

Cross Care Services Limited

# Crossways Nursing Home

## Inspection report

17 Overton Road  
Sutton  
Surrey  
SM2 6RA

Tel: 02086420955

Website: [crosswayssutton.co.uk](http://crosswayssutton.co.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Crossways Nursing Home is a residential care home providing personal and nursing care for up to 40 people including older people, people living with dementia and people receiving rehabilitation care before returning home after being discharged from hospital. At the time of the inspection the service was supporting 39 people.

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

People were safe. They received safe care and treatment and staff had been trained to safeguard people from abuse. There were enough staff to support people and the provider carried out recruitment checks on staff to make sure they were suitable and safe to work with people. The home was clean, tidy and hygienic. Staff followed current practice to prevent and control infections.

People's care was effective. Staff received training and supervision to help them meet people's needs. People were supported to take their prescribed medicines and staff made sure people received healthcare when they needed it. Staff encouraged people to eat and drink enough to maintain a balanced diet. The provider investigated accidents, incidents and complaints and involved people and their families and informed them of the outcome. The provider took action to make improvements when a person's care had not met the standards expected. The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). 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. People had good outcomes regarding their wellbeing.

Staff were caring. They respected people's privacy and dignity and treated people with kindness. They knew people and their preferences well and supported them in accordance with their likes and dislikes and interests. People and their families were involved in planning their care and the provider actively sought their views on the service and their suggestions for improving people's experiences. People's confidential information was stored securely and used in line with data protection laws.

People received a service responsive to their individual needs. People had care plans which contained information about their life history, their social, cultural and spiritual preferences and their interests and the activities they enjoyed. People's care plans were regularly reviewed to ensure they were up to date and reflected people's current needs. People's communication needs had been assessed and there was personalised information for staff about how to communicate with them in a person-centred way. People were supported to engage in a range of activities and maintain relationships important to them. People could have visits from relatives and friends when they wanted and also stayed in touch with their families using video calls. People had end of life care plans in place that reflected their wishes for their end of life care and arrangements.

People received a well-led service. The provider encouraged and supported an inclusive culture focussed on

people having a good quality of life. Staff were supported to learn and develop and improve practice and the provider also supported their wellbeing. The provider had a set of values and a statement of purpose that informed people, their families and staff of the standards of care expected. The provider acted on people's feedback when improvements were needed and openly shared information with people when a person's care had not met the standards expected. The registered manager understood the service's legal obligations. The provider regularly carried out a range of quality assurance audits. There were regular resident and family meetings and the provider used an independent company to carry out user satisfaction surveys. The service participated in innovative pilot schemes, trials of new systems and research projects to continuously learn and improve people's care. Staff worked proactively with other organisations, healthcare professionals and community groups to deliver care and support that met people's individual needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us under a new provider on 4 February 2019 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 14 February 2018.

#### Why we inspected

This was a planned inspection based on the length of time since the service was registered with the CQC under a new provider.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led

Details are in our well-Led findings below.

Outstanding ☆

# Crossways Nursing Home

## 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. 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 two inspectors and one 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

Crossways Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

Inspection activity started on 13 September 2021 and ended on 23 September 2021. We visited the location on 14 September 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, clinical nurses and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eleven people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who visits the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that people were safe and secure. One person said, "I am safe because everything is looked after. There are always people around at night. There is a careful watch kept on you. They are pretty quick if I press my call button". A relative told us, "I do feel he [resident] is safe. His medicines work well. His personal care is fine."
- There were systems and processes in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- Staff were confident about how to identify signs of abuse and report safeguarding concerns.

Assessing risk, safety monitoring and management

- People had risk assessments and care plans. They provided detailed information about people's individual risks and care needs and included actions staff needed to take to keep them safe.
- People's risk assessments and care plans were regularly reviewed and updated. Staff were informed of changes to people's care needs. The provider kept a daily record of people's care.
- There were regular health and safety checks of the premises. Equipment used at the service was maintained and serviced.

