

Pinecourt Limited

Cross Way House Care Home

Inspection report

59 Crossway
Havant
Hampshire
PO9 1NG

Date of inspection visit:
06 February 2018

Date of publication:
18 April 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 6 February 2018. The inspection was prompted in part by information of concern we had received about the safety and management of the service, and the care provided to people.

Cross Ways Care Home is a 'care home'. 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. Cross Ways Care Home can accommodate up to 24 older people, some of whom live with dementia and some of whom live with a learning disability. At the time of this inspection there were 23 people living at the home, with one person due to move in on the day of our visit.

At the time of our inspection visit there was a registered manager. 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.

The service has a history of not meeting the regulations. At an inspection in July 2016 we rated the service inadequate and took enforcement action to ensure the service improved. At our inspection in December 2016 we rated the service overall as requires improvement. The provider had met most of the requirements we had previously identified but still needed to make improvements around staffing and records. We issued requirement notices and the provider sent us an action plan telling us what they would do. At this inspection we found that the provider had completed their action plan but further improvements were still needed.

Prior to moving into the service, staff carried out pre admission assessments to identify if the service could meet people's needs. Care plans were developed but these were not always person centred or reflective of people's current needs and it was not always evident how staff responded to changing needs. Although people expressed no concerns about the meals, it was not always clear what action had been taken when concerns about people's nutrition were identified.

Although the provider had multiple audits and systems to assess the quality and safety of the service, not all of these were effective in identifying concerns and taking action to make improvements.

We were concerned that there was no system in place to assess the level of staff needed at night time. Staffing levels during the day met people's needs.

Permanent staff's knowledge of people was good and they were able to talk about risks associated with people's needs and how these were managed. However, records did not reflect that all risks associated with people's needs had been assessed and plans developed to reduce these risks; meaning agency workers did not have the information they would need to ensure people were always supported safely.

Improvements in recruitment records had been made and the recruitment of staff was safe. People could be confident their medicines were safely managed and administered. The service was clean and tidy.

Staff and the registered manager understood their responsibilities to safeguard people. Concerns were reported and investigated appropriately. The registered manager ensured that learning from errors took place to make improvements.

Staff were supported through induction, supervision and training which enabled them to carry out their role effectively.

People were supported to access other professionals by a team of staff who worked together. Equipment was managed in a way that supported people to stay safe and the environment supported people to use this independently. People enjoyed the activities provided.

Staff understood the need to ensure people provided consent to their care and were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where needed this had been applied appropriately. People felt staff were kind and caring. Staff were observed to support people in a discreet, patient and compassionate manner. They showed respect for people's privacy.

Complaints were investigated and responded to appropriately. Feedback was sought from people, their relatives, professionals and staff. Feedback sought was acted upon. The registered manager was described positively by everyone we spoke with. People, staff and relatives were enabled to approach them at any time and felt confident they listened and acted upon their concerns.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks for people were not always assessed and plans developed to reduce these.

Staffing deployment at night had not been determined based on an assessment of people's level of need.

Recruitment of staff was safe and the records of this had improved. Medicines were well managed and learning from errors took place. The service was clean and well maintained.

Staff and the registered manager understood their responsibilities to safeguarding people. Concerns were reported and investigated appropriately.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Although people expressed no concerns about the meals, it was not always clear what action had been taken when concerns about their nutrition were identified.

Staff were supported through induction, supervision and training which enabled them to carry out their role effectively.

People were supported to access other professionals by a team of staff who worked together. Equipment was managed in a way that supported people to stay safe and the environment supported people to use this independently.

Staff understood the need to ensure people provided consent to their care and were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where needed this had been applied appropriately.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

People felt staff were kind and caring. Staff were observed to support people in a discreet, patient and compassionate manner.

People's privacy and dignity was respected.

Is the service responsive?

The service was not always responsive.

Care plans were developed but these were not always person centred or reflective of people's current needs and it was not always evident how staff responded to changing needs.

Complaints were investigated and responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Although the provider had multiple audits and systems to assess the quality and safety of the service, not all of these were effective in identifying concerns and taking action to make improvements.

Feedback was sought from people, their relatives, professionals and staff. Feedback sought was acted upon. The registered manager was described positively. People, staff and relatives were enabled to approach them at any time and felt confident they listened and acted upon their concerns.

Requires Improvement ●

Cross Way House Care Home

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.

