showed that stock was appropriately recorded. A weekly check of all controlled drug stock was undertaken and highlighted in red in the controlled drug register. We saw that temperature checks were recorded for the

medication fridge and room. However, the fridge temperature was recorded at 11 degrees, which was high for a fridge temperature. We asked the staff member if this was alright and they said "Yes". We discussed this with the registered manager and they agreed to seek guidance on acceptable temperature levels for the fridge and room and ensure these are included on the record in future for staff information. The registered manager also confirmed he would ensure the fridge was checked to ensure medication was being stored at the correct temperature.

People and relatives told us that staff were available to assist them when they needed it. They said that call bells were answered in a timely manner. During our inspection we saw there were staff available to meet people's needs. We looked at the staff rotas over a month period and saw that staff were available across the day and night to support people who lived at the home. Where staff had taken annual leave or sickness these shifts were covered by other members of the team. Four care support staff were available throughout the day and evening and that two waking staff were available during the night. This team was supported by chefs, domestic supervisor and assistants, maintenance assistant and an activities co-ordinator. The registered manager and home services manager were extra to the rota. The registered manager explained that the service had two care assistant vacancies at present and that these shifts were being covered by the staff team.

People told us that the home was clean and that staff worked hard to keep this up to date. People said "The home is kept clean" and "It's always clean here". We visited all communal areas and a selection of bedrooms. We found the home was clean and hygienic and had a good standard of décor. Systems were in place to monitor the cleaning of the service and records confirmed that staff signed to show rooms had been cleaned each day. A deep clean of each bedroom was carried out on a monthly basis and records confirmed this. We saw that safety checks were in place for the gas and electrical safety and that other environmental checks had been undertaken and were up to date. The fire alarm and nurse call systems were regularly checked and serviced. This meant that good systems were in place to ensure that the home was safe and adequately maintained.

Assessments were in place to ensure people were safe within the home. These included a fire risk assessment and a fire safety policy. Staff had received training in fire safety awareness. Personal evacuation plans were in place for each person which included details of their GP, mobility and significant health issues. This information was in a folder and there were three folders situated around the home at exits from the property. The registered manager said that these were checked and updated on a regular basis and records seen were up to date.

Risk assessments for people were included in the care plan documentation. These were completed for safer handling, risk of falls, dependency, malnutrition and pressure area care. Other assessments were used when needed for the use of bedrails, sensor pressure mats and preferring to remain in their own bedroom. Records showed that these were reviewed regularly and up to date.

The registered provider had policies and procedures for the recruitment of staff. These included disciplinary and grievance procedures and other policies on conduct and performance. We looked at three staff recruitment files and saw that staff had completed an application form, with their employment history included and attended an interview. Interview questions and answers were recorded and seen. Two references were undertaken, one of which was the staff member's previous employer. A Disclosure and Barring Service (DBS) identity check was undertaken. This check is undertaken to ensure that staff are not included on the barring list and that they are suitable to work with vulnerable adults. The registered manager explained that where a check had any concerns this would be discussed with the registered provider's human resource department and a decision would be made on whether or not to make an offer



of employment.

## Is the service effective?

### Our findings

People told us that they enjoyed the food and that they had choices available. They said there were drinks and snacks available in between meals. Comments included "The food is lovely", "It's very nice", "[Name] enjoys the food", "The food is very good" and "It's nice and hot" and "Mum loves the food".

We spoke with the chef on duty who explained that they were newly appointed to this role. They said "It seems very nice here" and "It's well organised". They said the kitchen had sufficient equipment and that if any problems then things were fixed in a timely manner. We saw a three-weekly menu that showed a variety of traditional meals were provided. The chef said there was some flexibility within the menu structure and they could make changes to the menu when needed. However, the chef didn't record any changes made. We discussed this with the registered manager who said that the home services manager would record any changes to the planned menu. A menu sheet was completed each day which showed the choices available for lunch and tea. The staff on duty asked people what meals they would like. A sweet trolley was provided at both meals with a hot dessert and a range of cold desserts which included yogurts and fresh fruit. People told us that they liked having a choice of desserts and one person explained that they had an extra dessert "Saved for later in the day". Temperature checks on fridges, freezers, hot trolleys and food were recorded and seen. A cleaning schedule was completed for the kitchen which was signed by staff once completed. A food safety check had been completed by the local authority environmental health department and they had rated the service 5\* in August 2015.

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 2005. People who normally live in a care home can only be deprived of their liberty through a Deprivation of Liberty Safeguard (DoLS) authorisation.

