

Hatfield Investments Limited

Crossways

Inspection report

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Date of inspection visit:
30 March 2016
31 March 2016

Date of publication:
24 May 2016

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

This inspection took place on 30 and 31 March 2016 and was unannounced.

Crossways provides residential care and support for up to 24 older people. Some people also stay at Crossways for periods of respite or convalescence, before returning to their own homes. At the time of our inspection, 22 people were living in the home.

The service is required to have a registered manager in post. 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 were safe in the home. Staff had a good understanding of safeguarding and knew what constituted abuse. Staff knew how to keep people safe and reported any issues of concern appropriately. Risk assessments were clear and detailed and reviewed regularly. Staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people. People received their medication on time and in the manner the prescriber intended.

Staffing levels were sufficient to meet people's needs appropriately and all the staff on duty had the skills and knowledge to support people effectively and meet their needs in a timely manner. Appropriate and safe recruitment practices were followed, to ensure staff were suitable to work with people in a care environment.

Staff received good support from each other as well as from senior staff and management. Staff received good levels of supervision and the management team were approachable.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The management team ensured the service operated in accordance with the MCA and DoLS procedures and staff demonstrated a clear understanding of the MCA, DoLS, capacity and consent. People were supported to make their own decisions and choices as much as possible.

People received enough food and drink to meet their individual needs and staff had a good understanding and knowledge of people's dietary needs.

Prompt referrals were made to healthcare professionals as needed and any advice or guidance given was followed appropriately by staff. There was also consistent monitoring and appropriate communication by staff, regarding people's healthcare needs and any changes.

People were fully involved in planning and reviewing their own care and staff appropriately supported people, when necessary, to make informed choices for themselves.

The staff were kind, caring and compassionate. People were treated with dignity and respect and their privacy was always upheld. People were also supported to do as much for themselves as possible, in order to enhance and maintain their independence.

People had access to activities that complemented their interests and enhanced their wellbeing. Visitors were welcome, without restrictions. People were listened to and their complaints were welcome. Any complaints were fully investigated and actions taken to improve the quality of care provided.

There were effective systems in place to monitor the quality of the service and these were used to develop the service further. Staff and people living in the home were involved in making decisions on how the home was run.

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place. An open and inclusive culture was demonstrated in Crossways, with clear and positive leadership evident.

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

Staff had a good understanding of safeguarding and knew what constituted abuse. Staff knew how to keep people safe and reported any issues of concern appropriately.

Risk assessments were clear and detailed and reviewed regularly. Staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people.

Staffing levels were sufficient to meet people's needs appropriately and in a timely manner. Safe recruitment practices were followed, to ensure staff were suitable to work with people in a care environment.

Medication was administered, stored and managed safely and appropriately and people received their medication on time and in the manner the prescriber intended.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to support people effectively, had regular supervisions and completed training that was effective and relevant to their roles.

The service operated in accordance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) procedures and staff demonstrated a clear understanding of the MCA, DoLS, capacity and consent.

People had sufficient amount to eat and drink and staff had a good understanding and knowledge of people's dietary needs.

Prompt referrals were made to healthcare professionals as needed and any advice or guidance given was followed appropriately by staff.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect and their privacy was consistently upheld.

People were fully involved in making decisions around how they spent their day and what care and support they received.

Visitors were welcome, without restrictions.

Is the service responsive?

Good ●

The service was responsive.

Care records provided clear guidance for staff to understand how to meet each person's specific care and support needs.

Care was centred on each person as an individual and people were able to engage in appropriate and meaningful activities.

People could complain or raise any issues if they had any and felt they were listened to properly.

Is the service well-led?

Good ●

The service was well led.

There were effective systems in place to monitor the quality of the service. Staff and people living in the home could make suggestions for improvement and contribute to the planning and development of the service.

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place.

An open and inclusive culture was demonstrated in Crossways, with clear and positive leadership evident.

Crossways

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 30 and 31 March 2016 and was unannounced. Our visit was carried out by three inspectors.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law.

