

## Crossways Community

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### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 12 May 2016 and was unannounced. The previous inspection of the service was in May 2014 and they were found to be meeting all the standards we looked at during that inspection.

Crossways Community is registered to provide support with personal care and accommodation for up to 17 adults who either have, or are recovering from a mental health problem. The philosophy of the support offered is based on Christian values. 15 people were using the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had appropriate safeguarding procedures in place which staff understood. Risk assessments were in place which included information about how to support people in a safe manner. There were enough staff working at the service and robust staff recruitment procedures were in place. Medicines were stored, administered and recorded safely.

Staff were well supported and received regular training and supervision. The service was operating within the principles of the Mental Capacity Act 2005 and people were able to make choices about their daily lives. This included choices about what they ate and drank. People had routine access to health care professionals.

People told us they were treated with respect and in a caring manner by staff. The service promoted people's independence and privacy.

People's needs were assessed before they moved into the service. Care plans were in place which set out how to meet people's individual needs. People were supported to engage in a wide variety of employment, educational and leisure activities. The service had a complaints procedure in place and people knew how to make a complaint.

People and staff told us they found the registered manager to be approachable and helpful. The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff understood their responsibility with regard to safeguarding adults and systems were in place to help protect people from the risk of abuse.

Risk assessments were in place which set out how to support people safely and there were guidelines about supporting people who exhibited behaviours that challenged the service.

There were enough staff working at the service to meet people's assessed needs. Robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

Good ●

### Is the service effective?

The service was effective. Staff undertook regular training and received one to one supervision from a senior member of staff.

The service operated within the Mental capacity Act 2005. No one living at the service was subject to a DoLS authorisation and people were able to make choices about their daily lives. This included choices about food.

People had regular access to health care professionals.

Good ●

### Is the service caring?

The service was caring. People told us staff treated them well and we saw staff interacting with people in a friendly and respectful way. Staff demonstrated a good understanding of people's communication needs.

The service promoted people's dignity, privacy and independence and supported people with equality and diversity needs.

Good ●

### Is the service responsive?

The service was responsive. People's needs were assessed prior to them moving in to determine if the home was able to meet

Outstanding ☆

their needs. Care plans were in place which were personalised around the needs of individuals and staff were aware of how to meet people's needs.

People were supported to access a wide variety of activities, both at the service and in the community.

The service had a complaints procedure in place and people knew how to make a complaint.

### **Is the service well-led?**

The service was well-led. There was a registered manager in place. People and staff told us they found the registered manager to be approachable and helpful.

The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service and other stakeholders.

**Good** ●

# Crossways Community

## 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.

This inspection took place on 12 May 2016 and was unannounced. The inspection team consisted of an inspector and a specialist advisor who was a social worker with experience of working in mental health services.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and statutory notifications they had sent us. 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 contacted the local authority with responsibility for commissioning care from the service to gain their views.

During the inspection we spoke with five people that used the service. We spoke with seven staff, including the registered manager, deputy manager, clinical lead and four support workers. We observed how staff interacted with people. We toured the premises and grounds and four people showed us their bedrooms. We examined various documentation. This included seven sets of care plans and risk assessments relating to people using the service, six sets of staff recruitment, training and supervision records, various audits and quality assurance systems, medicines records and a sample of policies and procedures.

## Is the service safe?

### Our findings

People told us they felt safe using the service. One person said, "I feel very safe, there are no concerns at all."

Staff told us and records confirmed that they had undertaken training about safeguarding adults. Staff were aware of the different types of abuse and of their responsibility for reporting any allegations of abuse. One staff member said, "I would speak to my line manager [if they suspected abuse]."

The service had a safeguarding adults procedure in place. This made clear their responsibility for referring any allegations of abuse to the relevant local authority. However, the procedure did not make clear the service had a legal responsibility to notify the Care Quality Commission of safeguarding allegations. We discussed this with the registered manager who told us they would raise the matter with the provider with a view to getting the procedure revised. The registered manager said there had not been any safeguarding allegations in the past year and we saw no evidence of any safeguarding allegations within that time.

The service had a whistleblowing procedure in place. This made clear that staff had the right to whistle blow to outside agencies if appropriate. Staff were aware of the whistleblowing procedure. One staff member said, "I would go to CQC [if they needed to whistle blow]."