We checked whether the service was working within the principles of the MCA 2005 and DoLS, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity. However, we saw that people who used the service had not had an initial capacity assessment. The registered manager explained that this was due to be undertaken and showed the inspector the plan. Two people had a DoLS authorisation in place and we noted that their care planning documentation would benefit from more information on how this impacts on their life. However, staff we spoke to about these people were able to share the people's needs and understood the basic principles of the 'best interests' process. Staff told us they had received an introduction to MCA which included DoLS, however on discussion with some of the staff team their understanding was not clear and further training may be of benefit.

People and their relatives told us that they had access to their doctor or other healthcare professionals. They said "If I am not well the staff will call the doctor", "The GP visited [name] and they were seen in the

privacy of their own room". One relative explained that "[Name] was on medication that effected the clotting of their blood and when the person had a nose bleed the staff immediately took them to the hospital to get them checked". Information regarding people's healthcare needs was documented in the care plans. We saw that either professional's visited the home or appointments were made for people to visit them. These included GPs, community nurses, chiropodist, optician, Speech and Language Team (SALT) and the dentist.

People said they thought staff had enough training. One relative said "I think in general staff are well trained, however, they might benefit from some specialised training to cover people's medical conditions." Staff told us that the training was good. Staff attended training on moving and handling, fire awareness, safeguarding, infection control, hand hygiene and dementia awareness. Role specific training included food safety, first aid and medication awareness. Staff files contained copies of certificates and the training record showed these were up to date.

Staff told us they had undertaken an induction at the start of their employment. Comments included "The induction was quite good" and "I felt I had enough information to do my job". Following the initial induction process staff shadowed a more experienced staff member for two weeks to ensure they were confident to work independently. Staff files contained copies of the induction programme which was undertaken during the first six weeks of employment. Each section was signed by the employee and supervisor and at the end of the process the employee was signed off when the management team were satisfied they had sufficient knowledge and training to undertake their role within the service. Staff explained about the support they received from their line manager and the management team. This included supervision sessions, annual appraisals and the opportunity to attend relevant meetings.

## Is the service caring?

### Our findings

People and relatives said that the staff were good, kind and caring. Comments included "The staff are kind and friendly" and "The staff are very good".

People and relatives told us that their dignity and privacy were respected. One relative explained that when a GP was visiting their relative they went to the person's bedroom and that the staff member drew the curtains to ensure that the person had privacy during the examination. Another relative said that staff very much respected people's privacy and dignity and that it was "Absolutely paramount" with the staff.

One person explained that they preferred to remain in their own room and that staff checked on them regularly throughout the day to make sure they were alright. They explained "Recently the home had a bug, but I didn't get it and I think that shows how careful and caring the staff are".

People and relatives told us about how they or their relative preferred to receive their care. Relatives said that they and the people who lived at the home spoke to staff about their preferences. During the pre-assessment visit people were asked about their needs and preferences and these were documented at this time. Relatives told us about their impressions of the service when they first visited. Comments included "I had a good first impression of the home" and "I came to visit prior to [name] moving in".

The interactions between staff and people we saw during our visit showed that staff knew each person well. Staff were happy and supportive in their manner. People told us staff encouraged them to be independent and helped them only when they needed it with getting up from the bed or chair, for example.

We spent time in the communal areas observing the interactions between people and staff. During the lunchtime meal we saw that staff were very attentive to people's needs. The staff knew people well. A range of portion sizes were offered to people and people's preferences were met.

Throughout the day we saw that staff were friendly in their manner towards people. People were at ease with the staff team and the atmosphere was a happy and relaxed one. We saw staff supporting people with a range of activities in a caring and sensitive way.

We saw that "A guide for residents at Crossways" was available to people who lived at the home. Copies were seen in people's bedrooms and in some communal areas. The guide contained information on the registered provider, registered manager, staff team and details people may find useful on services that were provided within the home. People and relatives also had access to the registered provider's statement of purpose. This included information on the philosophy of the service, aims, quality of care and contained details of all the other locations provided by the registered provider.

Staff told us they had access to a wide range of policies and procedures that were provided by the registered provider. Some of these were included in the employee handbook and all were available on the registered provider's intranet. However, a file had been produced of the most frequently used policies which were kept

in the office for ease of access. These included policies on safeguarding, whistle-blowing, infection prevention and control, code of conduct and medication.

## Is the service responsive?

### Our findings

People and relatives told us they didn't have any concerns about the staff or the home. They said "I have no complaints" and "No concerns at present". One relative explained they had made a complaint in the past and that it had been dealt with appropriately and to their satisfaction. There was a customer feedback and complaints policy in place. Details of how to make a complaint was also included in the "Guide for residents at Crossways". We looked at how complaints would be dealt with, and found that appropriate processes were in place in the event of a complaint being made. The policy detailed how a complaint would be investigated and also if you are not satisfied with the outcome from the service then who you could contact. The service had not received any complaints since the last inspection. The Care Quality Commission had not received any complaints regarding this service.