During our visit we met and spoke with 15 people who used the service and five of their friends and relatives. Observations were carried out during both days.

We gained feedback on the service from the hairdresser who was visiting the home during our inspection and a member of the local community. We also spoke with the registered manager, two other members of the management team, three members of care staff, including a senior, a domestic member of staff and a cook.

We viewed the care records for four people and a sample of the medicines records for five people who used the service. We tracked the care and support of two of these people. We also looked at records that related to the management of the home. These included staff recruitment files, staff training records, quality auditing systems, some health and safety records and minutes of meetings.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living in Crossways. One person said, "Very safe thank you. I trust all of them [staff] implicitly; they look after us very well."

A visitor told us they felt confident that their parent would be well looked after. They said, "I can sleep at night – I don't have to worry."

Staff had a good understanding of safeguarding and knew what constituted abuse. Staff said they would recognise signs that indicated when a person may be being abused and would report any issues of concern appropriately. The staff we spoke with told us that they had received effective training in respect of safeguarding people. Staff also confirmed that there was a whistleblowing policy in place, they knew how to access this and would follow it if necessary.

We also saw that there was information on the noticeboard in the corridor regarding the local safeguarding team and how to contact them. There were also clear details about what to do if anyone suspected abuse.

The premises were being well maintained and we saw that equipment such as hoists and fire-fighting equipment were checked and serviced on a regular basis. Staff told us that the registered manager regularly activated the fire alarms to ensure everyone responded appropriately. Staff also told us how the manager staged scenarios, to make sure staff knew what to do. For example, if a fire broke out in a person's room. People living in the home told us they had also received clear instructions on how to respond if the fire alarm sounded and knew what to do. This was also documented in a copy of the minutes from a recent 'residents' and relatives meeting.

Risk assessments were clear and detailed in respect of people's daily living, such as mobility, nutrition and hydration, medical conditions, pressure sores and personal care. Our observations showed that staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people.

For example, it was noted that one person was at risk of malnutrition, so a food diary was being completed to monitor their intake. We saw that a referral had been made to the person's GP and management plans regarding their food had also been discussed with the person themselves. We noted that this person had agreed to be weighed monthly and was currently maintaining a stable weight.

We saw that staffing levels were sufficient to meet people's needs appropriately. All the staff on duty showed good knowledge and understanding of people and their needs. One person living in the home told us, "Sometimes staff get a bit stretched but generally speaking staffing is ample. If staff are off sick [management team] come on the floor." Another person also told us that [management team] covered any staff shortages but that they felt the staffing levels were, "Quite adequate." This person also said that when they needed to use their call bell to summon assistance, two staff responded promptly.

The staff files we looked at and discussions with staff confirmed that appropriate and safe recruitment

practices were being followed. All staff were police checked for suitability with the DBS (Disclosure and Barring Service). Appropriate references were also obtained to make sure that new staff were safe to work with people who lived in the home. The manager and management team told us that, in many cases, new staff were well known to them and the local community. This gave further reassurance of employing people of good character.

Medicines were managed and administered safely in the home and people received their medicines as prescribed. One person told us that they suffered from short-term memory loss following a stroke and said that they were grateful that other people remembered their tablets for them. A relative told us that they often observed the seniors administering medicines and said that this was well organised.

A senior member of staff and the management team all told us that staff received full training and were closely supervised before being able to administer people's medicines. We observed the senior giving people their lunchtime medicines on the second day of our inspection. We saw that this was done in a professional, caring and engaging way.

The senior member of staff told us how they had recently received medicines supervision from the management team. They said they had found this very useful and supportive, particularly with regard to discussions around insulin administration techniques.

We saw that people's medicines were appropriately stored in trolleys that were kept locked when not in use. Effective recording systems were in place and people's records, including the medicine administration record (MAR) charts, were clear, up to date and completed appropriately. For example, there were clear notes for one person, which stated that the application of a cream should be discontinued if their legs become inflamed. We noted that this had been adhered to, when the person had an adverse reaction.

Is the service effective?

