Contemplation Homes Limited

Crossways 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

Summary of findings

Overall summary

The inspection was unannounced and took place on the 8 September 2016.

Crossways Nursing Home provides nursing care and support for up to 30 people, some of whom maybe living with dementia.

At the time of our inspection 24 people were using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and knew how to report any concerns. People had risk assessments in place to enable them to maintain their independence and minimise any unnecessary restrictions on their liberty.

There were sufficient staff with the appropriate skill mix available to support people with their needs. Effective recruitment procedures were in place to ensure suitable staff were employed to work with people using the service.

Systems were in place to ensure that medicines were managed safely. This ensured that people received their medicines at the prescribed times.

Staff received appropriate training, supervision and support to enable them to carry out their roles and responsibilities effectively. People's consent to care and treatment was sought in line with the principles of the Mental Capacity Act (MCA) 2005 legislation.

People were able to make choices about the food and drink they had and to maintain a healthy and balanced diet. If required, staff supported people to access a variety of health professionals including the dentist, optician, chiropodist, dietician and the speech and language therapist.

People and their relatives commented positively about the standard of the care provided. Staff provided care and support in a meaningful manner; and knew about people's preferences and personal histories.

People's views were listened to and they were actively encouraged to be involved in their care and support. Staff ensured that people's privacy and dignity was upheld. Any information about people was respected and treated confidentially.

People's needs were assessed before coming to live at the service and the care plans reflected how their

needs were to be met. There was a complaints procedure to enable people to raise complaints.

There was a culture of openness and inclusion at the service amongst staff and people who used the service. A variety of audits were carried out, which were used to drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Systems were in place to ensure that people were protected from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

There was a robust recruitment process in place to ensure that safe recruitment practices were being followed.

Systems were in place to ensure that people's medicines were managed safely.

Is the service effective?

Good

The serviced was effective

Staff had undertaken a variety of training to keep their skills up to date and had been provided with regular supervision.

People's consent to care and treatment was sought.

People could make choices about their food and drink and staff provided support when required.

People had access to health care professionals if required, to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff.

Arrangements were in place for people to express their views.

People had the privacy they needed and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive

People received care that met their assessed needs.

People were supported to follow their interests.

There was a complaints procedure in place to enable people and their relatives to raise concerns.

Is the service well-led?

Good

The service was well-led

There was a positive and open culture at the service.

Strong links had been established with the local community.

Effective quality monitoring systems were in place.

Crossways 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.

We carried out an unannounced comprehensive inspection at Crossways Nursing Home on 8 September 2016.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection the provider completed 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. We checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service.

We spoke with five people who used the service, two relatives who were visiting the service and a further four relatives over the telephone. In addition we spoke with seven care workers, one domestic, two nurses, the deputy manager and the registered manager

We reviewed the care records of three people who used the service to ensure they were reflective of people's current needs. We examined three staff files and other records relating to the management of the service including, medication administration record sheets, staff rotas, training records and quality auditing records.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and were protected from avoidable harm and abuse. One person said, "Oh yes I feel safe here. It's like being at home. I can go to bed whenever I like." Another person said, "I feel safe here. There is always someone passing by it's nice to know they are about." Other people and relatives made similar comments and said that they had never experienced any bullying or discrimination from the staff team.

Staff told us they had been provided with safeguarding training. One staff member said, "Safeguarding training is updated yearly." Another staff member said, "Our knowledge and competencies are assessed to make sure we understand how to protect the residents from harm and to report incidents." Staff were aware of the provider's safeguarding and whistleblowing policies; and had a good understanding of the different types of abuse and how they would report it. The registered manager told us that 90% of the staff team had recently undertaken a nationally recognised training course in safeguarding and dignity at a local college. She also told us that safeguarding was regularly discussed with staff during supervision and their practice was observed. It was evident that systems were in place to make staff aware of how to report safeguarding incidents in a consistent manner.

We observed a copy of the service's whistleblowing and safeguarding procedure along with a copy of the local adult safeguarding procedure was displayed on the notice board at the service. They contained information on who to contact in the event of suspected abuse or poor practice. We saw evidence that the provider had submitted safeguarding alerts to the local safeguarding team to be investigated. The outcome from investigations was discussed with staff as lessons learnt and to minimise the risk of occurrence. We saw training certificates, which confirmed that staff had undertaken safeguarding training. We also saw copies of staff supervision and observed practice records. This showed that staff knowledge was regularly assessed.