We saw a range of compliments which had been received by the service. These included emails, cards, letters and information posted on the care home website. Comments included "The staff are very kind and helpful", "Crossways provides a most caring environment where the needs of [name] are met", "Thank you for taking such good care of [name]" and "Many thanks for your help and kindness".

Each person had a care plan which showed people's care and support needs. We reviewed three people's care plans and saw these were centred around the individual person and were regularly reviewed and up to date. Information included personal details and next of kin, general healthcare needs and health history, information covering all aspects of daily living and a range of risk assessments. Care plan reviews were undertaken regularly and in one it was noted that their relative attended and that they were happy with the care provided and had "No concerns about the service".

Daily records showed information regarding the health and well-being of each person. This also included any visitors the person had received and details of nutrition taken where appropriate. The records were clear and well written.

Documentation was available to record life histories of people who lived at the home. Included in the care plans was a document which detailed people's past history and another which documented what they preferred to do during the day. This meant that staff had access to information to help them support people with activities they prefer to do. Activities recorded included "Reading, watching the TV, completing crosswords and word searches" and "Reading the newspaper and listening to music." During our visit we saw a group of people playing dominoes. They said they were enjoying the game and there was lively banter and exchanges between them, which confirmed this. However, very little other activities were being encouraged during our visit. We saw that the service employed an activities co-ordinator however, they were currently off work. We spoke to the registered manager regarding this and they explained that ad-hoc activities were undertaken when staff were available. They agreed to review this to ensure that regular activities and choices were available to people. Each week the hairdresser visited the home and a beauty session was available, bingo sessions and quizzes were also undertaken. External entertainers visited on a monthly basis.

## Is the service well-led?

### Our findings

The registered manager had worked for the registered provider since December 2014 and had been the registered manager since June 2015. People said they knew who the registered manager was and that he was available, approachable and very nice. Relatives said that they had seen significant improvements within the home since the new registered manager had been in post. Comments included "The difference he has made is immense", "It's very well managed", "Policies and procedures have been tightened up" and "He is very supportive". Staff said the registered manager was supportive and that the service was well led by him. Comments included "The registered manager listens to suggestions and issues I raise" and "He is very approachable."

The registered provider had a business continuity plan in place which covered the types of incidents that would require the plan to be activated and how this might impact on the service provided. A list of people to contact was included and plans for specific disruptions which included heating loss, flood disruption, fire, missing person and lift and hoist breakdown.

The registered manager was aware of the incidents that needed to be notified to CQC. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

People and relatives told us that they were asked on a regular informal basis if they were happy with the care and service provided. They said that views were sought during the care plan review. A survey had been undertaken on behalf of the registered provider by an independent company, Ipsos MORI. This was completed in 2015 and showed what people thought about the service. Areas covered included staff and care, home and comforts, choice and having a say and quality of life. People who took part in the survey were happy living at Crossways and were satisfied with the overall standard of the home.

A range of audits were completed and included marvellous mealtimes, accidents and incidents, care plans, health and safety, workplace safety and medication. These were completed regularly throughout the year and included actions to be taken and by when it was to be undertaken. For example during the marvellous mealtime audit in February 2016 checks were made to ensure that the dining experience was a positive one and that people enjoyed their meals. We noted that it was recorded that "No one had any cultural or religious requirements", however, we saw in one person's care plan that they did have these requirements. This was discussed with the registered manager who said they would address this.

The registered manager completed audits on accidents and incidents. Each person had their own sheet which showed at a glance, a monthly overview of any accidents and falls a person had. The registered manager explained that this gave them a good overview and enabled them to see any emerging patterns or trends. If a person had several falls then further action would be taken. This included completing a risk assessment and contacting the person's GP. Following this a range of other options might be appropriate and these included the use of sensor mats, pendant alarms and bed rails. Records showed a range of options had been reviewed following a series of falls by an individual person.

Weekly medication audits were completed and the current record showed no issues had been raised. A medication error reporting form was in place and had been used in the past to report concerns.

People had access to meetings and the last one was undertaken in January 2016. Issues discussed included decoration of the home and cleanliness. One person commented that the cleanliness of the home had improved. Food and meals were discussed and people said the food was very good and they had a wonderful variety. One person commented "The food is well cooked and well presented". It was noted that introduction of a cooked breakfast had been well received.