

Ablecare Homes Limited

Crossley House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Crossley House is a residential care home providing accommodation and personal care for up to 17 people. The service provides support to older people and those who are living with dementia. At the time of our inspection there were 15 people using the service.

People's experience of using this service and what we found

People were kept safe from avoidable harm because staff knew them and understood what actions they should take to protect people from abuse. The service worked with other agencies to do this.

People's medicines were administered as prescribed and generally managed safely by competent staff. We have made a recommendation about the management of creams and ointments.

Staff assessed, monitored and managed safety. Care records contained individual risk assessments which reflected people's needs and supported staff to provide safe care for people. We were assured that people were protected by the prevention and control of infection.

New staff had recently been recruited and most shifts were now covered by permanent staff. The provider recruited staff safely, although paper records could be streamlined. We highlighted this to the management team.

Staff completed an induction programme and were supervised when they started in post. The provider was committed to providing staff with training, but this was not always up to date or in line with best practice. We have made a recommendation about staff training.

People's needs and choices were assessed, and care and support delivered in line with current standards to achieve effective outcomes. Care plans reflected a good understanding of people's needs, were up to date and regularly reviewed.

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

A wider range of activities and events were restarting as the restrictions of the pandemic eased.

Staff provided respectful support with personal care and daily routines. People were supported to maintain their health and wellbeing, and to eat and drink enough to have a balanced diet. Referrals were made to specialist services as required.

The management team had a clear vision about the quality of care and service they aimed to provide. They worked in partnership with other organisations to develop the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 09 July 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, notifications of other incidents, need for consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive and well led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crossley House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Crossley House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

Crossley House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Crossley House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service since the last

inspection. This included the statutory notifications the provider had sent to CQC. A notification includes information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

Some people living at the service were unable to communicate verbally. We spent time observing people in the communal areas of the home to help us understand their experiences.

We spoke with nine members of staff, as well as the registered manager, deputy manager, quality manager, relationships manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records and documents. This included three people's care records and medicine records. We looked at four staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance and health and safety documents.

We considered this information to help us to make a judgement about the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us information relating to staff training and supervision. Before and after we had visited the service, we spoke with eight professionals. Their comments have been incorporated into this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had not ensured care and treatment was always provided in a safe way because they did not ensure the safe and proper management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicine administration records (MAR) were clear and confirmed people received their medicines as prescribed. There were some gaps in the records relating to the application of people's creams and ointments. The deputy manager was clear that creams were being applied and the problem related to recording. They told us different systems had been trialled to improve consistency in recording. This was an ongoing piece of work which had been identified as an area for improvement by the management team.

We recommend the provider embeds an effective system for consistently recording the application of topical medicines.

- Staff received training and regular competency checks to ensure they managed medicines safely. Newer staff had not been trained in medicines administration at the time of our inspection. Achieving this would allow the task to be shared more widely within the team.
- Some people had medicines prescribed as required (PRN). People had appropriate PRN protocols and the medicines administered were clearly recorded.
- Controlled drugs were protected from misuse because staff followed correct procedures in line with statutory requirements.
- A detailed review of everyone's medicines was planned.
- Regular medicine audits were carried out to monitor safety and ensure risks were managed. Areas for improvement had been identified and actions were taken.

Systems and processes to safeguard people from the risk of abuse

- The provider took steps to ensure people were safe and protected from harm or abuse.
- People's relatives told us they felt their family members were safe.
- Staff and managers were clear about the action they would take to ensure people were protected from avoidable harm. One staff member told us, "I have reported concerns to CQC before. If I was worried or if I thought someone wasn't being treated right I would report it and I would go straight to the top".
- Systems and processes supported staff to keep people safe. The provider regularly reviewed safeguarding

concerns, incidents and accidents.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm because the service assessed, monitored and managed safety.
- Care records contained individual risk assessments which reflected people's needs and supported staff to provide safe care for people. Risks assessed included falls, the use of specialist equipment and nutrition and hydration. Information and guidance was up to date and tailored to the individual.
- Regular checks were in place to ensure environmental risks were assessed. We saw records which showed the building, equipment and fire safety were monitored.
- People had individual personal emergency evacuation plans to ensure staff knew the support which might be needed in emergency situations.

