Hatfield Investments Limited

Crossways

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?	Outstanding

Summary of findings

Overall summary

This was an unannounced, comprehensive inspection visit completed on 10 and 11 October 2018.

Crossways is a 'care home' providing residential care. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides care to a maximum of 24 people. At the time of the inspection, there were 22 people receiving care at the service with one person in hospital.

The service had 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.'

At our last inspection on 30 and 31 March 2016 the service was rated good in all key questions. This was because staff knew how to keep people safe, with good adherence and implementation of risk assessments and care plans.

Staff treated people respectfully, placed value on provision of food and fluids, and meeting specialist dietary requirements. People's care records were completed to a consistent standard, with quality monitoring and oversight of care provided by the management team.

During this inspection, we received high and consistent praise in relation to this service. People and their relatives were positive and enthusiastic about the quality of the service provided. We found that people were supported to have maximum choice and control over their lives and staff worked with them in the least restrictive ways possible; with the policies and systems in the service to support this practice.

Staff treated people with care and compassion, and took pride in their caring roles. Staff understood how to identify and report safeguarding concerns to keep people safe. Staff approach and people's records demonstrated adherence to the principles of the Mental Capacity Act.

People accessed a variety of meaningful activities arranged within Crossways to reduce social isolation and spent time with relatives, friends and accessing the local community.

People and their relatives knew how to make a complaint, and were encouraged to give feedback to the management team, however there had been no formal complaints in the 12 months prior to the inspection. The service provided high standards of care to people who required support with complex health needs and those approaching the end of their life.

Crossways had excellent governance systems in place which enabled the service to continuously learn, improve and sustain high quality person-centred care.

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

People had individualised risk assessments linked to care plans.

People received their medicines as prescribed and at times to ensure effectiveness.

Staff knew how to keep people safe and what actions they would need to take if they had any concerns.

There were enough staff to meet people's needs with flexibility built into each shift to allow for changing needs and complexity.

Is the service effective?

Good

The service was effective

Staff received the necessary training and reviews of competency for their roles.

People's mental capacity was assessed, with best interest decision making in consultation with relatives and other professionals involved in their care and support.

The service worked collaboratively with the GP surgery, pharmacy and other healthcare professionals.

Is the service caring?

Good

The service was caring

People were treated with kindness, respect, dignity and compassion.

We received consistently positive feedback from people and their relatives about the high quality of care and described staff as excellent, going above and beyond to ensure consistently high levels of care and support.

Is the service responsive?

Good

The service was responsive

People engaged with activities onsite and in the community which had a significant impact on their overall health and wellbeing, with the aim of reducing social isolation.

Care plans linked to risk assessments and demonstrated empowerment to make choices and for people to have as much control and independence as possible.

The service held an accreditation for providing high standards of end of life care.

Is the service well-led?

Outstanding ☆

The service was very well-led

The service encouraged feedback and took account of the views of people who used the service, their relatives and staff to help drive improvement.

Robust auditing processes were in place to monitor and maintain high and consistent standards of care and support.

The management team's open-door policy for staff extended to people living at the service, their relatives and friends.

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 was an unannounced comprehensive inspection, which took place on 10 and 11 October 2018. On both days of the inspection, the team consisted of one CQC inspector.

Before the inspection, we asked the provider to complete 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 looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with nine people who lived at Crossways and spoke with four relatives. We observed care and support being delivered in communal areas.

We spoke with nine members of care staff including members of the management team, senior carers, care assistants, housekeeping and catering staff. We attended the afternoon shift handover meeting on the first day and observed the lunchtime meals on both days of the inspection.

We reviewed six people's care records including their daily contemporaneous notes, administration of topical medicines such as creams. We checked six people's medicine administration records (MAR) and reviewed the medicines management procedures in place. We observed part of the morning and lunchtime medicine rounds, and were present while a staff member had their medicine competency checks completed. We attended the afternoon shift handover meeting on the first day of the inspection.

We looked at three staff recruitment files as well as training, induction, supervision and appraisal records. We reviewed audits, policies and procedures relating to the running of the service.

Good

Is the service safe?