Staffing and recruitment

- There were enough staff to support people. We observed staff responded promptly to requests for help and support. Staff on duty were suitably skilled and experienced.
- The provider had a system for calculating how many staff were needed based on people's needs.
- Staff had been recruited safely. The provider carried out appropriate checks on new staff to ensure they were suitable to work with vulnerable people.

Using medicines safely

- People were given their medicines safely and at the right time.
- Staff giving people their medicines had completed medicines training and had been assessed to be competent to support people with their medicines.
- People's records contained information about their prescribed medicines and how they should be supported with taking their prescribed medicines. There was also detailed guidance for staff about giving people 'when required' medicines, which included personalised information about why, when and how a person should be given 'when required' medicine.
- Medicines were received, stored and disposed of safely.
- The provider carried out regular audits of medicines to ensure policies and procedures were followed and

any errors or concerns were identified.

#### 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- Accidents and incidents were recorded and audited.
- The provider analysed accidents and incidents information to identify any trends or patterns and take action to mitigate the risk of further accidents and incidents.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their families were involved in assessments of their care and support needs. People's needs and choices were assessed before they moved into Crossways Nursing Home and were reviewed and updated regularly. Assessments of people's care and support needs were detailed and provided staff with the information to give people the support they required.
- People's care plans included their life history, healthcare conditions, care needs, the support they required, likes and dislikes and what they wanted to achieve in terms of independence and how they lived their lives. The information was used to plan and deliver people's care and support.
- Staff knew people well and provided care in accordance with their needs and preferences. One person said, "I think that they know how to look after me. I want for nothing" and another person told us, "Yes, they definitely know how to look after me. Everything gets sorted".
- People's support was delivered in line with current legislation and guidance. A relative said, "The staff are excellent. They go the extra mile. They are exceptional. They do not let anything go. They keep their eyes on all the residents, in terms of their medical needs".

Staff support: induction, training, skills and experience

- New staff completed induction training and all staff received regular training. Staff told us their training gave them the skills to meet people's needs. One member of staff said, "I even get training outside of my role that has really helped me develop".
- People told us staff knew what they were doing. One person's relative said, "They looked after him very well during Covid. No bedsores."
- Training records showed staff training was kept up to date.
- Staff received regular supervision and appraisals to support their development.
- A person told us, "They [staff] have a difficult job. But they do an extremely good job. They seem to be well trained. I have no concerns".

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

- Staff supported people to eat a varied and nutritious diet.
- People's nutritional needs and any risks related to their eating and drinking were assessed and support plans put in place. People's weight was monitored and their daily fluid intake was recorded. Staff gave people fortified meals and used drink thickeners when it was appropriate.
- We observed lunchtime in the dining room and the lounge. The dining room was well-decorated, clean and welcoming. Some people preferred to eat their lunch in the lounge and were able to do so. Meals were served at the right temperature in a well-presented way.

- People were supported to eat their meals in accordance with their needs. Their comments included, "The food is always well cooked", "The food is very nice" and "The food is good".

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

- Staff supported people to manage their health and medical conditions. Regular meetings were held to discuss people's needs. Referrals were made to healthcare services in a timely manner and healthcare professionals, including district nurses, visited people regularly.
- Staff shared concerns they had about people's health and wellbeing with the GP, who used the information to carry out health checks on people. People attended their health appointments and were also seen by other services, for example, a chiropodist.
- A person said, "The staff are good. They come quickly when I press my buzzer" and another person said, "The care is very good. They look after me very well. I get what I need as a diabetic." One person told us, "They have been marvellous in getting me back on my feet. The carer gradually encouraged me to be more mobile every day. I could not walk when I arrived, but you should see me now."

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

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.

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.

- Mental capacity assessments and best interest meetings had been carried out to identify whether a person had capacity to make a specific decision.
- Applications for DoLS authorisations had been made when needed. The provider had a system for ensuring DoLS applications and authorisations were up to date.
- Staff asked people for their consent before providing care. One relative told us, "They always ask for his [person's] consent".