Staffing and recruitment

- Anonymous concerns had been raised about staffing numbers at the service. Managers told us there had been periods of staff shortage during a recent outbreak of Covid 19 at the service. To ensure people were safe and their needs were met, managers had changed rotas, shared staff, used agency staff and covered shifts themselves.
- The provider used an assessment tool to ensure the numbers and skills of staff matched the needs of people using the service. Staffing levels were regularly reviewed and changed depending on the needs of people living at the service. The provider felt the numbers and skills of staff working at the service were appropriate.
- We reviewed rotas and saw evidence that more staff had been recruited in recent weeks. Day shifts were covered by permanent staff. Some night shifts continued to be covered by agency staff who regularly worked at the service, but this had been reducing.
- Relatives gave mixed views about staffing levels. Comments included, "There are sufficient staff. There are loads of new staff", "There are less staff than there were before Covid, but I'm not over worried" and, "There are not enough staff on at weekends definitely, and mealtimes".
- Some professionals had been concerned about staffing levels and said the service had, 'been through a tough time recently'. Other professionals who had recently visited the service told us, "There seem to be plenty of staff. When I've been there it's been calm and settled. I had no concerns" and, "I think they were short of staff when they had a Covid outbreak, but I've not seen any problems. Staff are always around".
- An active programme of recruitment was in place, and several staff had recently been employed.
- The provider stored some recruitment information centrally away from the service, but we saw evidence that appropriate pre-employment checks were carried out. These checks make sure the right staff are recruited to support people to stay safe. We highlighted to the registered manager that reviewing the information kept in personnel records on site would be beneficial.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

At the time of our inspection, the service was closed to visitors because of a recent Covid 19 outbreak. This was in line with government guidance. Prior to the outbreak, people's friends and relatives had been able to visit them at the service. Visits were booked in order to stagger the number of people in the service at any time. Visitors were told about the procedures they would be required to follow to keep people safe, such as showing a negative Covid 19 test and wearing PPE in the building.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- People received safe care because managers and staff learned from safety issues and incidents.
- Staff recognised incidents and accidents and reported them appropriately. Managers investigated, made changes when necessary and shared learning with the team. This helped to help ensure people were safe and protected from avoidable harm.
- Anonymous concerns had been raised about the staffing numbers at the service. The provider was open and transparent and worked with the local authority and Care Quality Commission (CQC) to understand, explain and learn from this process.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to consistently uphold people's rights in line with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The management team were clear about their responsibilities to comply with the MCA and DoLS requirements.
- Each care plan considered the person's capacity relating to a specific need. Records showed that staff did not assume the person lacked capacity and thought about each decision.
- Some people had restrictive measures to help keep them safe. For example, some people who may fall or harm themselves had door alarms or sensor mats. Staff considered the least restrictive options and discussed these with families or other stakeholders to ensure the person's best interests were respected.
- Advocates were available to support and act in people's best interests if they did not have other representatives.
- We saw staff encouraging people to make decisions about day to day matters such as food, activities and

routines.

- Care records informed staff about how people would express their opinion or make decisions verbally and non-verbally. For example, one care plan explained that the person may move away when they did not want something, and another noted the individual may speak in their first language (not English) when they were unwell or low in mood.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Managers assessed people's needs before they moved into the service to ensure these could be met. Relatives or other representatives were involved in this process. One relative told us they had been invited to attend a review of their family member's needs soon.
- Care plans described people's needs and preferences and reflected cultural, religious and other significant information to ensure staff could deliver care that was effective and personal to the individual. Staff told us they took time to get to know and understand people when they came to the service.
- People were positive about how staff met their needs. Comments included, "Yes, they know me" and, "Staff are as good as gold".
- Care plans had been recently reviewed to ensure they continued to meet people's needs and reflected best practice. Most people living at the service were not able to participate in this process, but there was evidence that family members had been consulted.