Most people managed their own money and told us they had their own bank accounts which only they could access. One person said, "I look after my own money." The service held money on behalf of some people in a locked safe in the office. Records were held of the amounts held and we checked these and found they tallied with the actual amounts of monies held. Systems were in place to reduce the risk of financial abuse occurring. Monies were held with the agreement of the people to help them with budgeting.

Risk assessments were in place for people which were personalised around the risks individuals faced. The risk assessments were categorised in to different areas including mental health, physical health, violence, self-harm and substance misuse. In addition, risk assessments were carried out for individual activities. For example, one person wanted to go to a sporting event with friends which also included a considerable amount of travel. The assessment was in place to support the person to carry out this activity in a way that reduced the potential for risk but promoted their freedom to make choices and take part in activities they enjoyed.

Staff were knowledgeable about the risks people faced. One member of staff told us, "[Clinical lead] advises us on people's risks and we are advised to read up on all the paperwork." The same staff member said, "We [staff on duty] do a daily risk assessment at the shift handover." They said this was an opportunity to discuss any potential high risk situations on the day, for example if any people were presenting as anxious or agitated.

The registered manager told us the service did not use any form of physical restraint when working with people. Staff we spoke with confirmed that this was the case. Staff said if people exhibited behaviours that were challenging to the service they used de-escalation techniques to support them. Staff were aware of

possible indicators that people were becoming distressed. One staff member said, "It's watching out for the signs as they start to get slightly agitated. You're on the lookout for their body language and their temperament. If you pick up early on you can usually distract them or ask if their PRN (as required medicine) might help." This meant that risks around behaviour that might challenge the service were well managed.

People told us there were enough staff to support them appropriately. One person said, "Yeah, there are enough staff." We observed during our inspection that there were enough staff to meet people's needs in a timely manner and staff made time for people as required.

The service had robust staff recruitment processes in place. Staff told us and records confirmed that various checks were carried out before they were able to work with people. These checks included criminal records checks, employment references and proof of identification. In addition, prospective staff had to complete an application form and undergo an interview to test their suitability. This meant the service had taken steps to help ensure suitable staff were recruited.

Staff undertook training before they were able to administer medicines. This included an assessment of their competence and them being observed administering medicines by a senior member of staff.

Medicines were stored securely in locked medicines cabinets located in a designated and locked medicines room. Medicine administration records (MAR) were in place. We checked these for a six week period leading up to the date of our inspection and found them to be up to date. We noted that the space on MAR charts to list allergies was left blank. Staff told us this was because the relevant persons did not have any known allergies. We discussed this with the registered manager who told us they would write in 'no known allergies' on the MAR charts to provide clarity on the issue.

Most of the medicines were in blister packs which reduced the risk of errors occurring with medicine administration. Where errors had occurred these had been reported to the registered manager and appropriate action was taken, including providing staff training and taking disciplinary action where staff had been negligent. We found that staff were actively encouraged to report mistakes they made with medicines. Staff carried out a monthly audit of medicines. We checked the records of medicines held and found these tallied with the actual amounts held in stock.

# Is the service effective?

## Our findings

People told us they have a lot of control and choice. One person said, "It's all right, it's not a bad place. There are no restrictions on freedom. It's good to have freedom."

Staff told us that they had an induction programme on commencing work at the service. This included shadowing experienced members of staff on shift to learn how to meet people's individual support needs. One staff member said of their induction, "First of all we had to go through the policies and procedures, then I had a couple of workbooks to work through." New staff completed the Care Certificate as part of their induction and the deputy manager told us that all staff were expected to complete it as a good practice exercise to help with learning and development. The Care Certificate is a training programme designed for staff who are new to working in a care setting.

Staff told us they felt they got enough training to support them to carry out their role effectively. One staff told us in the past year they had undertaken training about medicines administration, fire safety and the Mental Capacity Act 2005. They told us they were doing a course about personality disorders which they had requested and the provider had agreed to. Another staff member said, "Its [training] been really good. Since I've been here I've done equality and diversity, Mental Capacity Act, food hygiene, medicines and safeguarding training." Records showed training provided included fire safety, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, food hygiene, safeguarding adults and equality and diversity and forthcoming training was booked about gender awareness.

