

CARE HOMES FOR OLDER PEOPLE

Crossways Nursing Home

**86 Hookhams Lane
Renhold
Bedfordshire
MK41 0JX**

Lead Inspector
Carol Mitchell

Unannounced Inspection
7th March 2007 09:30



*Making Social Care
Better for People*

inspection report

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- Improve services and stamp out bad practice
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Crossways Nursing Home
Address	86 Hookhams Lane Renhold Bedfordshire MK41 0JX
Telephone number	01234 771694
Fax number	01234 772432
Email address	Irawlins@contemplation-homes.co.uk
Provider Web address	www.contemplation-homes.co.uk
Name of registered provider(s)/company (if applicable)	Contemplation Homes Ltd
Name of registered manager (if applicable)	Lynn Susan Rawlins
Type of registration	Care Home
No. of places registered (if applicable)	30
Category(ies) of registration, with number of places	Old age, not falling within any other category (30), Terminally ill (4), Terminally ill over 65 years of age (5)

SERVICE INFORMATION

Conditions of registration:

1. The home can accommodate a maximum of 30 service users of either sex
2. No one falling into the category of terminal illness (TI) or (TI)(E) maybe admitted to the home where there are 4 persons of these categories already accommodated within the home.
3. No one falling into the age range of 45-65 years in the category of PD may be admitted to the home when there are already 5 persons in this age range and category excluding those with terminal illness.

Date of last inspection N/A

Brief Description of the Service:

Crossways is a private nursing home owned by Contemplation Homes. The home is in the village of Renold, near Bedford. Some local shops are within walking distance, and the home is on a bus route to Bedford.

There are 30 places for mainly older adults, some of whom may be terminally ill, and all of whom need nursing care.

The accommodation is situated over 2 floors, and there is a small passenger lift. There are 6 shared rooms and these are fitted with curtains for privacy. There is a maintained garden with a covered patio area, raised vegetable patch and green house. There is space for parking to the front of the building.

The following information about fees was obtained on 7th March 2007:-

Highest fee, £526;

Lowest fee, £700.

Items not covered by the fee:-

Private chiropody, £20;

Hairdressing, starts at £5;

Newspapers.

Further information about this home can be obtained by telephoning, e-mailing or visiting the home. There is also a web-site address.

SUMMARY

This is an overview of what the inspector found during the inspection.

This report takes account of information received by the Commission since the end of 2005 when the new owners were registered, and from the inspection visit on 7th March 2007.

The service was not sent a pre-inspection questionnaire prior to this inspection visit.

The inspection visit was unannounced and took place over 4 hours on the morning of 7th March 2007. During the visit the inspector spoke to residents, staff, relatives, and the matron/registered manager. A sample of care plans and staff files was checked, and the inspector looked around some parts of the building.

The inspector also looked at recently returned questionnaires from residents, relatives and staff which the company had distributed as part of their efforts to find out people's views of the service.

The inspector would like to thank everyone involved in the inspection visit.

What the service does well:

This home is well organised by a matron who is supported by senior staff from the company. The matron has high standards and checks that everything is done in the home as it should be.

The home is a busy place with lots going on. The matron and staff make sure that everyone carries on living how they want to, and people are involved in the running of the home. For example the residents have meetings without anyone from management there so it is easier to speak up about things. A member of staff said, "I look after residents as if they were my extended family, they are in their own home."

People like living at the home. A resident said, "I am very happy, the staff are lovely".

The home has a very strong staff team. Staff are well trained and supported, friendly, and really enjoy their work. Staff said, "Work is very enjoyable and rewarding"; "There is excellent support for courses".

Health and personal care is organised well and in an individual way so that people know who is looking after them, and the staff know their residents really well. Detailed care plans are written by staff who understand and use them properly. The home has excellent links with local family doctors and lots of other important health care professionals.

Relatives are pleased with the care at the home. One said, "It is "gold star" here!" Visitors can go to the home when they wish, "I am very welcome whenever".

What has improved since the last inspection?

This is the first inspection visit since the current owners took over.

Within the last year some decoration work has been done, and some carpets have been replaced. Windows at the front of the building have been replaced and new call and fire bell systems have been installed. Two new hoists have been bought, as well as other equipment such as special beds and mattresses.

Works detailed in a report from the fire officer have either been completed, or were being priced at the time of the inspection visit.

The range of activities offered has been widened, and a greenhouse is now used for growing produce.

A special and detailed approach to care at the end of life has been introduced during the last year, and is now well established.

Nursing and social work students can now undertake placements at the home. Registered nurses have done training in mentorship to support this.

What they could do better:

Some redecoration and carpet replacement is needed, and the matron had already identified the need for specific works at the time of the inspection visit.