Our findings

During our inspection on 30 and 31 March 2016, we found the service was safe and was rated good in this key question. During this inspection, we found the service continued to be 'Good' for this key question.

Staff demonstrated a clear understanding of safeguarding practices and procedures, and recognising types of abuse. Staff completed mandatory safeguarding training and were booked onto refresher training as required.

Staff completed detailed risk assessments identifying individual needs relating to people's health and wellbeing. Care plans included guidance on areas of care such as the management of pressure care and choking risks. Staff checked the condition of people's skin when offering support with personal care tasks.

Staff completed risk assessments which contained guidance and techniques to follow when working with people with physical healthcare needs and long-term conditions such as diabetes. Risk assessments detailed least restrictive approaches and reflected in-depth knowledge of each person to encourage participation in their daily routine.

Staff completed environmental safety audits, including infection prevention and control. The service had up to date fire and electrical safety checks in place. Staff completed fire safety drills through scenario based learning. Window restrictors were in place for windows on the first and second floor of the home to maintain people's safety while having the windows open. Ground floor windows did not have restrictors in place and this was discussed with the manager as an area for consideration to improve the overall security of the home. Following the inspection, the manager confirmed that the home had reviewed their environmental risk assessment and would install restrictors in line with any risks identified.

Crossways was immaculately clean throughout, with pleasant décor and furnishings. Staff told us they were expected to work to agreed standards. This was to ensure each person, their bedroom and communal areas of the home remained clean and well presented.

Relatives gave feedback on the condition of the home. Two relatives spoke with together, told us, "It is nice and clean, cannot fault it, never any smell." One of the people living at the service said, "It is a very clean environment, nothing I can think needs to be improved on."

Each person had an evacuation plan in place for use in the event of an incident such as a fire. These contained clear guidance for staff to follow. Plans recognised people living at the service needing physical assistance or those with sensory impairments.

Staff completed regular legionella water safety temperature checks and flushing of the water system for the home. The service arranged for a legionella test certificate to be put in place following the inspection visit.

Staff accessed aprons and gloves to use when completing personal care tasks to reduce risk of cross

contamination or spread of infections. The management team attended community infection control meetings, and used this as an opportunity for Crossways to have an audit.

The provider did not use a dependency tool to determine the level of staffing required on each shift. Instead, there was an agreed staffing level during the day and overnight. Staff start and finish times varied across the shift to ensure sufficient coverage and flexibility. We examined staff rotas and found that staffing levels were maintained in accordance with the provider's minimum levels. Staff told us they worked as a team ensuring people received consistently high standards of care. There was one staff member who lived on site, they provided out of hours coverage in addition to the registered manager.

Each shift had a senior member of staff who coordinated the team to ensure all tasks were completed. One staff member told us, "We work to assigned floors, with a senior member of staff moving between. We are clear from the start of each shift what is expected of us." The housekeeping team confirmed they had task lists for completion on each shift.

People living at the service told us staff responded to their needs in a timely manner. Each bedroom contained pull cords. One person said, "Staff are responsive if I ask for assistance." Another person said, "The staff are very good, they check on me and see what I need." A third person said, "The staff are very helpful, they come reasonably quickly if I pull my cord."

Employment records examined contained character references and Disclosure and Barring Service (DBS) checks (which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups) undertaken before new staff started work. This helped to ensure people's safety by employing staff who were suitable to work in the care sector.

We examined six medicines administration records (MAR). We reviewed these as well as adherence to administration procedures by the staff. Staff completed medicine administration training, with regular reviews of their competence to ensure they kept up to date with current practice. Staff completed daily medicines audits and the management team liaised closely with the local pharmacy for additional support when needed.

We observed part of the morning and lunchtime medicines rounds. The staff member explained to the person what medicines they were receiving. They followed protocols in place on how they liked to be given their medicine, for example by having tablets placed in their hand. Where people had topical medicines such as creams, a corresponding body map document was used to ensure staff applied this to the correct areas of the body.

People had lockable cabinets for medicine and creams storage in their bedrooms or bathrooms. Some people applied their own creams independently, with a corresponding risk assessment in place. We discussed the need to consider arrangements in place for independent access to the cabinets if a person was experiencing changes in their memory or a period of confusion. The manager was responsive to our feedback. They reviewed arrangements and immediately put a risk assessment in place for one person living at the service to address potential risks.