Staff support: induction, training, skills and experience

- Staff training and induction was usually carried out face to face, but this had been affected by the Covid 19 pandemic. The provider had provided updates where possible to maintain staff knowledge.
- Staff completed Care Certificate workbooks, and plans were in place to restart face to face training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff shadowed more experienced colleagues until they were sufficiently skilled to work unsupervised.
- Some staff and relatives were concerned about the knowledge and experience of some staff. One staff member said, "I feel that the young ones need more training - they've not had the experience". However, a professional said, "The staff are knowledgeable. I'm confident that they understand [person's] needs and how to meet those needs".
- Staff told us they received supervision, although some felt this had not been consistent recently. Records showed staff received supervision, although there were some gaps.
- The staff training matrix we reviewed did not reflect all the training staff had received locally. The provider reviewed this after the inspection. We discussed training with the provider's training manager, who told us more formal learning was planned to restart and they provided additional evidence of recent learning and development activities. These were beneficial but were not always in line with best practice and did not include all staff. For example, some staff attended a team discussion about safeguarding, but not all staff were present. It is important to update training and attend refresher courses to ensure staff have current skills and knowledge to allow them to fulfil their roles effectively.

We recommend the provider reviews its training programme for staff and ensures this is based on current best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- Some people needed staff assistance to eat and drink. Detailed information was provided in care records to ensure staff carried out this task with respect and consideration.
- Catering staff knew about people's preferences, dietary needs and risks associated with food and nutrition.

One choice of main meal was provided each day, but staff took preferences into account and alternatives were made available.

- People were provided with a menu which reflected their likes and dislikes. There had recently been changes in the way ingredients were supplied and menus had changed. Catering staff were working with a senior manager to ensure people's preferences, health and cultural needs were met.
- People's nutritional health and needs were monitored, and any concerns were raised with health professionals as necessary. Some people had diabetes, and clear information was recorded in care plans about how they might present and what action to take if their blood sugar levels fluctuated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive support from GP and specialist services, although access to some services had been restricted during the Covid 19 pandemic.
- Records and correspondence showed people had been referred for and received specialist treatment, advice and screening where necessary. This included services such as audiology, oncology, mental health and specialist dementia support.

Adapting service, design, decoration to meet people's needs

- Crossley House is a listed building, but the interior had been adapted to meet people's needs as far as possible. During the inspection, we highlighted the need to update communal bathrooms. The nominated individual confirmed plans were in place.
- Stairlifts and some ground floor bedrooms meant people could move around the home as they wished. Risk assessments and control measures were in place to ensure people were safe when using the stairlift.
- Adjustments were made to the environment where necessary. For example, one person fell out of bed, but staff noticed this was always on the same side. The person's bed was moved against the wall, and they had not fallen again.
- People were able to personalise their rooms, and staff knocked and spoke with people before entering bedrooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection we recommended the provider needed to ensure regular care reviews took place and that care plans reflected person-centred care and how people would like to be supported. The provider had made improvements.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records described their preferences, wishes and what was important to them. This included information about people's sexual, religious and gender choices. This supported staff to continue to meet people's individual needs when they were not able to express these.
- People's families or significant others had been consulted and involved in planning care.
- Care records were reviewed as people's needs changed. The documents we saw were up to date and relevant.
- Specialist support was provided to ensure the needs of people living with dementia were met. Several people had been referred to a Care Home Liaison Service. This helped staff to provide person centred care which reflected best practice.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider identified and recorded information about how people communicated and the support they may need at different times or in different situations.
- Some people who were living with dementia were unable to understand information even if it was provided in different formats. Care records provided staff guidance about how best to communicate with people.
- Information posters about events and activities were clear and simple and often included photographs or images to help people understand the content.
- Information was shared with health and social care professionals when necessary. Two professionals commented about how helpful Crossley House staff had been in sharing their knowledge of people's communication needs to improve their experience and outcome.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The pandemic had made it challenging to continue to meet people's preferences regarding activities and maintaining relationships.
- Staff had tried to ensure people were supported to maintain important relationships throughout the pandemic and during a recent Covid 19 outbreak at the service. At times, visitors were not able to come into the building to keep people safe and adhere to government guidance. It had been difficult for some people to understand or participate in video or telephone calls, but staff tried to support these where possible.
- Staff knew people well and we saw them encouraging individuals with activities of interest. For example, staff played music from the 1950's for some people, then played a specific type of classical music another person enjoyed.
- The day after our initial visit to the service, some people had gone out on a trip to a local seaside town. More activities, entertainment and events were being planned as the pandemic restrictions eased.
- During the pandemic it had not always been possible for religious leaders to visit the home. Some people had participated in a local church service remotely using a tablet device.