The inspection was prompted in part by concerns we had received about the care and safety of people and the management of the service.

This inspection took place on 6 February 2018 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. We looked at notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. This information helped us to identify and address potential areas of concern.

During the inspection we spoke with 14 people and 5 visitors. We observed care and support being delivered in communal areas of the house. We spoke with the registered manager, deputy manager, the regional manager and clinical development nurse. We also spoke with 9 staff including, ancillary staff, care staff and nursing staff. We spent time observing interaction between staff and people. We looked at the care records for 10 people and the medicine records for all people.

We reviewed staff recruitment records for three staff, supervision and appraisal records for six staff. Staff training records, as well as, management records such as; complaints, safeguarding, incident and accident records, rotas, policies and procedures and governance records were also reviewed.

Is the service safe?

Our findings

People and their relatives told us they felt safe. They said they felt the service was clean and tidy, they received their medicines when they needed them and had no concerns about staffing levels. Comments included; "Sometimes you have to wait. I'm not complaining, it's just a fact of life"; "You don't wait long. More often in the lounge or dining hall staff, recognise that fact and say to her, 'Do you need help? Can we help?'; "At the weekends there aren't so many. They are always obliging"; "She's safe and she's happy to be here".

At the last inspection we found staffing levels had not been planned to ensure there was sufficient staff on duty during the night to ensure people's needs were met at all times. This was a repeated breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan on 23 December 2017 stating they would complete a time and motion study to analyse the night time staffing needs by 31 March 2017.

A senior member of staff gave us a record of this time and motion study they had completed following the last inspection, however this contained no analysis of the findings and we saw the night time staffing had not changed. We requested a copy of the analysis and were not provided with this. There were two members of staff allocated to support all 24 people in the service. The dependency assessment used by the provider had last been completed in January 2018 and did not cover the period of nights and only identified the number of staff required based on people's needs for the period of 8am – 8pm. The registered manager could not explain how they had determined based on people's needs that two members of staff at night was sufficient and met their needs. A senior member of staff sent us guidance that they said they used however, this was based on numbers of people rather than their level of need. The registered manager told us they intended to complete a further time and motion study but had yet to do this.

Prior to our inspection we had received concerns about night time staff. Our observations throughout our time in the service showed staff responded quickly to people's needs and requests, and had time to spend with people. However, some staff raised concerns about night time staffing levels. One member of staff said "There are just two carers on at night. So, if you're both in a room looking after a resident, there's no-one on the floor and we do have a few people who wander about". We saw that at least eight people required two members of staff to support them with mobility needs and in the event of an emergency at night. This meant if both staff were supporting one person, then the other people would not be able to receive support if they needed it. In addition, in the event of an emergency there would be insufficient numbers of staff to support 24 people when only two staff were available and eight people needed two staff to support them. Whilst we did not identify a breach of regulation 18 at this inspection, we continued to be concerned that night time staffing levels may not be sufficient because this was not assessed by the provider. A senior manager told us they would look into this.

People's risk assessments and care plans were not always up to date and reflective of risks associated with people's needs. For example, one person was living with diabetes but there was no risk assessment or care plan to guide staff about the risks associated with this condition, any monitoring required and action staff

should take.

For other people, we found records which reflected they displayed behaviours which posed risks of harm to themselves and others. One person's records stated they had attempted to hit another person and a second person's records stated how they had been 'aggressive' towards another person. Neither of these people had risk assessments associated with these behaviours nor care plans which would guide staff about reducing the risk of these behaviours .

For a third person we found an external professional had recommended the use of an agent that thickens fluids and reduces risks associated with swallowing difficulties. Staff told us this thickener was being used however we found no risk assessments or care plans to ensure all staff would be aware of the use of this.

Other records to ensure staff and agency workers would understand risks for people and measures to reduce risks were not always clear or consistent. For example, we found a risk assessment for a fourth person which reflected the risk of choking and how this was managed. Whilst this was clear, the care plan associated with eating and drinking for this person did not reflect the risk assessment and gave conflicting information about the consistency of food this person should be eating. This meant the person was at risk of receiving care and treatment that may not be safe because the records did not provide consistent guidance.

Permanent staff's knowledge of people was good and they were able to talk about risks associated with people's needs and how these were managed. However, at the time of the inspection the service were using agency staff. These are workers not employed by the provider and who do not work on a permanent basis in the service. During our visit the agency worker who was not familiar with people living in the service as it was their first shift. The handover sheet used in the service provided no information about people except their room number. This meant it was vital that people's care records were accurate and provided clear guidance about the support people needed.