People who lived in the service had certificates of attendance at training courses. The registered manager told us that people were encouraged to take part in training sessions arranged for staff if it was a subject of relevance or interest for people. Training attended by people that used the service included first aid and fire safety. Staff also provided a diabetes awareness training session for people with diabetes to help them understand the condition and how best they could manage it.

Staff told us and records confirmed they had two weekly supervision with the clinical lead to discuss issues relating to people they worked with and supervision every four to six weeks with the registered manager to discuss any issues of relevance. Records showed supervision included discussions about service user and staff issues as well as training needs. One staff member said, "Every other week we have supervision with [clinical lead] to talk about our key residents. With [registered manager] we have supervision every four to six weeks. We talk about if there are any problems in the team, things to arrange for the residents or even our personal life." Another staff member said, "It's nice here because it [supervision] is very regular."

The clinical lead staff at the service was a registered mental health nurse. They led training sessions with the staff about mental health issues. In addition they supported care staff and people who used the service with developing and reviewing care plans and carrying out assessments. This meant staff with appropriate knowledge and qualifications were involved in helping to ensure people's support needs were met.

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).

The registered manager told us no one using the service at the time of our inspection was subject to a DoLS authorisation. We observed people were free to come and go from the service as they pleased during our inspection and people we spoke with confirmed this was the case. The registered manager and staff were aware of the principles of the Mental Capacity Act 2005. We were told that people had capacity and we found people were able to make decisions over their daily lives and also were involved in making decisions about the service. For example, the service had recently purchased new furniture for some of the communal areas and people were involved in choosing that.

People told us they liked the food. One person said, "Usually it is quite nice." Another person said, "The food is good, it's what I enjoy eating." Another person said, "There is no rotting fruit in the kitchen that I have to eat, no mind-numbing pizza and chips that I've had in other places. You get different meals, proper meals, healthy meals. They put fruit out like bananas, apples, oranges and pears, even pomegranates once or twice." People were supported to cook by themselves or with staff support as required. One person said, "I cook one meal a week. I can have help with cooking but I do it myself."

People told us the service supported them to access health care services. One person said, "They rang the doctor right away to get me PRN (as required medicines). They got it in an hour or so when I was really stressed." The same person told us, "They [staff] sorted out a dentist for me, I've already been there." Records showed people had access to health care professionals, including psychiatrists, psychiatric nurses, physiotherapists, GP's and dentists.

We spoke with two health care professionals who were visiting the service on the day of our inspection. They told us staff were knowledgeable about the people they worked with and were quick to seek support when required.

Staff explained how they sought to promote people's physical health. One staff member said, "We really encourage as much as we can with a healthy diet." The same staff member told us how they supported people to take regular exercise. They said, "We offer loads of activities, boxercise, swimming, we try to get them to join the gym."

## Is the service caring?

### Our findings

People told us that staff treated them in a caring and respectful manner. One person said, "Every issue I have they are trying to help, not having a go at me. It is a good place. If you give them respect [staff], they give you respect back." The same person told us that as the service used the same regular care staff they were able to build good relationships with them. They said, "Here they have set staff. Other residential places they have agency staff you don't know. Here you get to know the staff." Another person said, "It's really nice here, it's a nice atmosphere, people are lovely. The residents and staff are all very nice. Staff are always polite, nice and friendly." Another person said, "They are quite strict, but it's a nice strict." They added, "I can't think of anything [they did not like about the service]. It's all really nice." Another person said of the staff, "They are very polite and respectful indeed. I would say they conduct themselves right towards the residents."

A visiting health care professional we spoke with during our inspection said they had observed how well staff got on with people and that they seemed to have a good rapport with them.

We observed staff interacted with people in a caring and friendly manner during our inspection and people were at ease and relaxed talking with staff. We saw people routinely approaching staff for various reasons and staff always responded positively. One staff member said, "It's so much about spending time talking to people. It is important people know they have someone they can come and talk to."

Staff had a good understanding of how to support people in a caring way that promoted their dignity and privacy. For example, one staff member said, "We don't discuss personal things with people when in the community and people can overhear." The same member of staff also said, "There are times when you have to remind people to close their bathroom door, but you don't make a big thing out of it or people might get embarrassed."

