Inspection Report

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: 08 October 2013

Date of Publication: November 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✗ Action needed
Complaints	✓ 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'.

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 carried out a visit on 8 October 2013, checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

One person told us when talking about their health needs, "They make you an appointment, it is stuck to." Another person told us, "It's a high standard here." A third person said, "I don't want to be in a home, but as I need to be, this place is fantastic."

We were satisfied that the home took steps to ensure people consented to their care and support. People we spoke with told us that staff talked them through what tasks they were carrying out when giving personal care and ensured they were comfortable and in agreement. One person told us, "They always make sure I'm right with what they're doing for me."

Medicines were stored and managed safely. We observed part of the lunchtime medication round. The staff member demonstrated the process they carried out to ensure that the correct person received the correct medication.

We found that staff recruitment processes were not sufficiently robust. We found gaps in the obtaining of references and verification of staff identity. We were unable to establish people's backgrounds, histories and skills which meant there was a risk that unsuitable people could be employed.

The provider had an appropriate complaints procedure in place.

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

What we have told the provider to do

We have asked the provider to send us a report by 16 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The manager advised us that care plan reviews were normally done with the person present. Some people we spoke with were able to confirm this was the case. Others were not aware that they had participated in a care plan review but told us they had regular discussions with staff to agree what sort of support they required.

People we spoke with told us that staff talked them through what tasks they were carrying out when giving personal care and ensured they were comfortable and in agreement. One person told us, "They always make sure I'm right with what they're doing for me."

We saw minutes from a recent residents' meeting. The provider had enquired about people's views on the home employing carers of the opposite sex and we saw details of the discussion that ensued. This demonstrated that people's views were sought and taken into consideration in the way the service was delivered.

We asked staff whether people living at Crossways had capacity to consent to their care and support. They said that everyone currently at the home was able to give consent for day to day matters. If they had any concerns about people's ability to consent this would be raised with the designated GP, who had on previous occasions, carried out mini mental state examinations or referred the person on to other health care professionals.

One staff member described how they had had several discussions with one person who had been offered a cataract operation and had concerns about it. They had discussed the benefits, risks and options with this person and made sure they took their time to make their decision. Ultimately the person declined the cataract operation and their decision had been respected. This showed us that people were supported to make their own decisions.

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

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

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

We spoke with people living at Crossways. One person told us when talking about their health needs, "They make you an appointment, it is stuck to." Another person told us, "It's a high standard here." A third person said, "I don't want to be in a home, but as I need to be, this place is fantastic." People also told us the quality of the food was good, the home was always clean and they felt safe.

The provider told us that they liked staff to accompany people on health appointments. They felt this enabled them to gain a better understanding of conditions people were living with so the home was better able to support them. People we spoke with were appreciative of this level of service. A designated GP from the local practice came in on a regular basis. If GP support was required outside of this schedule, then the designated GP would attend where possible. Staff told us they had good support from health care professionals and were able to obtain advice when necessary. Once a week the home had a hearing aid check and battery change service. We saw from people's care records that where people had attended various health appointments that clear outcomes had been recorded. Where these necessitated a change to people's care plans this had been done. This meant that appropriate arrangements were in place to support people with their health care requirements.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's needs assessments and risk assessments were specific to them. These assessments were used to devise their care plans. Care plans were detailed and easy to follow. One person was taking warfarin which prevented blood from clotting. We were able to track the results from regular tests carried out to see how long it took their blood to clot. These results led to instructions regarding what dosage was required for what duration of time and when the next test was due. Each step was clearly recorded and easy to follow. We saw a care plan for another person who had mental health concerns. This care plan set out possible indicators of a relapse, how staff should manage and record any challenging behaviour and when to seek the support of health care professionals. In addition to ad-hoc discussions when required the senior staff had weekly meetings to discuss any concerns they had about people's health and how they could amend or improve the support provided.