The lack of clear and accurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, for some people clear and comprehensive risk assessments had been undertaken which provide detailed guidance to staff about how to reduce the risks or manage them if they arose. For example, one person who was at risk of choking had a clear risk assessment in place which was accurately cross referenced in their care plan. This person also lived with epilepsy and there was detailed information to ensure staff would know what to do in the event of a seizure. For another person who was prone to falling, a detailed and up to date risk assessment was in place, which informed an action plan, designed to minimise risk and improve the person's quality of life.

Equipment was managed in a way that supported people to stay safe. Regular maintenance checks took place of equipment, such as hoists and lifts. Some personal risk assessment for people who used equipment such as zimmer frames gave some guidance to staff about how to check these were safe and well maintained.

At the last inspection we found some gaps in the recruitment records of staff, including agency workers. At this inspection this had improved and a safe recruitment process was followed. Pre-employment checks were conducted including obtaining full employment history, checks on identification, references from previous employers, professional registration checks and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults. Before agency workers were used the provider ensured they received a

profile from the agency supplier, outlining that the agency had undertaken all appropriate recruitment checks.

People could be confident their medicines were safely managed and administered. People told us they received their medicines as they needed them.

Medicines were mostly stored safely in locked trolleys, rooms and fridges. Although we did find several boxes of creams and lotions for return to the pharmacy and disposal were being stored in open boxes in the staff office. The National Institute of Clinical Excellence states "Medicines for disposal should be stored securely in a tamper-proof container within a cupboard until they are collected or taken to the pharmacy." As the boxes were open this meant there was a risk that someone unauthorised could access these medicines. We spoke with senior staff about this and the need for storage in sealed containers in lockable rooms who said they would ensure this happened. The checking of the temperature of medicines storage was undertaken daily and remained within range, meaning medicines were stored at temperature which would not impact on their effectiveness. Creams, dressings and lotions were labelled with the name of the person who used them, safely stored and signed for when administered. Some Topical Medicine Administration Records (TMAR) would benefit from more detail to guide staff about what was meant when TMAR only stated apply as required. The administration of medicines followed guidance from the Royal Pharmaceutical Society. Staff did not leave the medicines trolley unlocked when unsupervised. Staff checked the records before administering the medicines and then electronically signed for these once the person had taken them. We looked at the Medicines Administration Records (MAR) for all people living at the service and found no gaps in these records indicating people received their medicines as prescribed. All MARs contained a front sheet with a recent photograph for identification purposes, along with relevant information, such as the person suffered from allergies or preferred to take their medicines in a particular way.

We looked at how medicines given on an 'as needed' basis (PRN) were managed. PRN protocols were in place for all medicines taken this way; they outlined how, when and why they should be taken and included maximum doses over a 24 hour period. We saw where a person could be given varying numbers of tablets, for example one or two painkillers, that this was clearly recorded on MARs. We also saw that 'time-critical' medicines were given at the appropriate time.

Four people received their medicines covertly, that is without their knowledge or consent. We looked at documentation related to these people. Appropriate people had been involved in this decision and a pharmacist had been consulted concerning the possible crushing of medication.

Learning from errors took place. Medicine errors were clearly recorded and investigated. Action was taken to address the reasons for medicine errors and learning was shared with individual staff and in team meetings.

Throughout our visit we saw the service was clean. We did not detect any malodours. All areas, both communal and clinical were clean and tidy. There were ample hand hygiene stations throughout the service. All hand basins contained hot running water, soap and disposable towels. Bathrooms and toilets were clean and free of litter or debris. All but two staff had recently undertaken training in infection control. Monthly infection control audits were completed. There had been no outbreaks of communicable diseases in 2017. These audits attempted to discover the source of infection control issues and to put preventative measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment (PPE) for staff, such as gowns and gloves. The two most recent audits undertaken, in December 2017 and January 2018 scored 95% and 97% respectively.

People were protected against abuse. Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Staff said they were confident to do so and felt that the manager would take prompt action to address any concerns related to people. Records were held when referrals had been made to the local authority and incidents were investigated and appropriate action was taken.

Is the service effective?