Risk management plans were in place to protect and promote people's safety. One person said, "I definitely have risk assessments in place for when staff are hoisting me and when I am out in my wheelchair. I have food and skin allergies so there is a risk assessment in place to tell staff how these should be managed. Matron went over my risk assessments and care plans with me and I have signed them to confirm my agreement with what has been written." We saw people had risk assessments in relation to bedrails, moving and handling, falls, nutrition and pressure damage. Where people were at risk of pressure damage special cushions and mattresses had been provided to reduce the risk of damage to their skin. People, who required the use of a hoist to assist with transfers, were assisted by two staff members to ensure their safety was promoted.

The registered manager told us that staff checked people's pressure relieving mattress each time they were turned. This was to ensure that the settings were correctly in line with their weight. If required, they were adjusted to promote people's skin integrity and safety. A record of checks was maintained and kept in people's bedrooms. We found that people's risk assessments were reviewed regularly or as and when their needs changed.

The service had an emergency fire evacuation plan in place. We saw each person had a personal emergency evacuation plan (PEEP). The plans outlined people's support needs should there be a need for them to be evacuated from the premises in an emergency. We saw evidence that staff had been provided with fire awareness training; and participated in regular fire drills. An emergency action card was displayed at the service and was accessible to staff. It contained the names and telephone numbers of the utility providers for the gas, electricity and water should there be an emergency. In addition there was also a document that was called a business continuity plan. It contained information on what action staff needed to take should there be a major incident at the service and the premises had to be evacuated. Arrangements had been put in place for people to be transferred to the local village hall until an appropriate placement was found. We saw evidence that there was always a senior manager on call from the organisation to provide advice and support to staff in the event of an emergency.

Accidents and incidents were recorded and monitored. We saw records had been completed correctly, in line with the provider's policies. The registered manager had reviewed all accidents and incidents. This was to ensure they had been reported and managed appropriately.

Equipment used at the service to promote people's safety as well as the premises were appropriately maintained. We saw that the hoist, gas and electrical equipment were serviced regularly. There was an on-going refurbishment programme, floor coverings in bedrooms, corridors and communal areas had been replaced including radiators and some furniture.

The registered manager told us that there were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. She said, "Head office issues guidelines as to the number of staff that are needed to support the residents safely. I staff the home on how I see fit based on the residents' needs. We use a dependency assessment tool to assess their needs and this gives us an indication as to the staffing numbers that are needed." We saw that the staffing numbers consisted of two nurses and five care workers. The number was reduced after 5.00pm to one nurse and four care workers. It was reduced at night to one nurse and two carers. We checked the rota for the previous and current week and found that it was based around the dependency needs of people using the service. The provider information report (PIR) indicated that the retention of permanent staff was good and that agency staff had been used for a short spell over the last year whilst recruiting for new staff.

There were arrangements in place to ensure safe recruitment practices were followed. One staff member said, "I had a face to face interview and completed an application form. I did not start work until all the necessary checks had been completed." Another staff member said, "When I came for the interview, I knew that this was the right place to work. The home had a good feel about it and the staff made me feel welcome. This really put me at ease." The registered manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that the required documentation was in place.

Systems were in place to manage people's medicines safely. People told us they received their medicines safely and at the prescribed times. One person said, "I take a strong pain killer at specific times and the staff always give it to me at the right time." Staff told us they had been trained in the safe handling and administration of medicines and their competencies were regularly assessed by the registered manager and their practice observed. We saw written evidence to confirm this.

We found that medication administration record (MAR) sheets were fully completed and medicines were stored appropriately. Daily temperature checks of the refrigerator and the room where medicines were

stored were undertaken. This was to ensure medicines were stored in the right conditions.

We checked a sample of the controlled medicines and found that the balance in stock corresponded with the record. (Some prescription medicines are controlled under the misuse of drugs legislation and are called controlled drugs). We observed the lunch-time medicine round and found that medicines were administered in line with best practice guidelines. We saw evidence that a recent medication audit had been carried out by an external pharmacist. Recommendations made had been acted on.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. One person said, "Yes, definitely the staff are knowledgeable and know what they are doing." Other people made similar positive comments.

Staff told us they received regular updated training and supervision. One staff member said, "We have updated training, then matron meets with us and checks our knowledge to make sure we are competent." Another staff member said, "I am new here and on my induction. So far everything has been good and I am familiarising myself with the policies and procedures and working alongside experienced staff members."