Some people had medicines given on a when needed basis (PRN). Written medicine management protocols were personalised and kept in their care folders making them accessible for staff to follow. Most people could request PRN medicines with minimal prompting from staff. Pain scales to assist with the measurement of pain were in place where needed.

The medicine fridge was kept locked, and the temperature checks were completed each day to ensure safe storage. Staff worked closely with the GP and local pharmacy to support people with medicines to aid pain management, and to explore medicine options relating to end of life care and support.

Staff demonstrated understanding of accident and incident reporting procedures. There had been four accidents from the start of 2018, three people had experienced falls, and one incident related to a member of staff. Records demonstrated staff followed the procedures in place.

Good

Is the service effective?

Our findings

During our inspection on 30 and 31 March 2016, we found the service was effective and was rated good in this key question. During this inspection, we found the service continued to be 'Good' for this key question.

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 so that they can 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). There were no people subject to DoLS and associated restrictions at the time of the inspection.

Care records contained decision specific capacity assessments, and examples of best interests decisions involving relevant professionals and relatives. Staff recognised the importance of least restrictive practices and balancing decision making relating to risk against people's wishes and preferences.

We saw good examples of where staff had assessed people's capacity in relation to the decision to make unwise choices, such as not following medical guidance in relation to choking risks. Documentation was clearly written with involvement from healthcare professions, people and their relatives. There was guidance for staff to follow to support people's decision making.

For people new to the service, preadmission information was collected and used as a basis for initial care plans and risk assessments. These were further refined once the person had settled in, and staff became more familiar with their support needs and preferences.

Employment records, staff meeting minutes and data held by the service detailed completion of regular staff supervision sessions. Supervision offered staff the opportunity to discuss their work, receive feedback on their practice and identify training and development needs. The service encouraged staff to develop through role specific training. Staff had annual performance appraisal in place enabling them to set individual development goals.

Staff completed the provider's mandatory training through on line and face to face sessions, including safeguarding adults, mental capacity, deprivation of liberty safeguards and end of life care training. New staff completed the Care Certificate as part of the induction process; the Care Certificate is a set of induction standards that care workers should be working to. Staff demonstrated implementation of training into practice and linked this information to people's individual care and support needs.

Staff told us they benefitted from accessing regular training and development opportunities. One staff

member said, "Training levels are constantly being topped up, where personal development goals are identified we are encouraged to access training. This is a combination of face to face, online and distance learning modules." The chef told us they had completed specialist training in meeting the nutritional needs of people with memory issues and dementia.

We observed the serving of lunch on the first and second days of the inspection. People chose their meals in consultation with the chef. If people changed their minds once the meal was served an alternative was provided. If people needed their food cutting up, this was completed in the kitchen before the meal was brought to the table to maintain people's dignity. One staff member remained in the dining room throughout the meal to monitor for people needing assistance or at risk of choking. Each table had condiments and additional cutlery where this was identified in a person's support plan. We saw the chef bring round a gravy boat to offer people additional gravy with their meals.

People had breakfast delivered on a tray to their bedroom at an agreed time, which enabled people to have their breakfast at their own pace, for example sitting in their pyjamas, or resting in bed as they preferred.

People and their relatives told us about the food. One person said, "The food is great." A second person told us, "The food is good, I have put on weight since I moved in." A third person said, "We have a good choice of food." A fourth person said, "A good choice of puddings." One relative said, "There is a good selection of food, I often fancy staying for lunch myself!"

We observed staff discussing people's food and fluid intake during the shift handover meeting. If a person was not eating well, or struggling with feeding themselves, staff discussed strategies to ensure the required level of support was in place.

Staff recorded people's weights with changes in weight monitored closely and linked to the Malnutrition Universal Screening Tool (MUST), used to identify people, who were at risk of not maintaining a healthy weight. The chef demonstrated a clear understanding of each person's food preferences, and methods of increasing people's calorie intake and adjusting food consistencies to manage choking risks.

The service made onward referrals to speech and language therapists and dieticians in consultation with the GP to source specialist advice and assessments for people when needed. Staff and relatives supported people to access medical appointments as required and the GP visited the home on a regular basis.