Our findings

People and their relatives felt that staff knew people well and were well trained to support people. One person told us "Very well trained and well mannered". A relative said "Yes, definitely. Some are at a higher grade, but they are all well and truly up to scratch."

Permanent staff were knowledgeable about people's differing dietary requirements. There was a choice of meals on offer. We observed staff asking people about their food preferences at mealtimes. This was useful for people with short term memory loss, such as those living with dementia. People told us they were offered choices. One said "They would give me something else", if they wanted it. A second said "The breakfast and lunch are nice. The supper is a bit mean. It comes at about 5 o'clock- that's too early, that's afternoon tea time. There's nothing after that, except a drink. When they've bought the sweet course, it was jelly, I said, 'Can I have something else?', and they've bought it. They are very flexible."

We asked kitchen staff how they managed people's dietary needs and how likes and dislikes and changes in people's special diets were communicated. On the day of our visit, an agency staff member was working as both permanent chefs were off duty that day. We asked how the chef on duty knew people's likes, dislikes and potential hazards, such as choking or food allergies. The chef did not have this information, nor was it displayed anywhere in the kitchen. The agency staff member told us they were reliant on care staff giving them this information which they said they did.

Whilst staff monitored people's weights, it was not evident that they always took action to address any concerns. For example, one person records showed they had lost 8.6 kilograms over a two month period between November 2017 and January 2018. The person's relatives told us they had also spoken with the registered manager to express their concerns about the person's food intake. The person's nutritional risk assessment stated that a referral to the person's GP should be made if concerns were raised. Despite the weight loss we found no evidence of a referral to the GP or to any other external agency, such as a dietician. The person's care plan did not reflect that they had been losing weight or any additional measures to manage this. There was no indication that food had been fortified by staff or that any food supplements were being offered. Staff were unable to tell us if meals were fortified if needed, although they did say that they made high calories milkshakes for people. The person's food intake was being monitored but there was no evidence this was leading to action. We discussed this with the registered manager who told us the GP had been contacted and was not concerned however the records did not reflect this.

For another person their records indicated significant weight loss in one month. We were told this person did not eat particularly well but no one was able to confirm if their foods were fortified. The care plan did not reflect the person's likes or dislikes around food, it did not reflect any weight loss and there was no evidence of any action being taken as a result of their weight loss. Staff confirmed this person did not receive food supplements but told us they encouraged this person to eat foods they liked, such as their favourite chocolate and offered them milkshakes throughout the day. Following the inspection the registered manager told us the record of the person's weight was incorrect as the scales had been wrong. Although the person had lost weight it was not as extreme as the records showed. The registered manager said "this was

picked up and [person] was reweigh (sic) at the time but [staff] had forgotten to document the correct weight". They had also spoken to the GP following the inspection who was not concerned.

A failure to ensure care records were accurate, up to date and reflected people's needs and support could place them at risk of receiving inappropriate care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to people moving into the service, assessments were undertaken to ensure the service and staff could meet the person's needs. A relative told us "We had a meeting. [Relative] came and had a look round". The preadmission assessment process identified the areas of support people needed in relation to their health, their social needs and their personal needs. Although this document was mostly a tick document and provided limited detail. People and where appropriate their relatives were involved in this process.

Following admission to the service care plans were developed. Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. One person's care plan contained information about their wishes concerning religious rites as they approached the end of their life. The provider had numerous policies in place to ensure that people's human rights and equality and diversity needs were met, including sexuality and relationships. The registered manager was clear that discrimination would not be tolerated and that staff were supported to understand this through various training courses.

The registered manager told us the provider used evidence based guidelines to support practice. For example, nationally recognised tools were used to assess the risks of skin breakdown and malnutrition. Staff were required to undertake annual medicine competency assessments in line with National Institute of Clinical Excellence (NICE) guidance. Recent documentation had been introduced by the provider to ensure the national five priorities of care were considered when a person is reaching the end of their life. This had not been rolled out in the service at the time of inspection but the registered manager told us they intended to do so shortly.

Staff spoke positively about their induction to the service. The induction for new staff included a period shadowing where they worked alongside more experienced care staff to gain the skills and competencies that they required to work within the service. One staff member said, "It was about three weeks. It was really good, I have to say. I didn't work alone until I felt confident". Another staff member told us, "I wasn't new to care but I got a good induction. Everyone was really friendly". They were all required to complete and induction workbook which was based on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff felt the training opportunities on offer for them were positive and helpful in their role. One staff member said, "It's very good I think. There seems to be quite a bit of training around", another told us how they had really benefited from training about dementia which they felt had helped them to communicate well with people.

