

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Crossways

1 The Boulevard, Sheringham, NR26 8LH

Tel: 01269823164

Date of Inspection: 13 December 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Hatfield Investments Limited
Registered Manager	Mr. Stephen Booth
Overview of the service	Crossways is a residential home for up to 24 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Safety and suitability of premises	11
Supporting workers	13
Assessing and monitoring the quality of service provision	14
About CQC Inspections	16
How we define our judgements	17
Glossary of terms we use in this report	19
Contact us	21

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Crossways, looked at the personal care or treatment records of people who use the service, carried out a visit on 13 December 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection we observed people coming and going, in and out of the home, as they chose. One person went to a morning service in the nearby church, another person went shopping in town and a third person went out for a walk with their relative.

One person said that Crossways was the only home they had wanted to move to. They told us they knew a number of other people living in the home and that the location was ideal for them.

Two people we spoke with said that they were cared for very well by the staff. One person said, "I never go any more than 2 hours without staff checking on me and offering choices of drinks and snacks. They always make sure my drinks jug is full and there is always plenty of fresh fruit available." Another person told us, "I like it here very much, the food is always very good and the staff are always very kind."

People's private rooms were individual, in accordance with their choices, and they were able to have their personal possessions around them.

We saw that people were able to choose where they wanted to be in the home and could access all the communal areas. One person we spoke with told us they were very happy with their room and pointed out how spacious it was. During our inspection, we observed that three people had arranged to meet up for a chat in the sun lounge after lunch.

We saw that there were a number of systems in place to assess and monitor the quality of service provided at Crossways.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Minutes from a residents' meeting on 06 December 2012, showed that people had been involved in discussions regarding various subjects and issues such as the new fire system, the Environmental Health Officer's inspection and subsequent report, Christmas and information/notice boards. We noted from these minutes that people also had the opportunity to raise any other issues. One person had requested regular armchair exercises and, following an open discussion, we saw that a trial period for weekly exercise classes was being organised for January 2013.

During our inspection we saw people coming and going, in and out of the home, as they chose. One person went to a morning service in the nearby church, another person went shopping in town and a third person went out for a walk with their relative.

A member of staff was hosting a bingo session during our inspection, which we saw was well attended. Afterwards, we heard a number of people say how much they had enjoyed it. We noted that a number of other regular activities also took place, which included a quiz, knitting group, bowls, card making, 'chit-chat' club and a sherry morning. We also saw that regular hearing aid clinics were held in the home.

This told us that people were supported in promoting their independence and community involvement.

During our inspection we saw evidence that confirmed that people who used the service were given appropriate information and support regarding their care or treatment, understood the care and treatment choices available to them and could express their views and be involved in making decisions about their care and treatment.

For example, we spoke with one person who had recently moved into Crossways and their relative. They explained that they had made an enquiry with the provider, and said that this was the only home they wanted to move to. They told us that they knew a number of other people living in the home and the location was ideal for them. The person and their relative

told us that an assessment had been completed before they moved in, which meant that everyone could be sure that the home could meet the person's needs.

When we asked, people we spoke with told us that they were always treated with dignity and respect. Our observations of staff interactions with people living in the home also showed this to be the case.

One person said, "The staff are all very kind, friendly and cheerful". Another person said, of the staff, "They are a wonderful lot; absolutely marvellous".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Two people we spoke with said that they were cared for very well by the staff. One person said, "I never go any more than 2 hours without staff checking on me and offering choices of drinks and snacks. They always make sure my drinks jug is full and there is always plenty of fresh fruit available." Another person told us, "I like it here very much, the food is always very good and the staff are always very kind."

We looked at the care records for two people living in the home and, in both sets of records, we saw that information gathered during the pre-admission process had been used to form the basis of people's individual plans of care. The care plans we looked at were detailed and included information in respect of people's likes, dislikes, needs and wishes. We noted that this information was regularly reviewed and updated when necessary.

We saw records that showed when people had received assistance with personal care such as bathing, body washing and showering. This information also included details in respect of the level of assistance people required. For example, one person's records stated that they needed assistance to get in and out of the bath by using a hoist and that two staff were required.

This told us that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

We also saw information in respect of risk assessments and plans of care for areas such as skin care, nutrition, weight and mobility, which meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

For example, in one person's care records it was noted that risks had been identified in respect of falls. We saw that possible triggers included walking too fast, legs giving way and walking unsupervised. The measures in place to minimise the risks included staff to escort the person to the toilet, ensure the person used their walking frame when mobilising independently and to encourage regular small exercises, to help prevent muscle wastage.

We saw that Malnutrition Universal Screening Tool (MUST) assessments had been completed for people and that these were reviewed regularly. We also saw that people's weights were checked on a regular basis and any highlighted issues were addressed and

advice sought, where necessary, from relevant health professionals.