Our findings

People who were living in the home told us that their needs were met appropriately by well trained staff. One person told us, "They're all marvellous and certainly know what they're doing." Another person said, "They are very well trained in every respect and they all seem very keen to learn, which is very reassuring to me."

Staff confirmed that they received good support from each other as well as from senior staff and the management team. Staff received regular supervisions and training that was effective and relevant to their roles.

For example, a senior member of care staff told us that they had completed, "A lot of training." They said they already had a level 2 vocational qualification (NVQ) in care and were in the process of completing their level 3. This member of staff also told us that the seniors were due to complete some 'Train the Trainer' courses to be able to further support other staff with training in specific areas.

A member of the domestic staff told us they had completed training in a number of areas. Such as; infection control, moving and handling, Control of Substances Hazardous to Health (COSHH) and fire safety.

The cook told us how they had completed training in areas such as nutrition, infection control and the Malnutrition Universal Screening Tool (MUST). They said that they had also received specific training in areas such as pureed diets and understanding nutrition and dementia. The cook told us that, during their last appraisal, they had requested additional training on diabetes and that the management team were trying to arrange this for them.

The cook also explained how they followed the 'safer food, better business' policy provided by the Food Standards Agency. They said that they, together with another cook, provided some additional training for care staff, who also prepared people's food and drinks. This helped ensure everybody complied with the food hygiene regulations.

Staff told us that appraisals were held annually and that supervisions were held regularly. The management team explained how supervisions had recently been introduced for non-care staff, as these had not previously been carried out. This helped ensure all staff were fully supported in their work.

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 are called

Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection everybody living in the home was deemed to have capacity and nobody was subject to any DoLS restrictions. However, the staff and management were still able to demonstrate a clear understanding of the MCA, DoLS, capacity and consent. We saw consistent evidence of people being able to make their own choices and decisions. Staff made sure that people knew what was going on and obtained their consent before any care was provided. We also heard a member of the domestic staff asking permission to clean a person's floor and thanking them as they left the room.

People using the service confirmed that their consent was always sought before staff did anything. One person told us, "They [staff] always check if I want them to do things for me and never do anything I don't want them to."

Staff had a good understanding and knowledge of people's dietary needs, including cultural choices and allergies. People we spoke with gave positive feedback regarding the meals. One person told us that there was nothing they could think of to make things better in the home. They explained that their taste buds had been affected by illness and said, "The cook could not be more accommodating." This person's visitor described the person as, "Thriving" and said they had gained half a stone, which was very good.

Another person told us how they had breakfast in their own room but chose to go to the dining room for lunch and evening meal. This person said, "Cook comes round every day to let people know what is on the menu. Cook will suggest things that we may like and there is plenty of fish."

People also told us that there was always plenty to drink. One person told us that they could have Complian or Horlicks with warm milk when the tea round arrived. A person's relative said, "They have lots of fluids here – no danger of dehydration. There are several drinks rounds during the day, plus fresh water in their bedrooms." A member of staff told us, "People have lots and lots of drinks offered to them." This member of staff explained how people were given a drink and then staff would check to see if it had been drunk. Fresh cups were offered if people's hot drinks had gone cold and fluid charts were implemented if there were any concerns about the amounts people were drinking.

We saw the mealtime experience was very positive, cheerful and relaxed. There was consistent evidence of people's wishes and choices being listened to and action taken appropriately.

The cook explained that they were informed of specific dietary needs when people first moved into the home. They also told us that they always checked a person's individual likes and dislikes on the first day and then built an "evolving picture of preferences". When people required pureed meals, the cook said that all the items of food were pureed separately on the plate, to look like a proper meal and enable people to leave anything that they were not so keen on.

The cook also told us that they were getting a camera for the kitchen so that pictures of plated meals could be shown to people to assist them in making genuine choices.

We noted that, with their agreement, people's weights were checked monthly. If any concerns were identified, weights would then be checked weekly and food charts put in place. For example, we saw that one person who had diabetes and had been losing weight had a food chart and an eating and drinking care plan in place. We saw that the concerns had been brought to the attention of the person's GP and that an

appointment had also been made with the speech and language team (SALT).