The matron is going to continue to closely check that the changed use of a shared room does not compromise infection control or privacy for either resident.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The matron makes sure that no one moves into the home unless they can be properly cared for. Therefore people living at the home can be sure that their needs will be met.

EVIDENCE:

The matron or her deputy visit prospective residents and complete an assessment to ensure that needs would be met. Detailed information was recorded about a resident who had moved into the home since the last inspection.

Visits to the home are encouraged, and trial periods can be arranged. Residents are given welcome packs with lots of information, and contracts are issued.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9, 10, 11. Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

The matron makes sure that nursing care and personal care are delivered to a high standard, and the home is well supported by family doctors and others. Therefore people living at the home can be very sure that their health needs will be met.

EVIDENCE:

The need for high standards of health and personal care is given due emphasis. There is good liaison with local family doctors, and there are established links with specialist nurses such as the Parkinsons and Macmillan nurses. The services of dentists, opticians, and chiropodists are arranged. Registered nurses are experienced and receive training and development to support their role in the home.

Nursing and personal care is well organised. Each resident is allocated a named nurse and care assistant, and their photos appear on the front of each

care plan. A resident was able to identify his named nurse, and said that he is very well looked after. Care staff receive skills based training, and nurses share knowledge in formal and informal ways. A nurse questioned described how she makes sure that personal care has been delivered to a high standard.

All of the nurses receive palliative care training at a local hospice, and use of a special care pathway aimed at making sure that every care need is addressed at the end of life is well established. Nurses have been trained in bereavement counselling. Infection control training is established, and attention is given to the importance of hand hygiene.

A sample of care plans showed that the assessment, planning and documentation of care are approached in a logical, organised and comprehensive way. The records are meaningful and relevant, and staff questioned were familiar with the contents. Care plans are detailed with regard to important aspects such as wound care, and residents' wishes for their end of life care were also included in the records. Risks are assessed, for example detailed falls assessments are completed, and the care plans are reviewed every month.

Residents contribute to care planning, and sign plans if they are able. Meetings are usually arranged every 6 months to discuss care. If the resident has given permission for a family member to be involved, this is also recorded. A relative described in glowing terms the nursing and personal care given to her very frail mother, and reported that attention is paid to privacy in the room which her mother shares with another resident.

Special beds, and pressure relieving equipment were seen around the home, and moving and handling equipment was obviously available, and well used by staff.

The providing pharmacist inspects the medicines every year and an inspection is due from March 2007. There is a policy in place to support anyone who wishes and is able to self-administer their medicines. The matron audits the usage of medicines every month and gives feedback to the nurses responsible for administration.

Nurses have received training about the use of syringe drivers.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14, 15. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The matron and other staff at the home make sure that residents carry on living how they wish to as far as possible. Therefore people at the home can be sure that expectations of living there will be met.

EVIDENCE:

Conversations with residents and staff confirmed that residents make choices in their daily lives as far as possible. For example when to go to bed, get up, where to eat, and what to wear.

There is always a choice of meals, and residents, staff and relatives reported that the food is enjoyed. Staff take a Polish gentleman to buy food, and an Italian gentleman belongs to the local Italian club. Special help with eating is given when needed, and details of the assistance required and any equipment needed were recorded in care plans. Residents meetings are held and monthly take-away meals are to be arranged following agreement at the most recent meeting.

Someone is employed at the home to organise a busy programme of activities and events. Something is arranged for every afternoon, and on the day of the inspection visit a walk along the river was scheduled. Special attention is given to those who cannot or do not wish to participate in group events. For example residents in bed enjoy hand massage, music, chatting, or reading stories. Such activity is planned and recorded formally with the same emphasis as other larger scale events or clubs. The lounge has been the venue for woodwork and cookery recently, and in the garden there is a greenhouse and raised vegetable bed used for growing produce. Profits from fund raising events held at the home are used to pay for the transportation costs of various excursions.

Relatives spoken to are made to feel welcome at any time. Some residents go out regularly for meals, or to see family members.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16, 18. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The matron and the company take any complaints seriously, and listen to what residents say. Staff are trained about the abuse that vulnerable adults can suffer. Therefore people living at the home can be sure that they will be protected from harm.

EVIDENCE:

The home has a complaints procedure which is given to residents and families on admission. When moving in, people are also told about the local advocacy service.

Since the last inspection the home received one complaint which was dealt with to the satisfaction of the complainant. One alleged incident was properly reported through protection of vulnerable adults procedures, and there was no evidence to support the allegation.

Staff receive training about the protection of vulnerable adults and those questioned were able to say what they would do if they are worried about any aspect of a resident's treatment.

