

## Crossways Community

# Crossways Community

### Inspection report

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Date of inspection visit:  
16 August 2018

Date of publication:  
13 November 2018

### 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 16 August 2018 and was unannounced.

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

Crossways Community is registered to provide support with personal care and accommodation for up to 17 people who either have or are recovering from a mental health problem. 15 people were using the service at the time of the inspection.

At our last inspection we rated the service as Good. At our last inspection we found the service was Outstanding in the responsive domain, at this inspection we found this domain to be Good. The service had continued to implement the good practice, however, there was no evidence of any additional good practice being used. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There was 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.

There continued to be enough staff who had the skills and knowledge they needed to support people living in the service. Staff were appropriately supervised. Safe recruitment practices were followed to help ensure potential staff were of good character.

Staff received regular support which included individual supervisions and team meetings. Staff felt supported in their roles. Staff completed an induction when they started work at the service and had access to a range of on-going training. Staff were positive about the training they received.

People continued to be protected from abuse. Risks were appropriately assessed and mitigated to ensure people were safe. Staff understood how to identify and report concerns. Medicines were managed safely, and people received their medicines when they needed them.

People were happy with their care and support. Staff had built up good relationships with people. The service provided good quality care and support to people enabling them to live dignified lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had choices of food at each meal time. People were supported and encouraged to have a varied and healthy diet which met their needs.

The provider and registered manager had good oversight of the service. Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service. Incidents were recorded, investigated and acted upon.

The service was clean and the environment was welcoming. The Kitchen had been adapted to support the food champion.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall. The rating can be found on their website.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service was Responsive. At the previous inspection the service achieved outstanding. At this inspection we found the service to be Good.

Staff were knowledgeable about people's individual needs and preferences. People's care plans were comprehensive and personalised.

People were offered a variety of daily activities and each person who used the service had their own individual activities timetable.

People told us they knew how to make a complaint if they were not happy with the service but had not needed to. The provider dealt with complaints in accordance with their policy.

### Is the service well-led?

Good ●

The service remains 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 checked 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.

Crossways Community is a Care Home. The inspection took place on 16 August 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

During the inspection we spoke to 6 people who were living at the service. We spoke with the registered manager, team leader, and two care workers. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including two staff recruitment files, the staff induction records, supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We asked the management team to send additional information after the inspection visit, including staff training records and policies. The information we requested was sent to us in a timely manner.

## Is the service safe?

### Our findings

The service continued to provide safe care to people. We observed staff supporting people to maintain their safety. One person told us, "I feel safe living here. It's run professionally. Everyone gets along with each other and sticks up for each other."

People continued to be protected from abuse and harm. Staff had received training and knew how to safeguard people from the risk of harm. Staff felt confident to use the whistleblowing procedure if needed. The registered manager and other senior staff knew how to inform the local authority safeguarding team and the Care Quality Commission if there were concerns. Staff told us, "We receive safeguarding training every year to make sure that our knowledge is up to date."

Safe recruitment processes were followed to ensure staff were suitable to work in this type of service and were of good character. Pre-employment checks included disclosure and barring check (DBS), eligibility to work in the UK and references from previous employers. There were enough staff on duty who knew people well and could meet their needs and support them to do things for themselves. One person told us, "I think there are enough staff. They're looking for one more too. When we need something, they will be there straight away."

Staff had completed fire training and told us they felt confident about the evacuation procedure. Since the last inspection an external fire risk assessment had been carried out which raised areas where work needed to be completed to bring the home in line with current fire regulations. An action plan was put in place and work had been carried out to the fabric of the house, fire alarm systems and policies to achieve this. A subsequent inspection from the fire brigade confirmed that the service now met all of the fire safety regulations. Additional staff training had been implemented to ensure staff had better understanding of the fire procedures. The maintenance person carried out regular checks of the fire alarm and documented this.