From the care records we looked at, we saw that people had regular access to and received input from other health professionals such as the doctor, district nurse, continence nurse, chiroprapist and speech and language therapist.

This told us that people's care and treatment reflected relevant research and guidance.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Following our inspection on 24 August 2011, an improvement action was made in respect of a lack of staff training for recognising signs of abuse, adult protection and safeguarding.

During our inspection on 13 December 2012, we saw evidence which showed that staff had received appropriate training in these areas and comments from staff also confirmed that this was the case.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We carried out a tour of the premises as part of our inspection and we saw that people were provided with spacious and comfortable private accommodation and shared communal areas. We also saw that all areas were cleaned and maintained to a very high standard.

People's private rooms were individual, in accordance with their choices, and they were able to have their personal possessions around them.

We saw that people were able to choose where they wanted to be in the home and could access all the communal areas, such as the television lounge, sun lounge, dining room and patio garden. We also noted comfortable chairs located in various other communal parts of the home, where people could sit, if they wished.

One person we spoke with told us they were very happy with their room and pointed out how spacious it was. During our inspection, we observed three people who had arranged to meet up for a chat in the sun lounge after lunch.

We noted that every room had en-suite facilities and people could have a private telephone connected in their rooms if they wished.

The manager told us that people could choose where they had their meals and while the majority chose to eat in the main dining room, some people preferred to have their meals served to them in their rooms. We briefly observed the lunch period and noted that it was a comfortable and dignified occasion. Each person had an individual table, although these could be repositioned if people wished to sit together.

A Fire Safety Officer from Norfolk County Council visited the premises in November 2011, to conduct a fire safety audit. The fire precautions in place were confirmed as satisfactory, with no actions required.

The manager told us that a lot of money had recently been spent on the new fire system that had been installed in the home. We were told that there were new smoke detectors and alarm bells and everything had been upgraded to meet modern day requirements.

We saw in the minutes from the residents' meeting that the new system had been

explained fully to people living in the home.

This told us that the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

All the people we spoke with were complimentary about the staff and told us that they were very well cared for. We observed staff going about their duties during our inspection and noted the atmosphere in the home to be cheerful, relaxed and comfortable.

Discussions with the assistant managers confirmed the different methods that were used to ensure staff training was kept up to date and how they identified when staff training was due. For example, we saw that there were staff training summary sheets, which were used for auditing purposes and we were told that further information and copies of certificates were held within the staff files.

One of the assistant managers showed us the training programme that had been developed for 2013, with one subject being covered by all relevant staff each month.

We saw that staff training had been provided recently for areas such as adult protection/safeguarding, nutrition and diet, care plan systems, developing as a worker, infection prevention and medication.

Seven staff responded to questions we asked and we noted that six had worked in the home for a number of years. All seven staff said that they were happy and confident in their work and all seven members of staff told us that they knew each of the people well that they supported.

All the staff confirmed that they had received an induction when they first started working in Crossways. All seven members of staff told us that they got on well with other staff and the management team, felt well supported and received regular one-to-one time for support and supervision.

Overall, we saw that there was a balanced complement and skill mix of staff in sufficient numbers to oversee the care provision, as well as people employed to cover specific roles such as cooking and cleaning.

This told us that staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had effective systems to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

During our inspection on 13 December 2012 we saw that there were a number of systems in place to assess and monitor the quality of service provided at Crossways.

For example, weekly senior meetings were held, during which each resident's health and welfare needs were discussed and reviewed and any plans of action or changes to people's plans of care were then passed back to the rest of the staff team. In addition, each person's care records were reviewed on a monthly basis and updated as and when necessary.

We saw from some of the records we looked at that staff knew how to report accidents and incidents and the provider had kept the Commission appropriately informed of any notifiable incidents. We saw evidence in the care plans we looked at that learning from incidents had taken place and appropriate changes had been implemented.

People who used the service were able to give their views on how the service was run by way of regular residents' meetings. We saw in the notes from one of these meetings that people had discussed various subjects and issues such as the new fire system, the Environmental Health Officer's inspection and subsequent report, Christmas and information/notice boards.

During our inspection it was evident that the staff and management team were very approachable and had an 'open door policy'. We saw evidence that comments, suggestions and feedback from the people living in the home, their friends and family were actively encouraged.

The provider explained that they used an external auditor to carry out an annual satisfaction survey for people living in Crossways, their friends and relatives. We saw a copy of the report that had been completed following the survey in June 2012 and noted that 18 out of 22 people living in the home and 14 relatives/friends chose to take part in the survey.

The results from June's survey were mostly positive but where areas of improvement were identified, the provider confirmed that action had either taken place or was in the process of being organised. The 2012 report confirmed that action had been taken on all but three

of the areas identified as requiring improvement in 2011.

This told us that people who used the service and their representatives were asked for their views about people's care and treatment.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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