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

- People chose the colour scheme for their room and furniture. They were given a décor and furnishings brochure and could choose from four different colour schemes.
- Parts of the home and some people's rooms had been redecorated and modernised and work was ongoing to redecorate the other rooms and areas of the home.
- The corridors and garden were accessible by wheelchair. The provider arranged for a resident and their daughter to work with a professional landscaping company when drawing up plans for redesigning and upgrading the garden, so people can use the garden all year round.
- The provider had purchased a pod for the garden so that people could safely have visits during the Covid-19 pandemic. They had also bought a fog machine, which was used to clean the pod after each visit.

- The provider had installed hand washing facilities in the front porch and there were Covid-19 information and hand washing signs around the home.
- Signage around the home to the communal areas was good.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a stable team of staff and staff knew people and their needs and preferences well. This meant people received consistent care.
- People's social, cultural and spiritual preferences were recorded so staff knew how to support people in accordance with their likes and dislikes. Staff received equality and diversity training. This helped staff understand discriminatory behaviours and practices to help them make sure people were treated fairly.
- We observed staff interacted with people with kindness and respect and communicate with them in a friendly and compassionate manner. People's comments included, "They [staff] are extremely kind", "They [staff] are very good. Nice people" and "Staff are definitely friendly and nice". A relative told us, "People go in and check [person's name] and give him a cuddle."
- Relatives said they were made to feel welcome when they visited.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were involved in assessing and reviewing their care needs and planning their care.
- Residents' meetings were held to enable people to raise issues and contribute to the running of the service. Feedback surveys were regularly sent to people and their families to monitor the quality of the service provided.
- We observed staff asking people what they wanted to watch on television and whether they wanted to join in with the activities being done.
- A relative said, "[Staff member's name] always has a chat with [person's name]" and a person told us, "They often come and have a chat with me".

Respecting and promoting people's privacy, dignity and independence

- Staff understood the need to protect people's privacy and dignity when providing care.
- People told us staff knocked and introduced themselves before entering their rooms.
- People's comments included, "They treat me with dignity" and "They definitely treat me with respect".
- One person told us, "They do knock on my door. They treat me with respect. The male staff are very good with women, they are extremely courteous and caring". Another person said, "They respect my privacy. They really made me welcome when I came here."
- Confidential information was stored securely and used in line with data protection laws.



# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

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

- People and relatives told us that care plans had been completed. One person said, "My care plan was drawn up and discussed with me".
- People's care plans contained information about their life history, their social, cultural and spiritual preferences and their interests and the activities they enjoyed. People also had 'Pen Portraits' on their doors. A Pen Portrait is a succinct summary of a person's likes and dislikes and interests. This meant staff had personalised information about people, which helped them to deliver care in a person-centred way.
- However, people's care plans did not always contain information about their preferences for how they would like their care and support to be provided. We spoke with the registered manager about this and she said she would ensure people's care plans were updated to include the ways in which they wished to receive their care and support. Staff knew people well and this meant people did receive their care and support in the ways they wanted.
- People's care plans were reviewed regularly to ensure they remained accurate and reflected people's needs. Daily records were kept, and they contained information about what people had done during the day and their physical and emotional well-being. This information was used to handover to staff when shifts changed.
- Staff recorded the care and support they provided to people on the electronic records system. This meant managers could check and monitor staff were providing the care and support planned and agreed with people.
- People could choose how they wanted to receive their care and support and they had control over how it was provided. We observed a member of staff ask a person in their bedroom if they would like to get up. The person replied, "I fancy a lie in". The member of staff asked the person if they needed anything and said they would pop in again shortly. The person's choice not to get out of bed was respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and recorded and their care plans included detailed personalised information for staff about how to communicate with them in a person-centred way.
- Staff gave people information in pictorial and large print formats when needed and people had their own individual communication systems in place where necessary.