Residents said that they speak up if they have a problem, and one specified the identity of the named carer to whom he would speak. Relatives feel able to raise any issues if they occur, and neither relative spoken to had ever felt the need to complain about anything.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19, 26. Quality in this outcome area is **adequate**.

This judgement has been made using available evidence including a visit to this service.

Even though some aspects of the environment need improving, efforts are made to make sure that these matters are addressed. The home is kept safe, clean, and well maintained by people employed to do this, so that residents are living in comfortable surroundings.

EVIDENCE:

A maintenance man has responsibility for health and safety matters such as fire and hot water checks. Decoration is ongoing and some redecoration work has been done since the last inspection. Some carpets have been replaced, and new call and fire bell systems have been fitted. Windows at the front of the house have been replaced.

Work identified following a visit by the fire officer has either been done, or was being priced at the time of the inspection visit.

The inspector looked around some parts of the building, and in places (especially corridors) the carpet is very worn. There were some tiles off in one bathroom, and a rough edge to the bath where some plumbing work had recently taken place. The matron was aware that these areas require attention, the work is scheduled, and the making good in the bathroom is a priority. However, replacement floor coverings may be delayed while possible plans for improvements to bathrooms and other areas in the home are being considered.

In one shared room seen the two beds were positioned quite close together, one having recently been repositioned to allow for the use of a hoist. The relative present was happy with the arrangement. The matron agreed that the beds are rather close and she is monitoring the situation, and advising company directors accordingly. Shared rooms have curtains to provide privacy, and people only share a room following discussion and agreement.

Designated housekeeping and laundry staff are employed. All parts of the home seen were clean. The bedrooms seen had personal possessions belonging to residents. The garden is maintained, and a resident confirmed that he uses the garden a lot in warmer weather.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29, 30 Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

The matron makes sure that no one is allowed to work at the home unless the right checks have been made, and the staff receive lots of training for their jobs. Therefore people living at the home can be very sure that they are in safe hands.

EVIDENCE:

Staff were friendly and warm in their dealings with residents during the inspection visit. Residents and relatives spoken to were happy with the way residents are addressed and cared for.

The matron, staff members, residents and relatives indicated that staff numbers are sufficient.

Staff questioned were well organised and able to detail the care and support needed by specific residents. The nurse questioned described her role in monitoring standards. Staff confirmed that they receive essential training such as moving and handling training, and additional training in for example epilepsy, diabetes, wound care, continence promotion, mentorship and team building. All of the nurses attend a local hospice for palliative care training.

Training is provided by external and in-house speakers, and is carefully recorded and monitored to ensure that no important training is missed, and evaluated to make sure that it is useful.

A sample of staff files and discussion with the manager confirmed that the proper checks are made before anyone is employed at the home. Checks include Nursing and Midwifery Council registration for nurses. New staff receive skills based induction training, and a new staff member described a 3 month induction training period during which time she was very thoroughly prepared to look after and support individual residents allocated to her.

The vast majority of care staff have received either level 2 or 3 National Vocational Qualification training.

Staff meetings are held regularly, and handovers take place at shift changeovers.

Staff receive supervision every other month, and an annual appraisal. Staff are well motivated and described really loving their work. They particularly praised the support they receive from the matron, and the training provided at the home.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 32, 33, 36, 38. Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The matron is well supported and she finds out about what people think about the home. The matron is organised, checks that everything is done properly, and tries to make things better when she needs to. Therefore people living at the home can be sure that it is run with their best interests at heart.

EVIDENCE:

The home is managed in an organised way, and the matron is well supported by directors and other company personnel. There is also a deputy matron and an administrator at the home. The matron is very friendly and approachable and has a very open relationship with residents and relatives.

A company representative undertakes the required monitoring visits and the matron receives written reports following these.

Residents views are sought through the use of meetings and questionnaires. Questionnaires are distributed in a sensitive way without the involvement of a manager. Comments are read by the matron and followed up when necessary. The inspector looked at questionnaires recently received and the feedback is overwhelmingly positive in wide ranging areas. Staff are also asked for their views through questionnaires, and feedback about working at the home is also very positive.

Staff supervision is well established, and some nurses have done mentorship training.

The matron audits various aspects to do with the running of the home, and is currently checking medicine administration every month, and with the company has recently looked at equal opportunities in relation to recruitment at the home. As a result of audits, the matron considers any actions required and makes any necessary improvements. There is therefore a structured, local and meaningful approach to quality assurance at the home.

Designated staff members are health and safety representatives for the home and they receive special training for the role.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	4
9	3
10	3
11	4

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	2
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	4
29	3
30	4

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	3
33	4
34	X
35	X
36	3
37	X
38	3

Are there any outstanding requirements from the last inspection? N/A

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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