People told us they had good access to various healthcare services. For example, we noted that services, such as a hearing aid clinic, were held in the home and regularly incorporated into the activities schedule.

Care plans also showed that staff were referring people to the necessary medical professionals, as needed. We noted that any advice or guidance provided was followed appropriately by staff. There was also good evidence of consistent monitoring and appropriate communication between staff, regarding people's healthcare needs and any changes.

Is the service caring?

Our findings

Everyone living in the home who we spoke with, made positive comments regarding how good, kind and caring the staff were. People said they were listened to and their needs were met appropriately. All the staff demonstrated caring attitudes towards people and we saw this was consistent, regardless of the staff's roles.

One person told us, "They look after you well here. I can do what I want. There is nowhere I would rather be. If I have to be in care this is a good place to be." Another person said, "I could not better it – absolutely wonderful."

One person's relative told us, "I felt an enormous relief as I felt that [relative] would be cared for." Another visitor described the home as a real, "Home from home." And told us how good it was that the person they were visiting had been able to bring their own furniture.

A further visitor told us, "I would move in myself – the food is good and people are well looked after." This person added that they could think of no areas for improvement and felt that people were safe there, with staff who were very friendly and helpful. They also said, "[Name] did not want to move in but is very happy here now."

A person living in the home described how a dearly loved picture got broken during their move but that the manager had promptly arranged for this to be mended locally. The person told us they were, "Absolutely delighted."

We observed staff supporting people to come to the dining room for lunch. We saw that people did not come to the dining room too early, so they weren't left sitting too long waiting for their meal. People were able to move at their own speed and were encouraged to make their way independently if they were able. We observed friendly and considerate interactions between staff and the people they were supporting. Where needed, we also observed staff encouraging or assisting people respectfully with their food and drinks.

People were fully involved in planning their own care and, if needed, staff ensured people were supported appropriately to make informed choices for themselves. People also had access to independent advocacy services as and when needed.

Everyone we spoke with confirmed that they were always treated with dignity and respect and told us their privacy was always upheld. We also saw that people were supported to enhance and maintain their independence.

One person's relative told us, "They [staff] are respectful of privacy, dignity and human rights. They encourage people to do what they can for themselves but are there as a back-up and assist people as required."

One person living in the home told us that staff provided care in a pleasant and respectful way, for example when assisting them to bathe. They said that staff were, "More like friends and always have a smile on their face."

People's individual choices were seen to be fully respected and there were no restrictions on visitors. One person's visitor said of the home, "It always looks nice and feels nice, whatever time of day." And added that, "Visitors are welcome at any reasonable hour and get a cup of tea or coffee."

Is the service responsive?

Our findings

We saw that care was centred around each person as an individual and all staff showed good knowledge of people's wants, needs and preferences. Care plans and assessments also gave clear guidance on providing person centred care and it was easy to see how to support people in accordance with what they wanted. These were regularly monitored and reviewed, with any required changes implemented promptly.

We noted from the minutes of a staff meeting held in February 2016 that staff had been reminded about the importance of delivering 'person centred care'. It was explained that, although people's written care plans provided a good guide, some people's individual care needs were changeable from one minute to the next. For this reason it was reiterated that staff needed to be prepared to adapt to people's possible changing needs and update the relevant records accordingly.

We saw that people were fully involved in planning their own care, reviewing these plans and day-to-day decision making. The care plans we saw were detailed and informative, although the management team acknowledged they would benefit from a clearer indexing system to enable finding some specific information more quickly.

One person's care plan showed that full reviews regarding their nutrition, skin condition, ear care and falls had been completed during the month prior to our inspection. Another person's care plan showed that they needed assistance with having a bath, which they liked to do every two to three days. Apart from that, this person was happy and able to attend to their own personal care needs. This aspect was also regularly checked and reviewed with the person.

Each person was able to live their lives as they chose and it was clear from the handover we observed that staff knew about the needs of everyone living in the home. We noted that everyone had had some contact with staff during the first morning of our inspection and we were assured that people were consistently protected from isolation.