The manager told us that people's care plans should be reviewed monthly, but sometimes they were a bit behind with this. The manager told us that when this was the case they still ensured that any changes necessary were made. We found this was the case. One of the five care plans we looked at were overdue for a review by a few months. However, one aspect of this person's health had been fluctuating which required several updates and changes to their care planning which had been done. This demonstrated that Crossways was responsive to people's changing needs.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were stored safely. The home had suitable arrangements for the storage of medication. At the time of our inspection there were controlled medications on the premises. These were stored separately, in a suitable locked cabinet designated for controlled drugs. At our request the staff member managing the medications conducted a spot check of the controlled drugs in the cabinet. The stock levels corresponded with the register kept for their administration. We found medication cabinets were locked and secured to walls. The medication fridge was maintained at a suitable temperature to store any medications requiring refrigeration.

We observed part of the lunchtime medication round. The staff member demonstrated the process they carried out to ensure that the correct person received the correct medication. The medication administration record (MAR) contained people's photographs for identification purposes. We were advised that one or two people declined to take their medication in the presence of staff. Risk assessments were in place in relation to this. In these cases the MAR chart was annotated to show that the medication was made available to the person. There were no unexplained gaps in MAR charts.

We also saw that where medications were not suitable for the monitored dose system (MDS) format and were in packets, for example effervescent powders, that labels were attached to the packet with a running total kept. The person administering the medication counted the medication and signed and dated the label. Where skin creams had been prescribed we saw comprehensive cream charts in use. Creams were monitored to ensure they were used within the expiry date.

Crossways had a protocol in place for dealing with PRN (as required) medication. These are medications prescribed for intermittent conditions and are not required daily or at specific times. The PRN protocol described best practice to be followed for managing these medications.

We saw a daily log record relating to medications. This included who was holding the medication cabinet keys at any one point and showed the daily checking of MAR chart completion by a senior staff member. Medicines were disposed of appropriately. We saw

records detailing the return of unused medication on a four weekly basis.

Requirements relating to workers ✖ Action needed

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

People were not protected from the risks associated with the employment of staff as appropriate recruitment arrangements were not in place.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We reviewed records for five members of staff. One was a recent recruit, three had been at Crossways for between one and two and a half years and one was a staff member with many years of service.

The home had photographs for all staff members. These were due to be put on to staff records. Some people's records already held photographs as part of people's identity checks, for example, from a driving licence. However, two people's files did not contain any proof of their identity. We discussed with the home's management what could be accepted as proof of identity where people held neither a driving licence or passport.

We did not find any application forms on any of the staff files. This made it impossible to get a chronological picture of people's employment histories or backgrounds or to ascertain what qualifications or skills they had. The only records referring to this were from any references received and the span of time covered by references didn't amount to all relevant time periods being accounted for. Sometimes only one reference had been received prior to the person starting work. One member of staff had commenced duties before either of their references had been received. We were advised that this person was recommended to them from a reliable organisation with whom they had links, but no record had been made of this.

We asked the home about their recruitment procedures. We were advised that employees came to them through word of mouth, local advertising or through recommendation. People tended to telephone or call in and were then invited for an interview, after which a decision was made about whether to offer them a position. No records were kept regarding discussions during the interviews. This, along with the absence of application forms, meant that we were unable to confirm the background, and therefore the suitability, of people employed.

CRB (Criminal Records Bureau) checks indicated that all 5 people had no criminal convictions. However, the recruitment processes in place did not minimise the risks of

unsuitable staff being employed at Crossways.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We spoke with six people living at Crossways, all of whom said that they had no complaints to make about the care and support they received. Each of them said they would be happy to speak with staff if they did have any concerns. We saw results from a survey completed in July 2013 which showed that 84% of people living at Crossways, who participated in the survey, felt that they would not be disadvantaged by staff if they were to make a complaint. The remaining 16% 'partly agreed' they would not be disadvantaged.

The home had details of the complaints procedure available for people on noticeboards at the premises. This meant that it was available to both people living at Crossways and any visitors. The information indicated that the first point of call for people wishing to make a complaint was to speak with the management or senior staff on duty, although people could go directly to the formal written process if they so wished.

The provider was in the process of reviewing their complaints policy. The new procedure showed that people could expect their formal complaint to be acknowledged in writing within two days, with a full response due within 28 days. Information was also given to show how people could progress their complaint in the event they were dissatisfied with the home's response. The provider told us that should people require assistance to make a complaint this would be provided.

We were advised that no complaints had been received in the last 12 months.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: People were not protected from the risks associated with the employment of staff as appropriate recruitment arrangements were not in place. Regulation 21(a)(i)(ii) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 16 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

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