People told us they accessed the healthcare services when needed. One person told us, "The GP visits here when needed, and the chiropodist comes regularly." Another person said, "The GP visits regularly and monitors my medicines." Staff liaised with healthcare professionals to ensure continuation of consistent care. The management team told us they worked closely with the GP when exploring care and support when people were nearing the end of their life. The GP surgery worked closely with staff providing anticipatory medicines to aid pain management and ensure comfort and dignity.

To improve crossover with the local community, one-off events had been arranged such as members of the local play group visiting to spend time with people living at the service. Participation in activities was recorded in people's care records and discussed during shift handover meetings.

Good

Is the service caring?

Our findings

During our inspection on 30 and 31 March 2016, we found the service was caring and was rated good in this key question. During this inspection, we found the service continued to be 'Good' for this key question.

From observations of staff interaction with people and feedback received, staff treated people with the utmost dignity, care and respect and were familiar with each person's care, support needs and preferences. We observed staff knocking on bedroom and bathroom doors before entering. The service had policies in place to support staff with management of people's dignity in relation to protected characteristics including areas such as disability and spirituality. Staff supported people to make sure they were well presented before leaving the home to access the community, with people's clothes laundered and ironed.

People and their relatives gave consistently positive feedback on the care provided. While talking with a person, they told us how nice the chutney was that they had in their cheese sandwiches. This was mentioned to the management team who identified the home made the chutney with fruit brought in by friends and family. One person said, "The staff are very helpful and caring." A second person told us, "The staff are very caring and respectful." Three relatives described the staff as "Brilliant", and that nothing was ever too much trouble. Another relative described the staff as, "very obliging" and that staff went above and beyond to ensure their relatives were well looked after.

We saw staff position themselves to be at eye level with people when speaking with them. Staff called people by their preferred name, and adapted their communication techniques and approaches to accommodate people with sensory difficulties. Staff gave reassurance and emotional support to people when they showed signs of distress or feeling unwell.

Staff encouraged people to maintain contact and relationships with their relatives and most people had telephones in their bedrooms. Staff demonstrated familiarity with each person and their relatives. The management team sourced feedback from people on their experiences of using the service, and suggested areas of improvement. Results from the last survey of people living at the service provided feedback on areas of care including staff attitude (91% rated as good to excellent). People responded with 100% satisfaction to areas of the questionnaire relating to 'Access to dentist, doctor and chiropody services'. 'Feeling concerns and complaints were listened to.' 'Feeling protected from harm or abuse.' 'Staff with the skills required to meet their role.'

People and their relatives told us they felt comfortable to raise any concerns with the management team and confident that if issues arose, these would be dealt with in a timely manner. One relative told us, 'I would raise any concerns with the manager.' One person told us, "I would raise any concerns with the manager or take it to the resident meeting." Another person told us staff had supported them to make a complaint to the GP about arrangements put in place to manage their choking risks. Their feedback had been taken on board and changes made which they felt had improved their overall quality of life.

The service kept a folder containing many compliments. One relative had written to the home to thank staff

for making them all feel welcome on arrival at the service. The relatives had been invited to stay for lunch. The feedback explained how the staff cut up the person's food in the kitchen before serving it, which they felt made the meal time experience more "dignified."

Staff supported people to maintain choice, control and involvement in their care and daily routine. Staff empowered people to be involved in discussions about their care plans and consulted with people's relatives.

A factor that people told us helped them to feel more at home, was being able to have items of furniture and personal effects from their own home in their bedrooms. One person told us, "It makes it more homely having belongings in my room, it keeps you happy." A relative said, "Being able to bring items of furniture has made a difference, and keeps the environment more homely." This offered a source of conversation for staff when assisting people to settle in, and further supported the building of meaningful relationships with staff.

Care records contained written feedback from people living at the service and their relatives.
Care plans indicated people's individual preferences for showers or baths, and staff placed value on supporting people with completion of regular personal hygiene tasks to maintain comfort and dignity, particularly where people experienced difficulties with continence management.