The registered manager told us that all people using the service were able to manage their own personal care and staff confirmed they did not support anyone with personal care. Staff told us they encouraged and prompted people to attend to their own personal care. Staff said that although people were free to wear any clothes they wanted staff offered advice on clothing that was appropriate for the weather or any activities and appointments the person had planned. Although staff did not provide support with personal care they understood how to promote people's privacy and dignity. Staff told us that one person was able to manage their own personal care but that they sometimes needed a lot of prompting and encouragement to do so. A staff member said, "We always stand outside the door when encouraging [person that used the service] with washing and changing clothes to protect his dignity."

Those people who wanted them had their own telephones and computers. The home had Wi-Fi so people had access to the internet. In addition, the service had a pay telephone for people to use. This was located in a quiet area which gave people using it privacy. People had keys to their bedrooms and all bedrooms had a private bathroom which provided people with privacy. Four people showed us their bedrooms which were homely and decorated to their personal taste, for example with family photographs, and they contained

their own private possessions such as televisions and games consoles. One person said, "You can have whatever you want in your room."

People were supported to develop their independence. We observed a person doing their own laundry during the course of our inspection and they told us their clothing was important to them and they always did their own laundry. The registered manager told us the service actively supported people to develop independent living skills, for example with cooking, budgeting, accessing the community and laundry and people confirmed this was the case.

The support offered by the service was based upon Christian values. There was an on-site chapel and we observed people going to the chapel on the day of our inspection. The registered manager told us the chapel was offered to those people who wanted it and that the service was available to people of all faiths and none. One person who had recently used the service had gender identity issues and the service had arranged training for all staff in this area to enable them to provide appropriate support to the person. Another person sometimes chose to dress in a way that was more consistent with a gender that was different from their usual gender identity. Staff spoke appropriately and sensitively about this. Another person told us they had a girlfriend and that they were free to visit her whenever they liked. The registered manager told us people were free to spend the night with a partner.

## Is the service responsive?

### Our findings

People told us they were happy with the support they received from the service. One person said, "They have been supportive and trying to get me involved in things. It's a nice place to live." Another person said, "I would describe this place as good. I am happy here. There are lots of good things about this place, having time to think, time to have a conversation with people. I can be at ease and happy here." Another person said, "This is one of the best care homes I have lived in."

The registered manager told us after receiving an initial referral they and another member of staff met with the person to carry out an assessment of their needs. This was to determine if the service was able to meet their needs and offer them a placement. People generally moved in to the home from hospital and they had a transition period. This involved visiting the service for short times such as meals and gradually building up to overnight stays. The registered manager told us this gave other people using the service the opportunity to provide feedback as to the suitability of the prospective new resident and it also gave the person the chance to decide if the placement was right for them. The registered manager told us there had been occasions when a person had decided they did not want to move in and this had been respected. One person told us of their move into the home, "Before I came here it was done properly, I was happy to come here. This place came to the hospital to assess me."

Care plans were in place which were developed with the involvement of people that used the service. One person said, "I have got a written up care plan. Everything is fine, they [staff] go through it with me." Another person said, "Yeah, they do a care plan with you. I have one on my door of what I do for the week."

Care plans were person centred based around the assessed needs of individuals. Care plans included information about physical and mental health, employment, educational and leisure activities, sexuality and people's likes and dislikes. They also included detailed information about people's past life history. We found they provided sufficient information to staff to help them understand the support needs of people. Care plans were subject to regular review. People at the service were able to read and care plans were in a format that was accessible to them.

People were free to pursue their own activities and the service also offered a wide range of structured activities designed in line with people's preferences. These included golf groups, football teams, cooking sessions, swimming and boxercise classes. We saw a boxercise class taking place on the day of our inspection and people participating in it were clearly enjoying it and they told us it was something they valued. The boxercise class took place in line with the care plans of those people participating. One person told us, "There is always something going on in the day, different groups." The service had booked a week's holiday for later this year for those people that wanted to go. People told us they were happy with the destination and they had been involved in choosing it. One person said, "One thing about this place, there is always something good going on. They take us swimming, they do art classes. I am going on holiday to Norfolk with this lot."

The service had an art studio/music rooms located within its grounds. The registered manager told us

people were free to use it at any time and it contained various musical instruments and art materials. One person demonstrated their drumming to us and told us they enjoyed using the drums and that it helped to relieve stress.

