Hopelit UK Limited

Crossways Nursing Home

Inspection report

17 Overton Road
Sutton
Surrey
SM2 6RA

Tel: 02086420955

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 21 and 24 November 2017. The first date of the inspection was unannounced.

Crossways Nursing Home provides residential and nursing care for up to 40 older people, some of whom were living with dementia or other mental health difficulties. At the time of the inspection there were 39 people living in the home.

At our last inspection in March 2015, we gave the provider an overall rating of Good. At this inspection we found the provider to be Good overall and Outstanding in caring.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from avoidable harm. Staff assessed people's risks and implemented plans to reduce the possibility of their occurrence. Management and staff were trained to safeguard people from abuse and neglect. Medicines were administered safely and the environment of the home was safe and hygienic. There were enough staff to deliver care and support and there was collective learning following incidents when things had gone wrong to ensure the service improved and people were safe.

Trained and skilled staff met people's assessed needs. Staff were supervised by their managers although not always at the frequency identified in the provider's policy. Staff received appraisals each year to evaluate their skills and performances. People were treated in accordance with the Mental Capacity Act 2005. People's nutritional needs were met and people enjoyed the meals they chose. Staff supported people to access the health services they required to remain healthy and the service participated in a pioneering programme supporting people in the event of their admission to hospital.

The service was exceptionally caring. Staff went to great lengths to support people's wishes. Creative methods were used to gather and present personalised information about people and their lives that was meaningful to them. The service liaised extensively with a wide range of faith organisations to ensure people's spiritual needs were met. The expertise of healthcare professionals was sought to enable staff to

protect people's dignity where their behaviours may have otherwise compromised it.

The care people received was responsive to their individual needs. A range of activities were available for people to engage in as groups and individuals. The service provided an intermediate care service through which people were supported for short periods of time before returning home. People benefited from this service as an alternative to being in hospital. People were actively supported to plan their end of life care which was delivered compassionately.

The service had an open culture. The registered manager was visible and accessible to people and their relatives, and staff said she led by example. The service engaged in an exemplary level of partnership working and public engagement within the local community and nationally. The quality of the service was checked and the provider was reviewing its auditing procedures to ensure that shortfalls identified were acted on promptly.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Outstanding ☆

The service was outstanding. The registered manager and staff went to exceptional lengths to meet people's wishes.

People were creatively supported to record their life stories on film with narration and a soundtrack accompanying photographs. This was used to support the memories of people living with dementia.

The service liaised with the religious representatives from a number of faiths to ensure people's spiritual needs were met.

People were supported to maintain the relationships that mattered to them.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Crossways Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we had about Crossways Nursing Home. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send us by law. In addition, we reviewed the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

This inspection took place on 21 and 24 November 2017. The inspection was undertaken by one inspector 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.

During the inspection we spoke with 10 people, four relatives and one person's friend. We also spoke with the registered manager, clinical lead, business manager and four staff. We reviewed the care records of 12 people and the medicines administration records of nine people. We read seven staff files which included their recruitment, training and supervision records. We reviewed the provider's quality assurance checks as well as their health and safety, fire safety, food safety and infection control practices. We also carried out general observations. Following the inspection we contacted four health and social care professionals for their feedback.

Good

Our findings

People told us they felt safe living in Crossways Nursing Home. One person told us, "I do feel very safe." Another person said they felt safe due to, "The security of knowing the staff are very good." A relative told us, "We have peace of mind knowing there are some good care staff around."

People were protected from identified risks. Staff assessed people's risks and developed plans to keep people safe. For example, people's risk of developing pressure ulcers were assessed by staff who reviewed a number of factors including people's skin type, build, continence and mobility. Actions taken by staff to reduce people's risk of pressure ulcers included applying barrier creams, support with repositioning and the use of pressure relieving cushions and mattresses. In instances where staff were concerned about people's ability to swallow safely, referrals were made to healthcare professionals. The guidance resulting from specialist assessments was incorporated into people's care records and followed by staff. For example, some people were supported with pureed foods and thickened drinks to protect them against the risk of choking.

The service took steps to ensure people lived in safe environment. Checks were regularly undertaken of the condition of firefighting equipment including fire blankets and fire extinguishers. The homes lifts were subject to regular inspection by external specialist contractors to ensure they remained safe. The service rehearsed building evacuations twice each year. As part of the evacuation staff took a large and brightly coloured box which contained important information about people as well as torches and high viability vests to make staff identifiable. People had individual plans which stated the support they required to exit the building safely during an evacuation. This meant people were protected by the preparedness of staff to respond to a fire emergency.

People told us there were enough staff available to support them. One person said, "The staff are always around doing things, talking to you and helping you." People told us that when they rang the call bell staff were quick to respond. A person told us, "You only have to ring the bell and they are here." This meant there were enough staff available to support people safely. Staff supporting people were safe to do so. The provider was in the processes of improving its recruitment processes. This involved ensuring that employment references covered the previous three years and were submitted on business headed paper or with a company stamp. We found that staff had submitted to checks against criminal records and barring lists and had provided evidence of their identities and addresses as part of their recruitment.