There was a supervision and appraisal system in place. The registered manager told us that staff were supported with one to one supervision bi-monthly and a yearly appraisal. New staff had to undertake induction training prior to delivering care and work alongside an experienced staff member. We saw the induction covered essential subjects such as, safeguarding, dementia awareness, moving and handling, health and safety, food hygiene, first aid and fire awareness. Staff were expected to complete the Care Certificate during their three month probationary period. (The Care Certificate is the new minimum standards that should be covered as part of the induction training for new care workers). Each staff member had a development plan, which included all the training they had undertaken. We saw evidence that following training their knowledge was assessed. This was to ensure the training provided was understood and fully embedded. Within the staff files that we looked at there was evidence to confirm that staff were provided with bi-monthly supervision and an annual appraisal. This demonstrated that staff were provided with support to develop and review their practice.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw evidence within people's care plans that mental capacity assessments had been carried out along with best interests meetings when required. Eleven people who were using the service had been subject to a DoLS. We saw records that staff had undertaken training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and found that they had a good understanding of the act and people's capacity to consent.

People's consent was gained before assisting them with care and support. One staff member said, "We always explain to the residents how we are going to support them and gain their permission." We observed staff during the inspection asking people for their consent before providing them with support. Within the

care plans we looked at we saw that written agreement had been obtained from people or family members to be supported.

The Provider Information Report (PIR) reflected that one person had a do not attempt pulmonary resuscitation (DNAPR) order in place. We saw evidence that the decision made had been carried out in line with the current legislation and best practice guidelines. For example, the GP involved staff and family members in the decision making process. This ensured that the person's human and legal rights were respected.

People were supported to eat and drink and to maintain a balanced diet. One person said, "The food is very good here. There is plenty to eat and drink." Another person said, "The cook comes around every morning after breakfast to find out what we would like for lunch. There are usually two choices on offer." Other people made similar comments and said if they did not like any of the choices on offer the cook would provide them with an alternative. This showed that people were given choices on what they wished to eat.

We found that the lunch time activity was flexible and relaxed. There was background music playing, which was age appropriate. People with special dietary needs such as soft diets and food allergies were catered for. Some people chose to have their meals in their bedrooms and staff provided support and assistance. We observed that four people chose to have their meals at the dining table and others chose not to and their decisions were respected. Prompting and assistance was offered by staff in a dignified manner. We saw staff provided clothes protectors to uphold people's dignity.

Staff told us that people who were at risk of poor fluid and food intake were closely monitored and provided with fortified meals and drinks. We saw a record was maintained of what they ate and drank. People's weights and body mass index levels were monitored regularly to ensure they were within the appropriate range. If needed, the community dietician provided regular support and advice to the staff team.

People were supported to maintain good health and to access healthcare facilities. One person said, "I was having problems with my ears. I told the sister, she got me up to the hospital and it was soon sorted." Another person said, "The staff make sure I get medical attention when I need it." We saw that people were registered with a GP who visited the service when required. If people had difficulties with swallowing and mobility, specialist treatment would be obtained via the GP. Arrangements were in place for the chiropodist and optician to visit the service on a regular basis. In addition, staff were able to access support from the local complex care team. This was a nurse led service that was able to prescribe treatments.

Good

Is the service caring?

Our findings

Positive and caring relationships had been developed between people and staff. One person said, "I've never had any trouble here. The staff always give me a kiss and a cuddle, I feel like they are my friends." A relative said, "I find the staff to be caring. They always have time for you." Similar positive comments were made by people and relatives. Throughout the inspection we observed staff interacting with people in the communal areas and in their bedrooms in a caring manner. For example, there were smiles and lots of laughter; and people looked at ease in the company of staff.

People were made to feel that they matter. One person said, "Matron has asked me to be a dignity champion and I have accepted. I am also going to be involved in writing the newsletter and I have volunteered to do some fund raising. I have written to some big companies in the area to request donations for prizes for our raffle and the tombola." We saw that people's birthdays were celebrated and they were made to feel special and provided with a cake. Fetes, summer barbecues and parties to celebrate special theme events such as Christmas, Easter, Halloween and Valentines were arranged by the staff team.

Within the care plans we looked at we saw that people's religious beliefs were recorded. This ensured that people would be given the opportunity to continue promoting their faith if they wished. We saw that a local vicar provided a service with communion on a monthly basis. This showed that staff supported people to promote their religious beliefs.

The care plans we looked at contained information on people's preferences and personal histories. From discussions with staff it was evident that they were aware of people's individual communication skills and preferences. We saw each person had a memory picture on their bedroom door of an object or animal. This enabled staff to have meaningful discussions with the people they were supporting about their lives and experiences. For example, one person worked in a shoe shop, there was a picture of a pair of shoes outside their door. Staff also showed concern for people's well-being in a caring and supporting manner. For example, people who had been prescribed for pain killers and were not able to communicate if they were in pain, staff used a special pain relief chart to assess if they required pain killers to relieve them of any discomfort and to ensure they were pain free.