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

- Staff encouraged people to follow their interests and participate in activities. People were supported to engage in a range of activities and maintain relationships important to them.
- The service employed two activities coordinators who organised one to one and group activities. Indoor and outdoor activities were developed based on people's interests and wishes.
- During the Covid-19 pandemic restrictions people still had visits and also stayed in touch with their families using video calls. Since the easing of the pandemic restrictions, the provider had resumed day trips for people.
- People's comments included, "There are plenty of activities", "I cannot see, but I can sing along and they take me for a walk in the park which is wonderful" and "The activities co-ordinator visits me regularly on a one to one basis".
- A relative told us, "They spend a lot of time doing activities".
- A member of staff said, "Some people like to talk and talk and talk. That's ok to do too. It doesn't sound like an activity, but it really is". Another staff member told us, "We noticed one person responded positively to a golf birthday card. We told their wife, who brought in loads of pictures of their life playing golf. They were delighted."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedures. People had been given information about how to make a complaint and how it would be dealt with by the provider, including the time frames involved. Complaints had been recorded and investigated and the provider had responded to people and taken action to resolve issues and improve people's care.
- People and their relatives said they were satisfied complaints would be fully addressed. A relative told us, "If there are problems, they do what they can to put it right".

End of life care and support

- Staff had spoken with people and their families about their plans and preferences for their end of life care and support. The information had been used to develop end of life care plans for people.
- Crossways Nursing Home had worked with Sutton Clinical Commissioning Group to produce a video informing people, families and staff about the importance of end of life care in care homes. This was used to raise awareness and understanding about end of life care, with a view to improving people's end of life experience in care homes.
- A member of staff told us, "I spend time with people at the end of their life if they want me to. I feel honoured to be with them at that time and families are comforted to know people didn't die on their own." Another member of staff said, "Some people prefer their rooms changed around so that their family can fit in. The hospice sometimes come in to give support. People's spiritual needs are met, like getting a priest or minister to come in and do some praying".

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider encouraged and supported a culture focussed on people receiving high quality care and support and having a good quality of life. The service had a positive learning culture where people were supported to improve practice. People had good outcomes because their health and wellbeing were prioritised.
- Managers and staff knew people well and their interactions with people were focussed on meeting their specific, individual needs. The provider sought people's views about the service and their suggestions for improvements. They acted on people's feedback when improvements were needed.
- People and their relatives told us the care they received had a positive impact. A person told us, "The manager is a very nice lady. She is very objective. Very kind. She loves her work. I could not ask for more. I would definitely come back here if necessary" and a relative said, "The manager is fantastic. When we visited we thought the atmosphere was just right. If I had friends that needed a care home, I would definitely recommend this home."
- The registered manager and business manager showed their appreciation for the staff by having pizza and takeaway meals delivered for them, having spontaneous barbecues and giving them baskets of fruit. Staff told us they felt well supported by managers. One member of staff told us, "[Registered manager's name] works so hard to make this place feel like a home and not too clinical. Residents wander into the office and chat with [registered manager's name] and [business manager's name]." Another member of staff said, "This is a great place to work, the staff, the people, the manager, you really feel you are part of something".
- Staff comments also included, "There is a real open-door policy here, really. I mean she [the registered manager] is so supportive and encouraging. She gets us on training and then gets us to share our learning" and "She [the registered manager] is flexible with the rota and that is important for our lives outside of work. A work life balance is important, otherwise, I don't know, you might have to call in sick."
- Staff had told the registered manager they found it upsetting to return to work and find out a person had died whilst they were not on shift. The registered manager created a social media group for staff to keep them informed of things happening in the home when they were not on shift, including telling them if a person died.

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 understood their responsibility to share information with people when a person's care had



not met the standards expected.

- The provider's records showed the provider had informed people's families of accidents and incidents, reported them to the local authority and notified CQC. Our records showed they had notified us without delay. This meant we were able to check they had taken appropriate action to ensure people's safety and welfare when something had gone wrong.