Medicines were administered to people safely. Medicines were stored safely. The medicines room was

locked and secure and monitored by a CCTV camera. Keys to medicines trollies and the medicines room were held by nurses. Medicines which needed to be kept cool, such as insulin and eye drops, were stored in a lockable fridge within the medicines room. The fridge contained a thermometer to ensure medicines were stored at the correct temperature.

People's photographs were affixed to the front of their medicines records to ensure the right people received the right medicines. People's allergies were recorded in bold red type on their medicines records to prompt staff to ensure people did not receive medicines in error. There were no unexplained gaps in recording in the medicines records we reviewed. We found protocols in place to ensure that people received their 'when required' medicines safely. These protocols included the minimum times permitted between doses.

People and the relatives we asked spoke favourably about the cleanliness of the care home. Staff received training in infection prevention and control and had ready access to personal protective equipment (PPE) such as gloves and aprons for use when supporting people with their personal care. The PPE issued to staff was for single use to reduce the risk of bacterial cross contamination. There were hand gel dispensers located throughout the building and there were illustrative posters in all of the bathrooms showing the correct techniques for handwashing.

People were protected from abuse because staff were trained to identify signs of abuse and to report this to the manager. Staff we spoke with understood possible signs of abuse and the provider's procedures for reporting safeguarding concerns. Staff were also able to explain to us the whistleblowing procedure they would follow in the event that concerns they raised about people's safety were not acted upon by the provider. In these circumstances staff told us they would contact the Local Authority or the CQC. The provider had a concerns helpline available for staff to report any issues they felt the service's management were not addressing. Calls to the concerns helpline were answered by staff at the provider's central office and could be treated anonymously. The telephone number for the concerns helpline was displayed in the staff room.

The service learnt from mistakes and used their learning from them to implement changes to improve people's safety. For example, following a medicines error the service contacted community pharmacy to support the service to carry out an investigation into what had happened and how. The findings of the investigation resulted in actions being carried out to prevent recurrence. These actions included refresher training for staff and a new double signing process for the medicines of people transitioning out of the service.

Good

Our findings

People's needs were assessed and met by staff who had been trained to meet people's identified needs. Staff undertook mandatory training in areas including safeguarding people from abuse and moving and handling. Clinical training was regularly completed by nursing staff. This included training in specialist areas such as catheter care, wound care, recognising deterioration and end of life care. Staff also undertook training around people's specific needs such as autism awareness.

Staff received one to one supervision. Staff we spoke with told us that their supervision meetings were positive. One member of staff told us, "I once had weakness described to me as 'a development opportunity' which was nice because to say anything else would have really knocked my confidence." However, whilst all staff received supervision, the service leadership were not delivering supervision at a frequency in line with its policy. We found that some staff received supervision quarterly rather than bi-monthly. The registered manager informed us that this had been recognised and the service was taking action to improve. These improvements included reviewing the supervision policy and training all senior staff in delivering supervision. We saw confirmation that senior staff, nurses and managers had been booked to undertake training in the delivery of supervision.

People received care and support from staff who had their performances evaluated by managers. The registered manager and senior staff led annual appraisals meetings with staff. These included an evaluation of staff knowledge, motivation, reliability, care delivery skills and teamwork. Staff completed pre-appraisal questionnaires. These invited staff to state what they did best, whether there were any skills they were not using, if there were any additional skills they needed to obtain and identify what made their jobs harder or easier.

People told us that they ate well. One person told us, "Breakfast is best. I love it. I have a big bowl of porridge and then bacon and eggs. You can't beat that can you?" A relative told us there was, "Excellent variety suitable for all tastes." People received the support they required to eat and drink. One person told us, "My hand shakes so the staff cut the food up for me." Where people had specific diets these were reflected in care records and noted by the catering team. For example, one person who chose to be gluten free was supported to have toast and sandwiches made from gluten free bread. Where people chose they drank tea and coffee with soya milk instead of diary milk. One person's care records noted that they preferred sweeteners to sugar in their warm drinks. People who had poor appetites were supported with fortified diets. This involved extra calories being added to meals and deserts to ensure people did not lose weight or become malnourished.

People benefited from the provider's participation in a pilot project to improve people's experience of hospitals should they require attendance or admission. The scheme involved people having a red bag into which staff placed important information including their older persons assessment form which detailed people's mobility, mental capacity, behavioural beds and health issues such as pressure ulcers. The red bag also contained a change of clothes for people to be worn on their discharge day and had a special pocket section for people's hearing aids, false teeth and glasses. One person told us, "I feel very confident now with the red bag." As part of this scheme the service ensured that people were visited in hospital within 48 hours of admission. People transferring into the service were supported with assessments before their admission to ensure the service could meet their needs effectively.