The registered manager told us that there had been some changes to the way in which training was delivered. Staff were required to undertake mandatory training such as safeguarding, moving and handling, mental capacity and deprivation of liberty safeguards which were face to face. However, they had also introduced eLearning and good practice courses for staff which included subjects such as disability awareness, end of life care and diabetes. The registered manager told us they planned to ensure all staff had completed these, but also used eLearning to refresh staff if they felt this was needed. They gave an example

of ensuring staff redid medicines management if they had made a medicines error, or undertook a refresher in safeguarding if the registered manager was not confident they understood this. The manager also told us that staff were encouraged and supported to complete a vocational qualification in health and social care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Staff told us they received support through supervision. One staff member said, "We get supervision regularly and that's really good. It's a two way thing and we get to have our say". Supervision records demonstrated these were structured in a manner to allow staff to discuss issues of importance to them. Staff we spoke with were satisfied with the process. The manager also convened regular group supervision sessions on an ad hoc basis. These were well attended; issues directly related to people's care were usually discussed on these occasions

Handovers between staff took place to ensure they were kept up to date about everyone's needs. The registered manager felt they had developed good working relationships with other professionals to enable clear communication about people.

People told us they had access to healthcare. One person told us they had had a flu vaccination and another told us the doctor visits them in the service. Records demonstrated that people were supported to access appropriate healthcare services. People's records confirmed they had regular appointments with health professionals, such as chiropodists, GPs, mental health nurses, Speech and Language Therapists.

People were cared for in an environment where adaptations had been made to meet their needs. Signage was in place to provide guidance to people about the purpose of rooms and this was in both written and pictorial format. Rooms were mostly laid out to enable people to understand the purpose of the room. Outside of some people's rooms was personalised signage to show the room belonged to the person. People were able to personalise their rooms. The environment was regularly checked for safety and maintenance issues.

Throughout the inspection we saw and heard staff asking for people's permission for example, at lunch time we saw a member of staff say "Shall I wipe your mouth?" and waiting for them to respond before supporting them. Although we did see that on occasions clothes protectors were placed on people without checking they wanted these on. People told us staff asked for their permission to take photographs and before providing any personal care. Staff were aware of the need to seek consent before undertaking and care for people and we observed them doing this throughout the inspection. Where people had appointed representatives to act on their behalf, records of this were available and these people were involved in appropriate decisions.

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. Staff had a good understanding of the Mental Capacity Act (MCA) (2005) and had undertaken training in this area. All could tell us the implications of Act and of Deprivation of Liberty Safeguards (DoLS) for the people they were supporting.

We saw that the MCA had been applied. For example, four people received their medicines covertly, that is without their knowledge or consent. In each case a mental capacity assessment and best interests meeting had been carried out. All were subject to DoLS authorisation or had been referred for assessment.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made to the supervisory bodies at the time of the inspection, following a mental capacity assessment.

Is the service caring?

Our findings

People told us that staff treated them well and were kind and caring. One person said "They are all nice. I cuddle them, I couldn't do that in the other homes". A second person said "The staff are very nice". Relatives provided mixed views. One said "All the staff are always willing to help you" whilst another said "One of the carers comes and says 'hello' to every one of them, others just get on with what they're doing and don't speak to her".

Interactions between staff and people were kind and caring. Staff spoke kindly with people and mostly demonstrated respect towards them. We observed many instances of genuine warmth between staff and people. On these occasions, staff took time to explain their actions in order to minimise people's anxiety.

Staff responded positively to people's requests and provided clear explanations. For example, one person was questioning their medicines and the member of staff provided a clear explanation as to what was happening about this. We observed another person become quite distressed. A member of staff responded immediately and recognised that this person required some support with personal care. They communicated this discreetly and supported the person promptly.

Visitors were welcomed and able to see their loved ones at any time. One relative told us "They say, 'Treat it as your own home'. It feels relaxed; it has a nice feel about it".

People did say that staff had asked them about their preferences and that these were respected. They told us staff always checked they were ok and that monthly meetings were held. We saw records of these meetings which reflected that people were involved in decision about what happened in the service. For example, engagement with a local nursery had taken place and the children visited once a week and did activities with people. We observed this happening during the inspection. People appeared to be enjoying the activity and actively engaged with the children.