People had their individual risks assessed and these were regularly reviewed. Each person's care plan included individual risk assessments relating to their support needs both within the service and in the community. For example, the service had supported a person to continue to access the community and develop skills to do this safely. They had focused on areas such as road safety and worked with local community support officers to keep the person safe without restrictions.

People were supported with their medicines in a safe way. If people needed to be supported, senior staff carried out an assessment which was used to advise staff on what support was needed. Medicines were stored safely. Where errors had occurred, these had been reported to the registered manager and appropriate action was taken. We found staff continued to be encouraged to report mistakes they made with medicines.

## Is the service effective?

### Our findings

The service continued to be effective. One person told us, "I had a relapse when I came in, staff were reassuring. The doctor wanted to put me back in hospital but working with staff here helped me stay out of hospital."

People told us they had confidence in the staff. One person told us, "Staff are well trained. They know what they're doing." Staff told us they felt they were a "skilled team who worked well together."

Staff told us they felt supported by the registered manager and deputy manager. Staff received regular supervision meetings in line with the provider's policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. One member of staff said, "The organisation is always looking at itself we carry out reflective practice." Staff received an annual appraisal with their line manager to discuss and provide feedback on their performance and set goals for the forthcoming year.

People's needs were assessed when they moved into the service and care and support was delivered in line with good practice guidance. These were reviewed regularly to identify any changes in people's needs.

People were supported by staff who had the skills, knowledge and experience to deliver effective support. The service did not use agency staff, this provided continuity of care for people living at the service. Newly recruited staff were supported through a robust induction programme, this included specific training such as mental health issues, conflict management and challenging behaviour. Staff were being enabled to undergo high level training that was specific to their work.

Each staff member had a personal development plan, which included supervisions and an ongoing appraisal process which was used to identify training needs and further development opportunities. One staff member told us, "we do reflective practice after training to see what we have learnt and how we can use it in the service." Another told us, "reflective practice made us recognise we needed specific gender identity training."

People were supported to eat and drink enough to maintain a balanced diet. People were encouraged to shop and prepare meals for themselves and were supported to do this. Staff and people living at the service received food hygiene training which helped ensure when they prepared food it was done so safely. The service had identified a staff member who was a food champion, they had completed local authority food champion course and had implemented healthy eating food initiatives into the service. The service had identified that the types of medication that people were taking could increase their weight. To help counterbalance this the food champion ran a healthy eating scheme. People were involved with planning healthy meals and then shopping for the food. The kitchen had been made larger so that people were able to cook together, people had their own space in fridges and freezers to store food.

People were supported to have access to healthcare services to keep healthy. When staff noticed changes in people's health they made appropriate referrals to health professionals. For example, if a person mental

health deteriorated they recognised this and asked the consultant to visit to review the person and look at the best way to continue to support them.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People had capacity for everyday decision making and were enabled and supported to live a full life in the least restrictive way. Peoples choices, decisions and refusals were documented clearly in their daily records. Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivations of Liberty Safeguards (DoLS).

## Is the service caring?

### Our findings

Everyone we spoke with during our inspection told us staff were kind and caring. Staff could tell us about people individual routines, preferences and life histories. People interacted positively with both staff and the registered manager. We observed that people were comfortable when engaging with other people who used the service. One person told us, "People treat us with respect definitely." another said, "I trust the staff."

People continued to be treated with kindness, compassion and respect. We saw staff talking to people in a calm and caring manner. People were approaching staff for various reasons and staff always responded positively. One staff member said, "People need to feel it's their home."

The registered manager told us that people using the service continued to be able to manage their own personal care and they did not support anyone with personal care. Staff told us they encouraged and prompted people to attend to their own personal care. People were encouraged to be as independent as they wanted to be and were supported to do as much for themselves as possible. One person told us, "They try to let us be independent so they ask us if we want to try to do it ourselves."

People's privacy and dignity was respected. Staff knocked on people's doors before entering their rooms. People held a key to their bedroom door. The service have identified a staff member who is dignity champion. One person told us, "If anyone wanted to open it [the door] they would knock on the door to see if it was alright."