Staff, people living at the service and their relatives all gave positive feedback about the home having a caring atmosphere. New people moving into the service, and new staff members were assigned a 'buddy' to help them settle in and make them feel more comfortable. We observed that at mealtimes, a new person was seated near to their buddy, which reduced their anxiety of eating alone and not knowing other people.

Good

Is the service responsive?

Our findings

During our inspection on 30 and 31 March 2016, we found the service was responsive and was rated good in this key question. During this inspection, we found the service continued to be 'Good' for this key question.

Staff created care plans collaboratively with people and their relatives. Plans were person centred and holistic incorporating areas of personal importance such as people's spiritual and religious needs. Care plans linked to risk assessments and demonstrated empowerment to make choices and for people to have as much control and independence as possible.

Care records contained preferences in relation to aspects of care such as the time a person wished to get up, have breakfast. They were exceptionally detailed with guidance for staff, and included detail such as how frequently they liked to shower or have their hair washed. Night time plans contained details on the side of the bed a person liked to sleep on, how many pillows they found comfortable and whether they preferred blankets or duvets.

Staff understood, promoted and enhanced people's emotional wellbeing as much as possible. An assessment tool was used to look at people's moods and assist staff with identifying possible changes in people's mental health presentation. Where low mood was identified, this was discussed with the person, and protective factors such as support from family and access to activities were built into their care plan. We noted very detailed information for staff to follow, for example to support a person needing reassurance when experiencing anxiety and periods of worry. The plan identified that the person benefited from double checking information with their relative. The plan gave points for staff to initially follow, and direction on what stages it would be useful to liaise with their family. This ensured the person received consistent levels of support and balanced the level of involvement from their relatives.

There were many examples of how staff had significantly improved people's lives and wellbeing through the achievement of outcomes for people. Relatives gave examples of improved outcomes for people, from the point of admission into care. Examples included improvements in people's levels of independence and in their overall physical health, such as gaining weight due to being exceptionally well cared for. People benefited from having personalised care and support tailored to meet their individual needs.

People and their relatives told us about their positive experiences of moving into care and how it had improved their lives. One relative told us, "[Name] was calling us at night, it has made such a difference to know now they are living here, they are safe." Another relative said, "[Name] was experiencing falls when living at home, and regularly calling us out during the night. Moving here and getting into a routine works well for [Name]."

Staff provided group and one to one activities, which were based in people's hobbies and interests. Staff supported people to be a part of, and regularly access the local community. People had access to activities seven days a week. During the inspection, a hairdresser visited and people had their hair styled, and other people participated in dominoes and carpet bowls. We observed part of the dominoes activity. This

encouraged people to have healthy competition, aided social interaction and concentration.

Many of the people living at Crossways regularly accessed the local community. Some people had mobility scooters, some people walked into town together and visited shops and the local church. People could use the home's wheelchairs to access the local area with support from staff or their relatives.

People gave feedback on going out into the community. One person said, "I have been out into town in a wheelchair with my family, it was lovely to get some fresh air." A second person told us, "I enjoy getting out, I go to the market and buy things I like." A third person said they went into town regularly with another person living at the service. A fourth person told us, "You are given your freedom, to do what you like, with support from staff as needed."

Encouraging people to lead meaningful lives was in line with the service's statement of purpose. This states that, "To put maximum emphasis on enabling service users to manage their own lives and affairs to the greatest attainable extent. Whilst acknowledging their independence, previous lifestyle and idiosyncrasies."

The service had received no complaints in the 12 months prior to the inspection. Information on how to make a complaint was available in communal areas. From speaking with people living at the service, relatives and staff, we found that any areas of concern were discussed and addressed and therefore did not become a formal complaint.

Quarterly community meetings offered people the opportunity to raise concerns or share feedback with support from staff. Areas discussed included activities, data protection arrangements for the home, access to over the counter medicines, completion of risk assessments, discussing end of life care wishes with staff and quality assurance arrangements in place. The management team covered topics in the meetings to encourage people's participating in the overall running of the service.

People had care plans in place indicating their wishes and preferences when needing care at the end of their life. Staff acknowledged that completing training had helped them to have open and honest discussions with people about their end of life care wishes. Where applicable, people's care records contained Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) paperwork to ensure this information was clear for staff to follow.