For example, a member of the domestic staff told us that they got regular opportunities to spend time with people whilst popping into their rooms to clean. This person also told us that they stayed voluntarily on Wednesday afternoons to have a chat or take people out. They added, "People get good opportunities to get out and down to the sea front or round the town for shopping."

We saw that people regularly accessed the local community, maintained personal relationships and pursued various activities, hobbies and pastimes, as they wished. One person living in the home told us that they enjoyed the activities; particularly dominoes, bowls and the sherry mornings. They said that there were also exercise sessions and that, "The staff do a lot of little activities for people who are not 100% up to it." This person also told us that they were not keen on being taken out in a wheelchair but that staff did offer and that staff did some shopping for them once a week.

A person's relative told us that they had heard good things about the home and that the initial moving in

was very positive. They added that one of their only concerns had been about a lack of activities, but that these had since very much improved.

We spoke with two other people, whilst they were waiting for their lunch and one stated, "It is always good. This is one of the best ones in the town." The second person commented, "We are very comfortable; no complaints and good grub. They try to keep us occupied; we played dominoes this morning and it will be bowls tomorrow!" Both people said that they appreciated the outdoor seating area and enjoyed having their lunch out there sometimes in the summer.

Everyone we spoke with told us they knew how to make a complaint if needed, although no one had any current cause for concern. One person said, "I can't complain about a thing here; it's all absolutely wonderful." We saw there was a complaints procedure for the home and that staff would signpost people to this and support them if required. Everyone said they felt that they could discuss any issues with any of the staff or the management and felt that they were listened to and responded to properly.

Is the service well-led?

Our findings

There was a registered manager in post and communications with staff were frequent and effective. Regular team meetings took place and detailed minutes were taken each time. These meetings covered all aspects of the service. For example, health and safety issues, staffing levels, staff training, areas of responsibility and the individual support requirements for people living in the home.

We received very positive comments from people living in the home, relatives and visitors regarding the staff and the management team. One person described the manager as, "A lovely man; always ready for a chat." Another person told us they enjoyed a good joking rapport with the manager who, "Is always here."

A person's relative told us they found the management team and other staff very approachable and would not hesitate to raise any concerns if they had any. All the staff we spoke with said that they enjoyed their work. A member of the domestic staff told us that there was good teamwork and that Crossways was a nice environment to work in. Another member of staff said they found the managers, "Very friendly and very easy to talk to."

Staff and people living in the home also told us that they could contribute to the planning and development of the service and make suggestions for improvements.

For example, a person who was living in the home had been going out to a 'movement to music' class in the community. As a result of a suggestion by the person, we noted that this activity was now also being carried out within the home for other people.

A member of the domestic staff told us how they had suggested better ways to do their work. For example, having a trolley on wheels for dirty linen, rather than having to haul a cumbersome laundry sack around. We saw that this had been implemented.

We found that Crossways was well regarded by its community. A member of the local community told us that the home had a very good reputation locally and that it was particularly nice for people to be able to take in their own furniture.

The hairdresser who was visiting on the first day of our inspection also spoke very positively about the home saying, "The smell is beautiful when you walk in. All the staff are lovely and [Name], whose hair I do, loves it here." The hairdresser went on to say that they did not want to end up in a home but, "If I had to, this is the one I'd choose."

We saw that record keeping and management systems were in good order, with effective auditing and follow up procedures in place. Formal 'resident' and relative's meetings were held in the home and people's views and feedback on the service were sought on an ongoing basis. We noted that the quality of the service as a whole was regularly monitored. Any issues or areas for improvement that were identified had appropriate responses provided and action taken as quickly as possible.

For example, we noted that some areas for improvement had been identified following a recent inspection from the local authority's fire officer. Some action had also been identified as required following audits by the local chemist and an infection prevention and control nurse. We saw that the management team had compiled appropriate action plans to address the issues raised. A number of action points had already been completed, whilst we acknowledged that some were actively 'work-in-progress'.

This confirmed to us that the service was being well run and that people's needs were being met appropriately.