People told us they were supported to maintain their independence and their privacy was respected. One person told us "They leave me to get on with it, fullstop. I wash myself, shave myself. They were reluctant at first to let me out the front door, I signed a form to say I can go out and now if I want to go out, I Do". A second person said "I go out. I go to football. I go out in the buggy". Another person told us how they had been given a key to their room in order that they could lock this if they wanted to.

We observed doors were closed when personal care was provided and if staff noticed this was needed when people were in communal areas, this was discussed with them in a discreet manner. People were observed to be supported to maintain as much independence as possible. One person chose to go to the local shops alone and this was respected. Others were encouraged to be independent but due to risks were observed from a distance.

Is the service responsive?

Our findings

People and relatives told us they were not always involved in people's care plans. One relative was not aware of a care plan, two people said they did not know about a care plan whilst another relative said "[person] has got one and I've been involved. There was a meeting in October".

It was difficult to see how people were involved in making decisions about their care and treatment, as their records lacked information to show this. Monthly reviews took place but these did not include any feedback from people. The registered manager told us that during these reviews the member of staff would talk to people and check that they were happy with the care being provided.

Staff were aware of the need for person centred care. The staff we spoke with were knowledgeable about the people they were caring for and were able to explain to us people's individual needs and requirements. It was evident staff saw people as individuals. One staff member told us, "This is their home and we are guests". However, records did not always reflect this. At times care plans lacked personalised detail that would enable staff to meet their needs. For example, care plans related to people's eating and drinking contained no information about their likes and dislikes. One person's care plan stated that they should be offered their care plan in a pictorial format to help them understand this however, this had not been provided. Another person who was blind and read braille was not provided information in this format to help them understand the content of the care plans.

The Accessible Information standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We discussed this with the registered manager who was not aware of this but did say that if needed they could have care plans and other records put into a format to help people. The registered manager told us care plans were currently read to people.

Staff were not always responsive to people's changing needs and some of this was due to a lack of knowledge. The registered manager told us how they had implemented a tool from the external community team in order to monitor people's clinical observations such as blood pressure, blood oxygen levels. The aim was that staff would be able to take and record these and use the information to inform GP's about concerns when requesting GP appointments. However, we saw that two people's clinical observations showed one of these were low. When we asked a member of staff about this they told us this was a "good" reading however as this was lower than usual it could have indicated there may have been potential health concerns. The staff had not recognised this and had not taken action to contact a health professional to discuss this. We discussed this with the registered manager and a senior manager who agreed that further training for staff in the use of this tool and understanding clinical observations was needed.

A failure to ensure care was planned and responded to in a personalised way was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, other records showed how staff responded well. For one person staff had discovered that they

suffered from postural hypotension. This is a sudden but temporary drop in blood pressure when a person stands up, potentially causing lack of balance. The person had been informed of this and agreed that they should wait 20 seconds after standing before moving. The person's medicines had also been reviewed as taking more than four types of medicines may increase the risk of falling. They had also been offered a referral to a Consultant Ophthalmologist regarding their vision but had declined.

People told us there was always something to do. One person said "There's always something going on, especially in the afternoons. Usually something with music. I had my nails done, that was great fun". A second said "I play skittles. I like colouring, I've got some colouring books upstairs" and a third person told us "I like doing skittles and arts and crafts. I've got a CD player in my room and a bingo machine".

One the day of our inspection we observed four nursery aged children visited with their staff. They, and some people played a board game in a small room with a table. People looked pleased and seemed to look forward to seeing the children, who came every week. There was a game of skittles in the afternoon. The skittles were arranged by a staff member in front of people's chairs so they could participate.

The provider had a policy and arrangements in place to deal with complaints. They provided information on the action people could take if they were not satisfied with the service being provided. All of the people we spoke with told us they knew how to complain and were confident to speak to both staff and the registered manager. The registered manager told us that when concerns were raised they dealt with them straight in line with the provider's policy.

At the time of our inspection, no one was receiving End of Life Care. The registered manager told us some people had anticipatory end of life care plans in place. However, for one person this was written and supplied by the person's GP. It contained basic information, such as their diagnosis, medication and preferred place of death but little about the individual, such as family involvement or any cultural or spiritual requirements. For a second person who had an end of life care plan but was not at the end of their life, in place, this provided no information about how they wished to be supported at this time of their life .