Outstanding ☆

Is the service well-led?

Our findings

During our inspection on 30 and 31 March 2016, we found the service was well-led and was rated good in this key question. The service continued to make improvements to provide consistently high standards of care and had completed an end of life care accreditation course since the last inspection. We therefore rated well-led as 'Outstanding.'

The service had a long standing, registered manager in post. They formed part of a wider management team who offered stable support and leadership to the staff, people living at the service and their relatives. Since the last inspection, the management team had developed an action plan to drive further improvements within the service. Examples included redesigning the care records and implementation of end of life care training for staff. The action plan set out clear objectives for staff and members of the management team to achieve. It incorporated collaborative working with the GP surgery, and support mechanisms for staff and people living at the service.

Since the last inspection, the service had completed an end of life care accreditation. The management team had recognised the need for their team to develop confidence and skills in supporting people with care at the end of their life. Staff worked closely with the GP, pharmacy and community nursing teams to manage people's pain levels and to ensure care and treatment maintained dignity and choice. The management team had taken the lead on implementing training and service development linked to the accreditation scheme.

The management team used feedback from people, their relatives and staff, to make improvements to the service, and discussed key findings with staff as appropriate. Meetings were held every two weeks with the chef and kitchen team. There were weekly senior staff meetings that included discussing any concerns relating to people living at the home or staff performance. Quarterly meetings were held for staff and people living at the service to ensure they were offered regular opportunities to raise concerns or identify areas for service improvement. The management team encouraged people and their relatives to contribute to the overall running of the service. In addition, quality monitoring questionnaires were sent to people covering topics such as food quality and standards of care.

Staff completed quality audits including monthly checks of care records, infection control and daily medicines management audits. The management team monitored completion of care provided to people, to ensure this was to a consistently high standard. Staff provided daily updates, and shared findings from the support provided to people during shift handover meetings. From our observations of attending a shift handover meeting, staff covered a lot of detail to ensure staff coming onto the next shift were provided with all relevant information and risks. Members of the management team attended shift handover meetings to maintain high standards of oversight.

Care records and service policies contained staff signature sheets, completed once the document had been read. To ensure that the information had been understood and was being implemented into practice, a senior member of staff was responsible for completing spot checks with staff members. Competencies were

not signed off until the staff member could demonstrate clear understanding and implementation into practice. Staff also completed practical sessions for management of fire safety as another means of demonstrating learning through performance.

The management team attended a community forum for infection prevention and control. This offered an opportunity to keep up to date with current good practice and access to resources and advice to assist with development of service policies and procedures. As an outcome of attending this meeting, they arranged for an independent infection control audit to be completed in the home to support continued improvement.

Each person's care records were stored securely. This meant that they were only available to people authorised to see them and protected people's privacy.

Staff told us they worked closely as a team, to offer high and consistent standards of care to the people living at the service and their relatives. Staff morale was good, and staff spoke positively about their relationship with the management team. Staff told us the managers had an open-door policy and offered hands on support when onsite. Staff told us they felt their workload was distributed fairly, with staff helping each other when needed to ensure people received compassionate, quality care. All staff were clear of the management team's expectations. Staff were expected to provide consistent care to an agreed standard. The management team supported staff to develop the necessary skills to ensure standards were achieved.

Staff demonstrated awareness of the service's whistleblowing process to enable them to report concerns or areas of unsafe practice if needed. Staff told us they felt confident to raise any concerns without fear of reprisals. There were no whistleblowing concerns under investigation at the time of the inspection.

The provider demonstrated awareness of staff performance management processes and gave examples of procedures implemented to address concerns in relation to individual staff members. There were no staff members under performance management proceedings at the time of the inspection.

The service had good links with other care homes within the local area, and with health and social care professionals. Staff gave examples of training courses run at neighbouring care services as a means of accessing other resources in the local area. Staff understood their responsibilities in relation to the duty of candour, in the management of complaints, and acknowledgement of where things needed improvement.

Staff gave positive feedback regarding the management support in place and working at Crossways. One staff member said, "It is a well-run establishment." Another staff member said, "I enjoy working here. You build up a bond with the residents. There are opportunities to develop. The managers have an open-door policy."