The garden contained a nature area with a pond that was developed as a result of a request from people that used the service. There were also vegetable patches and people were involved in growing their own fruit and vegetables which were used by the home in meal preparation. One person told us, "Everyone gets involved with the gardening, weeding, mowing the lawn, stuff like that."

The provider ran a project called 'Enterprise' which was located near-by the service. This provided people using the service with the opportunity of developing work based skills with a long term aim of supporting people to gain employment. Skills taught included selling and packaging goods and re-furbishing furniture. We observed people attending this project on the day of our inspection. One person who used 'Enterprise' told us, "I have just started a woodwork class and I enjoy that. I do a bit of maintenance here. I have been fitting fabrics on chairs."

People had access to various services in the community. One person worked as a volunteer in a charity shop, others attended a healthy food group run by the local authority, one person was a member of a local church choir and one was involved in a drop in centre for adults with mental health needs. People visited local facilities such as shops, cafes, restaurants, the library and parks. The home arranged various trips, including to the cinema and the local theatre. One person told us, "I'm going to college part time, studying horticulture."

People told us they knew how to make a complaint if needed and that they were encouraged to raise any issues they had. One person said, "They [staff] talk to us, ask what is going on, any problems." The same person said, "I would talk to my mum and [registered manager] if I had a complaint."

The service had a complaints procedure. This included timescales for responding to any complaints received and details of whom people could complain to if they were not satisfied with the response from the service. People were provided with their own copy of the complaints procedure and a copy was available in the communal part of the home.

The registered manager told us there had been one complaint made in the past year. The person who made the complaint had spoken to us about it and said they were happy with the way it was dealt with by the service.

## Is the service well-led?

### Our findings

People spoke positively about the registered manager and senior staff. One person said, "Both [registered manager and clinical lead] have been really good to me." Another person said, "She [registered manager] is nice. I can talk to her if I have any problems."

The service had a registered manager in place. They were supported in the running of the home by a deputy manager and a lead clinical staff member. Staff spoke positively about the registered manager and senior staff within the service. One staff member said, "She [registered manager] is very approachable. She listens." The same staff member also praised the working atmosphere at the service, telling us, "We are very supportive in our team, there is very good morale. I love my job." Another member of staff said, "She [registered manager] is really good. She used to be a support worker and you can tell. She has an understanding of the residents as well as the staff. She is very caring and she always makes time for you." The same person added, "The staff team were very welcoming, everybody took time to get to know me."

The registered manager said they worked shifts carrying out support worker duties. They told us this gave them the opportunity to spend time with people away from administrative duties. The registered manager told us they were happy for staff and people that used the service to speak with her on any issues, they said, "I would want someone to come and challenge me, I'm very open to all that. Staff do come to talk to me about things." This meant the registered manager was promoting a positive, person centred culture in the service.

People told us and records confirmed that the service held regular 'residents meetings'. One person said, "We have residents meetings once a month. Just to talk about things, if there is a trip coming up or if there are any problems." Another person said of the meetings, "We talk about what our dislikes are, if there is a mess, say what we want, such as a sandwich toaster." Records of the most recent meeting showed discussions about spiritual matters, health and safety and activities. People had suggested they wanted to go on a train ride and this had been arranged.

In addition to the monthly 'residents meetings' the service also held a weekly meeting for people. One person said, "We have a 'start the week' meeting every Monday. We talk about what's going on in the week."

Staff told us and records confirmed that the service held regular staff meetings. Although these were chaired by a senior member of the staff team, all staff were encouraged to add items to the agenda for discussion. One staff member said, "We have staff meetings about once a month. Staff can write down on the agenda any items they want." Records of the most recent staff meetings showed discussions about issues affecting people using the service and the methodology used by the regulator of social care services in England.

The registered manager told us that service user and stakeholder surveys were carried out annually to gain feedback from people on the service and how it was run. The most recent service user survey was carried out in March 2016 and generated positive feedback. Comments on completed survey forms included, "It's a good home to live in" and "They are nice supportive staff."

The service carried out various audits. Bedrooms were checked each month for any safety and maintenance issues, such as making sure electrical sockets were in good working order. Health and safety checks were periodically audited to make sure they were been carried out properly, including fridge and freezer temperature checks, knife inventory and fire safety checks. Care plans were routinely checked as part of on-going clinical supervision for staff. The supplying pharmacist carried out an audit of medicines at the service.