People told us they were involved in making decisions and planning their care. One person said, "My goal is to get back into my own place. The staff are aware of this, so they support me to maintain my independence and do some things for myself." Another person said, "I am able to choose the things I want to do and enjoy doing. All the staff know that I like gardening so if the weather is good they encourage me to sit in the garden." We saw that regular residents and relatives' meetings were held; and people were encouraged to express their views and were listened to. For example, one person requested for their bedroom door to be left open at night. Another person asked for their windows to be left open. Both individuals had their requests granted and the appropriate risk assessments had been put in place detailing how potential risk hazards would be managed.

People were made aware of advocacy services. The registered manager told us that one person was using

the services of an advocate. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives). We saw there was information displayed in the service on how to access the services of an advocate.

People could be assured that information about them was treated confidentially and respected. One staff member said, "We have had training on confidentiality and we never discuss a resident's care and treatment in front of other residents. We saw evidence within the care plan files that we looked at that people had signed an agreement for information about them to be shared with other health care professionals on a need to know basis. Records seen confirmed that staff had undertaken training in confidentiality and their competencies had been assessed to ensure that the training had been embedded.

People had the privacy they needed. We observed that people could spend time in their bedrooms if they wished to be alone or in the garden. We saw evidence that the registered manager had nominated individuals to be dignity champions. The dignity team consisted of a member of staff, a person using the service and a relative. (Dignity champions are people who believe that being treated with dignity is a basic human right, not an optional extra). We spoke with two of the dignity champions on the day of the inspection and they were confident that people's rights to dignity and respect were being upheld.

There were no restrictions on visiting. People told us that their relatives and friends were able to visit without any restrictions. One relative said, "The staff always make me feel welcome anytime I visit." Our observations confirmed this. It was evident that the service supported people to maintain contact with family and friends.

There were effective systems in place to enable people to receive dignified and pain free end of life care. Where required, people had end of life care plans in place that outlined their preferences, such as their preferred place of death. Anticipatory medicines were requested when a person was identified as nearing the end of their life. (Anticipatory drugs are medicines that are used to manage people's symptoms during their end of life). These medicines helped people to experience a pain free and dignified death.

Good

Is the service responsive?

Our findings

People told us before they came to live at Crossways Nursing Home their needs had been assessed. One person said, "I lived at another home before moving here. Matron liaised with my social worker to get all the necessary information before accepting me. I feel lucky to have a place here." Another person said, "I insisted that I came to live here and my needs were assessed. The care is first class." We saw that people and their relatives were given information about the service as part of the admissions' process in the form of a handbook. It contained information on what time meals were served; the service's mission statement and ethos and how to raise a complaint. In addition people had a list with the names and photographs of the relevant staff members who would be providing care and support to them.

People and their relatives were able to contribute to the assessment and planning of their care. The registered manager told us, "We always carry out an assessment of the residents' needs prior to them coming to live at the home. We visit them in their home or in hospital and involve them or their representatives in the assessment process. This is to ensure we can meet their needs." We saw that information from the pre-assessment was used to inform the care plan.

The care plans seen contained specific information on people's diverse needs, which included their personal history, how they wished to be supported, their likes, dislikes, continence needs; and any equipment that they may require to support their health and well-being and to maintain their independence. We saw that the care plans were personalised and reviewed on a regular basis or when there was a change to people's needs. This ensured that information about people was current.

Staff were made aware of how people wished to be supported and if there were changes to their care needs. One staff member said, "We have daily handovers and we get told if there are any changes to the residents care and treatment." Another staff member said, "The care plans are clear and easy to follow. They are written in a person centred way to enable us to provide care to the residents in the way they wish to be supported." We observed the morning handover and found that information about people's needs was communicated to the staff team. Staff were allocated to work with specific people and were therefore accountable for ensuring they received the care and support they required. We saw there was a key worker system in place, which meant people received care from a consistent staff team.

People were supported to follow their interests. One person said, "The activity person is on holiday this week. We do a lot of activities here. She finds out from us what we enjoy doing. I recently made a paper mache garden with trees and flowers. I have also been doing some writing for the newsletter and fund raising. I recently purchased a laptop and a printer." Another person said, "I enjoy sitting in the garden. When the weather is good I spend time doing some weeding and planting flowers."