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

- Managers and staff had specific roles in the service and understood their responsibilities to the people using the service. The registered manager understood the legal requirements for informing families about accidents and incidents, reporting incidents to the local authority and notifying CQC.
- The provider regularly carried out a range of quality assurance audits to monitor risk, measure performance and inform improvements to the safety and quality of care. The registered manager did weekly and monthly checks of the home and carried out staff competency checks to make sure staff had the knowledge and skills required. The registered manager also carried out night-time checks of the service.
- Maintenance checks of the building and equipment were carried out regularly and the provider's health and safety certificates were all up to date.
- The registered manager trained other staff to do audits to support their development and ensure audits could be done if managers were away from the service. The provider had created a Quality and Compliance officer role for one member of staff that carried out audits and quality assurance.
- Managers were open about things that went wrong and proactive about putting things right. They investigated accidents, incidents and complaints and made sure people and their families were involved in the process and informed of the outcome and actions were taken to resolve things.
- A person told us, "This place is very well organised" and another person said, "Things seem to work here. The manager seems very good. I have no complaints. I would definitely recommend this Home".
- A member of staff said, "We have never been short staffed". An external professional that works with the service told us, ""The staff and managers are proactive" and said, "I have no concerns about Crossways at all".

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

- People had service users' guides in their rooms for them and families, which included the values of the home and the person's keyworker details. Each person had a keyworker, which was a named member of staff responsible for co-ordinating their care.
- The provider used questionnaires and surveys to get feedback and suggestions from people, their relatives, staff and external professionals. The residents' surveys were done in a format that used pictures to make the information easier to understand for people with communication difficulties. The provider used an independent company to carry out its annual surveys and was due to do its next one in October 2021.
- There were informal discussions and regular meetings, including residents and families' meetings and staff meetings. During the Covid-19 pandemic the provider had also held virtual staff meetings and said that had allowed more staff to attend the meetings at the same time.
- The provider produced a monthly Newsletter for people and their families, which included photos of people doing activities and people's birthday parties for example. The provider also used a relatives' email group to keep families informed and communicate with them. There was also a staff newsletter and staff social media groups were used to update staff, share learning and discuss work matters. Staff were given the phone numbers for the registered manager and the business manager, so management was contactable when not on-site.
- People said communication with the management team was good. One person told us, "She [the registered manager] is very nice. If I have a question, she always gives me an answer. She is very good with

staff. Everyone is very friendly" and a relative said, "The manager is lovely. Very approachable. Easy to talk to". A member of staff told us, "The managers are sometimes in the lounge working or just being with us all" and another member of staff said, "Yes, the manager listens to us. One idea we had was that breaks should be scheduled and that was done and has worked well".

- The service had good links to the community including places of worship, a nursery and a school and the mayor and deputy mayor of the borough.

#### Continuous learning and improving care

- Crossways Nursing Home was one of the first care homes in South West London to order people's medicines using the NHS 'proxy access' system. Proxy Access is an online system for CQC registered care homes and GP practices and pharmacists to work together to allow care home staff to order online repeat medicines on behalf of residents. This meant staff did not have to make numerous requests for a person's medicines and could ensure medicines were ordered accurately and any mistakes could be quickly corrected. As a result, people received their stocks of medicines on time and there were fewer errors with the medicines people were sent.

- The service had successfully completed the NHS Data Security and Protection Toolkit (DSPT). The NHS DSPT is an online self-assessment tool that measures an organisation's level of data security against a set of ten national standards. This enabled Crossways Nursing Home to have an NHS email account. This meant when a person was discharged from rehabilitation care, staff could email the person's own GP via the NHS email system to share health records and any changes to the person's medicines. The information could also be shared with other healthcare services if required. This enabled a more efficient discharge back home and continuity of care for people.