Staff recognised when people were becoming anxious and distressed. They picked up on body language, this enabled staff to take appropriate action in a timely manner where other people may have found their behaviour challenging. During our inspection we saw one person become distressed, the staff were able aware of how to manage this and calmed the person down and reassured them that things would be ok.

People were supported to have as much contact with their friends and family as they wanted to. People could have visitors when they wanted to. When people were at home they could choose whether they wanted to spend time in the communal areas, time in the privacy of their bedroom or out in the garden.

People's personal information was kept private. Computer records were password protected so that they could only be accessed by authorised members of staff. Written records which contained private information were stored securely when not in use.

People had been given opportunities to discuss their sexual orientation or gender identity and their responses were respected. Staff gave people time to chat privately about their personal relationships. People were treated as individuals and their choices and lifestyles were respected. They were referred to by their preferred name and were relaxed in the company of each other and staff.

## Is the service responsive?

### Our findings

People told us they enjoyed living at the service and were supported by staff who knew them well. One person told us, "I don't want to leave, I want to stay here forever."

Staff were responsive to people's needs. The support people received was based around their needs and choices. Care plans were personalised to the individual and included guidance for staff on how they wanted to be supported. Care plans continued to be reviewed regularly; when people's needs changed, this was reassessed.

A comprehensive pre-admission assessment was completed with people, their family and a member of the management team prior to people moving in. The assessment included information relating to the contact details of the person and the next of kin, specific support people required, communication needs, medical support, social relationships, mental capacity and health, safety and risk support. Care plans included information about a person whole life and included information about any goals that they may have.

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information in a way they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments referred to their communication needs and this information had been included in care plans where needed.

People continued to be supported to take part in various activities both inside and outside the home. One person told us, "We do a lot of activities, like boxercise for one hour a week and we go to a local football club." They chose to do these activities with another person living at the service. Staff told us, "We concentrate on activity and people being involved." The routines at the service were flexible to meet people's needs and wishes. People living at the service had the opportunity to go on holiday at least twice per year. People were involved in choosing where they went and planning activities for during their holiday.

Staff knew if people had a faith and supported them to continue to follow this when they wanted to, including attending local church services. One person told us, "It's the best Christian care home."

The provider continued to have a complaints policy and procedure in place which detailed how people could make a complaint and the action that would be taken in the event of a complaint or concerns being raised. People living at the service told us they were encouraged to tell staff if they were not happy about something.

At the time of the inspection no one was receiving end of life care. The home was prepared to support people's wishes in any way they could and the registered manager told us that they thought it was important to talk about this and get the person's wishes.

## Is the service well-led?

### Our findings

The service continued to be well-led. People told us they thought the service was well managed, their comments included, "[Registered manager] is an amazing manager," and, "It's really well run here." The staff told us that they felt supported by the management team, commenting, "I have complete faith in management."

The service was led by a committed registered manager who had the necessary skills and experience to carry out their role. Records showed the registered manager informed us about events which occurred in the service. They had also displayed the quality ratings we gave at our last inspection on their website, which meant members of the public knew how well the service was meeting people's needs.

The provider continued to have oversight of the service and there were appropriate audits in place to check the quality of service being provided. The registered manager monitored staff practice to check people received support to the standard the provider required. This included working alongside staff and observing their practice. Any shortfalls identified were addressed immediately and discussed at staff supervision meetings and recorded.

Staff told us they were aware of the whistleblowing policy, and said they were confident that they could speak to the registered manager if they had concerns that people were not being treated well. They said their concerns would be taken seriously and thought the registered manager would investigate any concerns in a transparent manner.

The service continued to work in partnership with other agencies and attend local community meetings. They had worked with community psychiatric teams to ensure people received the care and support that they needed. The service had access to trusted tradesmen such as plumbers and electricians.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgement. The provider had displayed their rating in the entrance to the service and on their website.