

Hightown Housing Association Limited

The Crossings

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Crossings is a residential care home providing the regulated activity of personal care to up to 4 people. The service provides support to people with learning disabilities, some also have physical disabilities. At the time of our inspection there were 4 people living at the home. People live in a bungalow with adapted bathroom facilities. People had access to a well maintained garden.

People's experience of the service and what we found

People used their own communication system to show us and we understood from the actions or gestures that we saw from people they enjoyed living at The Crossings. We observed lots of appropriate, professional interaction between staff and people. People were observed to be smiling, laughing and relaxed in the home. This was supported by what family members told us. Comments included, "I cannot fault them [staff]" and "(I have) never seen (anything) other than staff being kind to her, always looks clean and happy. No concerns."

We found some improvements could be made with how staff recorded people's daily activities, choices and decisions. We have made a recommendation about record keeping.

Right Support:

Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a professional and safe way which achieved the best possible health outcomes.

People were encouraged to personalise their rooms with paint colours of their choice.

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.

Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from

poor care and abuse. The service worked well with other agencies to do so.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People who had individual ways of communicating, using body language, sounds, pictures and symbols could interact comfortably with staff and others involved in their care and treatment. Staff had the necessary skills to understand them.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing

Right Culture:

Without exception all the relatives we spoke with and healthcare professionals commented know well staff knew people. Relatives told us, "Perfectly happy", "Staff are really nice" and "Very happy at the moment". Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for this service was Good (Published 1 September 2017)

At our last inspection we recommended the provider had effective systems in place to ensure sufficient staff were provided to safeguard people's safety. At this inspection we found improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Crossings on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

The Crossings

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector onsite on day one and two. A second inspector reviewed documents offsite.

Service and service type

The Crossings is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Crossings is a care home without nursing care. CQC regulates both the premises and the care provided, both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we interacted with 4 people. 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 gained feedback from 5 relatives via telephone. We spoke with 6 staff members including the registered manager, scheme manager and support workers. We sent email questionnaires to the staff team and received 4 written responses. We reviewed 2 people's care file records and a further 2 people's medication records and stock. We looked at the provider's clinical audits and policies and procedures. We sent feedback requests to healthcare professionals and received 6 responses.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection we recommended the provider ensured effective systems were in place to ensure sufficient staff are provided to safeguard people's safety. The provider had made improvements.

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.

Systems and processes to safeguard people from the risk of abuse and avoidable harm.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- Without exception the relatives we spoke with told us their family members were safe, comments included, "Very safe" and "I have no concerns".

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act.

- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
 - The service helped keep people safe through formal and informal sharing of information about risks.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- Staff assessed people's sensory needs and did their best to meet them.
- Fire safety checks were carried out. These included regular testing of the alarm system, practice drills and servicing of fire equipment by external contractors.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- We were mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises. We have asked the provider to ensure thorough checks are made both inside and outside of the property.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- There were no restrictions on visiting times in the service. Family members could visit at all times.
- We observed external healthcare professionals were warmly welcomed in the service when they visited, and this was supported by what we were told.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found some records lacked specific detail to reflect people's individuality and choices they made through the day. We discussed this with the registered manager, who was aware this was an area for improvement.

We recommend the provider ensures staff receive support to improve the recording of people's daily activities, choices and decisions.

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- The provider invested in staff by providing them with quality training to meet the needs of all people using the service.
- Relatives and healthcare professionals told us how well staff knew people and supported them in a positive way. Comments included, "Perfectly happy", "Staff are really nice" and "Very happy at the moment". Healthcare professionals commented on how calm, warm and relaxing the home appeared when they visited.

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 provider understood their responsibilities under the duty of candour.
- Leaders had the skills, knowledge and experience to perform their roles and had a clear understanding of people's needs and oversight of the services they managed. Management and staff put people's needs and wishes at the heart of everything they did.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Governance systems were in place to monitor and improve the service. A range of audits had been undertaken to check standards of care, including infection control, medicines management and quality audits. Action plans were in place, where required, to improve outcomes for people.
- The local authority had rated the service as 'excellent' during their monitoring visit in March this year.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were supported by staff who enjoyed working at the service and fully understood and took into account people's protected characteristics.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Staff were invited to regular staff meetings to discuss policies, best practice and share learning.

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice and improve their health and life outcomes.
- We received positive feedback from relatives, staff and professionals, who all stated they felt included in decisions.