Improving care quality in response to complaints or concerns

- Systems and policies were in place for recording and dealing with complaints.
- People and their relatives were regularly asked for feedback to ensure the service met their expectations. The provider sent the outcomes of surveys to CQC. People and their relatives were positive about the service overall.
- There had not been any formal complaints recently. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning as relevant.

End of life care and support

- Care records contained detailed information about people's wishes and preferences if they became seriously ill or died. Some records also indicated the person, or their family did not wish to discuss end of life care at this time. In these cases, there was information about who would provide guidance if needed.
- Some staff had attended additional training provided by a local hospice. They told us there were good links with hospice and specialist services.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to notify the Care Quality Commission (CQC) about notifiable incidents that occurred in the service. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager understood their role and worked with staff and senior managers to meet regulatory requirements.
- The previous CQC rating was displayed in the service and on the provider's website.
- Quality assurance processes were effective and helped to hold staff to account, keep people safe, protect their rights and provide high quality care and support. Audits were carried out regularly, and action plans were in place and reviewed to ensure improvements were achieved. There were regular audits of medicines, health and safety matters, safeguarding concerns and record keeping.
- Senior managers within the organisation provided support and carried out checks to monitor quality and safety.
- Staff told us they were clear about what was expected of them. One newer member of staff said, "The other staff are good role models, we all work together, we are a team and are here for the people". Staff knew people well and aimed to always deliver good quality care and support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been several staff changes at the service and these were continuing. The management team were aware of the importance of training and nurturing new and existing staff in addition to fostering a culture which reflected the values of the organisation.
- Managers were visible in the service and knew people and staff well. Relatives told us managers worked shifts with staff and led by example.
- The deputy manager had been running the service on a day to day basis with support from the registered manager and provider management team. Some staff said they hadn't felt able to raise concerns because, 'the managers are under a lot of pressure'.
- A new manager was due to start working at the service and would be applying for registration with CQC.

- Staff were positive about their jobs and said, "I love working here so much", "I love my job" and, "I love this place. I would fight tooth and nail for it".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service. They apologised to people and their relatives when things went wrong.
- Staff were encouraged to bring issues of concern to the attention of the management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw staff listening to people, offering choice and respecting the choices people made.
- One professional said the deputy manager had supported a person's understanding when a meeting had to be carried out by video call due to Covid 19 restrictions. The deputy manager repeated every question clearly and slowly to check the person's understanding. This helped the individual to be empowered and voice their opinions.
- A wellbeing survey had recently been carried out with people living at the service. People who completed the survey gave positive feedback about all elements of the service.
- Staff were usually able to give feedback and make suggestions about the service in team meetings. These had not happened recently because of the Covid 19 outbreak at the service, but plans were in place to arrange a staff meeting in the near future.
- Most relatives told us feedback and communication was good. One relative would have liked more updates about their family member's wellbeing during a Covid 19 outbreak at the service.

Continuous learning and improving care

- The service had received a number of compliments. These included comments on social media, cards and gifts. Professionals believed people were happy living at the service. One professional said, "He tells me he's being cared for so well, he doesn't want to go home".
- Staff and managers we spoke with were open and responsive during our inspection. They were keen to continue developing and improving the service.
- A trained counsellor provided staff, people and their relatives with emotional support and reflection to aid wellbeing and continuous learning.
- The registered manager was an active part of the wider organisation and attended a range of meetings and forums to ensure they remained up to date and informed.
- The provider kept up to date with guidance nationally and locally to inform care and deliver improvements to the service.

Working in partnership with others

- The service worked with liaison, health and social care teams. Staff sought advice and guidance if there were concerns or changes to people's needs. Comments from professionals included, "I have only positive experiences of the service" and, "My impression is positive so far".