- Crossways Nursing Home also used the 'VCare' system. VCare is an online system that joins up different health care records systems and records important elements of a person's health within a central system. Staff recorded their observations of rehabilitation care residents on the Vcare system when they were admitted to the service. A full report on all residents was then sent to the GP every week. The GP accessed the data remotely and fed back to staff via the service's NHS email account. This ensured staff could pick up on any potential health issues earlier and make referrals for medical intervention sooner. This meant if a person needed medical treatment, the process was more efficient and the person was treated quicker. It also meant the GP's weekly round in the home was more efficient and more effective for people.

- The service was participating in a pilot scheme for the Restore 2 system. Restore is a system designed to support care home staff to recognise when a resident may be deteriorating or at risk of physical deterioration. Restore 2 is a digital version of the system that uses Bluetooth technology so the GP can remotely access a complete set of physical observations of a person. This meant people were more likely to get the right support in a timely way.

- The service participated in the South West London health care professionals conference in 2019 and the registered manager was the Sutton care homes managers' representative for an end of life care strategy group. The group led to the creation of The Sutton Palliative Care Coordination Hub, which facilitates improved end of life care for all residents in Sutton.

- Five members of staff were taking part in the Well-being and Health for People Living with Dementia (WHELD) research project. The research was looking at staff training and other ways of helping staff improve care during the Covid-19 pandemic. The main aim of the study was to see whether the training improved the quality of life for people living in care homes.

- The service had weekly meetings with the Clinical Commissioning Group and monthly meetings with the local authority about Infection Prevention and Control, government guidance and healthcare practice. This meant staff were up to date with current guidance and practice about how to protect people from infections and how to deliver care safely and effectively.

- The provider had engaged the services of an external company that provides bespoke policies, procedures and management toolkits for care providers. Each member of staff had their own log-in details for the

company's online system so they could access policies, procedures and guidance at any time. All staff were also sent weekly updates via their emails accounts. This enabled staff to have the most up to date information about policies, procedures and guidance and any changes as soon as it was released. This meant people received care in line with the most recent guidance and practice.

- The provider used an independent company to carry out quarterly in-depth audits of the service. The company carried out annual surveys of residents, families, staff and visiting professionals as well. This enabled the provider to identify aspects of the service that could be improved and gather peoples views and feelings about the service. This meant the provider could meet people's needs in a personalised way and provide a person-centered service that supported people as individuals.
- One of the team leaders had expressed a wish to do 'Train the Trainer' safeguarding training so they could deliver safeguarding training. The registered manager had agreed to this. This meant the member of staff could provide their colleagues with safeguarding training whenever it was needed in addition to the provider using external training.

#### Working in partnership with others

- The service worked effectively with external partners to develop practice and provide people's care. Staff had a good relationship with the NHS Community Care Team and the local authority's Care Home Support Team. The service also worked well with people's families, GPs, dieticians, Occupational Therapy, Speech and Language Therapists and Tissue Viability Nurses.
- Staff worked together with the NHS rehabilitation physiotherapists on-site to provide care to people that needed some support before returning home when they had been discharged from hospital.
- The service's business manager was a digital champion within the London Borough of Sutton. This meant the service worked in partnership with the local authority and other providers to drive improvements in the assessment, planning and review of people's care.
- The service used the 'e-Red Bag' system. This is a digital system used to improve information sharing between care homes, ambulance services, hospital staff and people and their family members. e-Red Bag information is transferred directly from a care home to a person's hospital records. It is designed to reduce people's length of stay in hospital.
- The registered manager had participated in a pilot scheme at St Helier Hospital which involved a care home manager attending people's hospital discharge meetings. This was designed to enable the safe and quick transfer of people from hospital to care homes during the winter to reduce pressure on the NHS.
- At the beginning of the Covid-19 pandemic the registered manager created a social media support group for registered managers in Sutton. It was designed to support registered managers with any Covid-19 issues, including if homes ran out of Personal Protective Equipment. The group is still being used.
- The service was chosen by the London Borough of Sutton to trial the local authority's new quality assurance system in 2021.