We discussed this with the registered manager and senior manager who told us the provider had just developed an 'Achieving priorities of care' document for end of life but this had not yet been introduced.

Is the service well-led?

Our findings

People and their relatives spoke positively about the service. They said they felt listened to and able to talk to the registered manager. One relative told us "In general if I want to pass on information I'd speak to [manager] and she'd do something about it straight away and information goes the other way".

A number of audits were in place. The registered manager had a programme of audits that were completed which included monthly medicines audits, annual infection control audits, and quarterly health and safety audits. The registered manager told us that monthly all care plans and risk assessments were reviewed and any changes required or updates were undertaken. However, we found this process was not effective in ensuring the changes needed were completed or in ensuring that action was taken to address any concerns. For example, for one person their monthly review recorded they had lost weight but did not identify that this appeared to be very significant weight loss. It did not identify that no action had been taken and it did not identify any need to ensure the care plans/risk assessments were updated. For another person, the monthly reviews had not identified the lack of a care plan to guide staff to safely manage this person's diabetes.

The provider had a system of audits that were carried out by a senior manager of a monthly basis. These audits covered the questions CQC ask when carrying out an inspection. However, the frequency of these audits did not always promote continuous review. For example, the area of 'safe' was last looked at through January, February and March 2017. Although this had recorded the need for a time a motion study of staffing which had been completed, it was a one off and therefore not a continual monitoring of staffing. The dependency used to assess staffing did not assess night time and as such there was no formal way to keep this under regular review. Although the registered manager told us they had intended to do another time and motion study we saw this did not feature as an action on their action plan date January 2018.

Whilst the registered manager had an action plan for improvements which they said was based on the audits, this plan did not always provide timescales for completion or identify who was responsible for completing these. Although the action plan identified the need to develop 'Resident of the day' (monthly reviews), it did not identify the need to improve risk assessment to ensure people's safety or care planning to ensure a person centred and responsive approach to care delivery.

A failure to ensure effective systems were in place to identify areas requiring improvement and make necessary changes promptly was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other elements of the audit process were successful in driving improvement, For example, one audit identified the need to ensure night staff had received medicine management training and this had been completed. An audit had identified the need to ensure agency recruitment records were available and agency induction records were completed. Recruitment records were in place for agency staff and we observed an agency worker receiving an induction during our visit. A variety of daily, weekly and monthly procedures in place in all aspects of medicines management. We noted issues arising as a result of audits were dealt with in line with the provider's policy, in the form of detailed action planning.

Staff told us about feeling supported and spoke positively about the registered manager who was described as easy to approach and always willing to listen. Staff were aware of their responsibilities and felt they worked well as a team. One told us "We're a good team I think. We've had to work hard because of staff shortages sometimes but we provide good care".

Regular meetings were held with people, relatives and staff to seek feedback, share learning and make changes where needed. For example, we saw the registered manager had held a meeting with staff following concerns they had investigated. The meeting reinforced staff's responsibilities and the registered manager's expectations. In addition the provider undertook surveys to gain feedback. We saw the results from the last survey provided some positive comments including; 'I am impressed with the high level of care that [person] is receiving. Since [their] admission to Cross Way House, we have found [staff name] to be extremely caring and efficient to my [relatives] Needs'; 'All staff members have also shown empathy and a high level of care to [person]'; 'The manager I met today was helpful kind & had a thorough knowledge of my [relatives] needs. I was very impressed!'. Relative's had commented about improvements made over a six month period which included the overall cleanliness of the service. Staff had provided feedback about things they felt could be improved upon, including; activities, flooring and communication. An action plan had been developed following this and we saw the actions had been completed. More activity items had been sourced, staff told us they felt communication had improved and we found no concerns with the flooring.

Practice identified by the registered manager as needing improvement was promptly investigated, addressed and reported to appropriate external authorities. The registered manager ensured all staff were made aware of concerns and the need to undertake learning as a result when things went wrong. They used individual supervisions and staff meetings as opportunities to share learning and reinforce the code of conduct, safeguarding reporting and actions for all staff.

The registered manager engaged with other professionals to enable them to share and learn from others, ensure they were kept up to date with best practice and introduce systems and process that would aim to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care A failure to ensure care was planned and responded to in a personalised way was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance A failure to ensure effective systems were in place to identify areas requiring improvement and make necessary changes promptly was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.