Records seen detailed when people had taken part in an activity. We saw that Namaste activity, which means honour the spirit within was provided three times a week. This activity was designed specifically for people living with dementia. It helped them to reduce any anxiety and stress that they may have. We saw that the service followed national guidance to ensure people received care that was based upon best

practice. The National Institute for Health and Care Excellence (NICE) guidelines stated that it was important people living with dementia should take part in leisure activities that were meaningful to them. We saw that rummage boxes had been provided in the activity lounge with blankets and reminiscence items. This showed that the activities provided met people's diverse needs.

People were confident if they raised a complaint it would be addressed. One person said, "I know how to make a complaint but I have never had the need to make one. I am confident if I did raise one matron would sort it." Other people and relatives made similar comments. We saw a copy of the service's complaints procedure was displayed on the notice board. We saw from the complaints record, actions had been taken to investigate and respond to a complaint that had been made. The registered manager told us that complaints were used to improve on the quality of the care provided.

We saw the service had a compliments folder. People and their relatives had provided positive comments on the quality of the care provided. These included the following: "I am delighted with Crossways, especially the staff who were friendly. If at a later date I had to go into a home I would hope I was sent to Crossways." "My sincere thanks go to the matron and all the staff at Crossways for the exceptional care they gave to [name of person] before and after his death. He was always treated with dignity and the compassion shown to myself after his death was very much appreciated and a great comfort." "My [name of person] would have preferred to be at home for the end of his life but this was not possible due to him being too ill to move out of bed. He accepted this. Thank you to all the staff who took good care of him and to the chef who made his meals." This demonstrated that relatives had confidence in the quality of care provided to their loved ones.

Good

Is the service well-led?

Our findings

Staff and people using the service told us there was a positive and open culture at the service. One staff member said, "Matron is approachable and supportive." Another staff member said, "Matron's door is always open. If you are not sure about something, you can always approach her for advice." During our inspection we observed staff approaching the registered manager for advice and support and this was provided in a transparent and professional manner.

We observed the service had strong links with the local community. For example, people were supported by staff to visit the local pub for meals and to go on shopping trips as part of their planned social activities. Children from the local schools visited the service at Christmas to sing carols and donated gifts to people using the service at harvest time. The local bell ringers visited the service on special occasions. Volunteers known as 'Friends for Life' regularly visited the service. The local vicar was known to people living at the service and conducted a regular church service. This showed people were seen as part of the local community.

Systems were in place for staff to question practice and to make suggestions. One staff member said, "We have regular staff meetings and we are able to make suggestions and share information. For example, matron has nominated some of us as champions, these relate to dignity in care, pressure care and nutrition, continence and oral health. The champions attend meetings and training and cascade information gathered in relation to new products available to the staff team. The dignity champion observes our practice and reports back to matron if there is anything that needs addressing." Another staff member said, "During our one to one and staff meetings matron always discusses safeguarding and whistleblowing with us and asks for feedback. She also observes our practice and gives us feedback." We saw evidence that regular supervision and staff meetings were held. The safeguarding and whistleblowing policies were regularly discussed. Suggestions made at staff meetings had been acted on. For example, staff requested for more cutlery and activity equipment to be purchased.

The registered manager and provider were committed to providing all round high quality care. We saw that the service had a five star Food Standards Agency (FSA) hygiene rating. Five is the highest rating awarded by the FSA. This showed that the service demonstrated very good hygiene standards.

The service was also accredited with the Gold Standards Framework. The registered manager told us that being GSF accredited showed they worked effectively with external agencies and other health and social care professions to provide quality end of life care. She said, "It is important we identify when someone is nearing the end of their life and make sure they receive continuity of care. We work closely with the GP and family members."

The registered manager told us that resources and support were available to develop the team and drive improvement. She told us that she was a member of the 'My homelife Programme'. This was a UK wide initiative aimed at promoting the quality of life for people in a care home setting by listening to them and maximising their choice and quality of life. We saw evidence that the registered manager regularly attended

training and cascaded information on best practice to the staff team on how to support people to take control of their lives and to maintain their personal identity. Staff practice on how they engaged and interacted with people was regularly observed to ensure that they understood what was important to people using the service and that people were put at the centre of the care provided.

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. We saw evidence that accidents and incidents were recorded and analysed. Any trends that had been identified had measures that were put in place to minimise the risk of occurrence.

The registered manager told us that the service had systems in place to monitor the quality of the care provided. We saw regular audits were undertaken. These included medicines, infection control, health and safety, care records, accidents and incidents, night checks, pressure care and well-being. The audits were completed regularly to ensure the effectiveness and quality of the care provided.