Staff supported people to remain healthy. Staff made referrals to healthcare professionals whenever people required. Records showed staff had made referrals to occupational therapists, physiotherapists, speech and language therapists and behavioural support therapists. Staff made entries into care records following appointments with healthcare professionals. These included the name and role of the professional, the date and purpose of the meeting along with any actions or outcomes.

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.

Where people had authorised DoLS we found the appropriate information was in place. This included the assessments by professionals to confirm where people lacked capacity. Care records included the details of the deprivation being used to keep people safe and the expiration date of the DoLS authorisation. For example, one person was supported with a DoLS to introduce a restriction to keep them safe whilst in bed. There was a risk of the person sustaining injuries from falling out of bed and onto the floor. Following mental capacity assessments, risk assessments and a best interests meeting the person was supported to have bed rails to keep them safe at night. This restriction was regularly reviewed.

Outstanding

Our findings

People and their relatives told us that staff were exceptionally caring. One person told us the staff were, "Absolutely wonderful to me. I am completely happy here." Another person told us, "When I was told I couldn't look after myself and had to move into a care home it was a terrible blow. But the staff have been so wonderful and so kind. I just can't credit them enough." And a third person told us, "I am happy to be here. They [staff] look after my every whim." A third relative told us, "It's one big family."

People and their relatives told us that the staff went the extra mile to ensure people received exceptional care. One person told us how they arrived at the service requiring end of life care. The person told the registered manager and staff how they would have liked to have got married to their partner prior to discovering they were terminally ill, with months left to live. The registered manager and team responded by liaising with local registry office to obtain a licence for a wedding to take place at the service. The person told us, "The staff transformed the activity room into a chapel. It was beautiful. Everyone made such a wonderful effort." Staff on holiday abroad joined the wedding ceremony by live video conference and shared their best wishes. The person also told us that as they returned to their bedroom after the ceremony, to the sound of the Wedding March, they found their maiden name had been replaced on their bedroom door with their new married name and underneath it a sign read, "Just Married." The person told us, "It was magical."

People were supported creatively and innovatively to develop meaningful person centred records which enabled people to share important information. The provider liaised with a film production company to support people to make short films about their lives. Entitled, 'My life story' the narrated films, with accompanying soundtracks, told people's life stories from birth up to and including their resettlement into the care home. The films contained dozens of photographs of people and the information used to tell people's life stories was gathered from people, their relatives and researched by staff. Staff explained that the DVD was, "A wonderful reminiscence aid" when supporting people living with dementia and clearly brings comfort." The DVD was used to support people when they were disorientated. For example, by showing images of people's children growing from babies to adults and then into parents themselves the DVD helped to reduce people's confusion as to who their visitors were. Additionally, on days when people were feeling anxious or upset the DVD was used to highlight happy memories and events that evoked great pride. This meant that the 'My life story' DVDs had an emotional benefit for people on a day to day basis.

Staff knew people well and warm relationships were shared between them. Staff made people feel that they really mattered. One person told us, "The staff have taken the time to get to know me." People felt valued as

a result of the time staff spent talking with them. A relative told us, "I am always pleased to see the enthusiastic way staff sit and chat with everyone. You can see it lifts their spirits." A member of staff told us, "A really pleasurable activity for people is when we spend quality one to one time together looking at their photo albums with them." People's care records contained biographical information about them and gave staff insight into people's backgrounds and experiences. This enabled a greater understanding on the part of staff and led to more meaningful conversations between people and staff.

People's spiritual and cultural needs were identified and met. Staff were committed to ensuring that people who chose to were supported to remain part of their faith communities. The service established relationships with representatives from a number of denominations on behalf of people. This included involving Church of England vicars, Roman Catholic priests and Jehovah's Witness elders. Staff arranged for clerics to visit the nursing home to provide pastoral support on an individual basis as well as delivering services such as Sunday Mass. The needs of people of Hindu and Islamic faiths were also supported with relationships maintained with places of worship and support to adhere to dietary requirements. People's cultural needs were supported through the allocation of specific members of staff when required. For example, one person who was living with dementia was no longer able to converse in English but only in their language of origin. The registered manager ensured the person was supported by a member of staff who was fluent in the same language. The manager said this relationship was particularly beneficial when the person became anxious and could be reassured with words and phrases they understood.

Staff knew people well and warm relationships were shared between them. One person told us, "The staff have taken the time to get to know me. We have a really good laugh together." A member of staff told us, "A really pleasurable activity for people is when we spend quality one to one time together looking at their photo albums with them." People's care records contained biographical information about them. Entitled, "My life so far", the information gave staff insight into people's backgrounds and experiences and enable greater understanding and more meaningful conversations to take place between people and staff.

People were supported to maintain the relationships that mattered to them. The service did not have any restrictions on visitors and relatives told us they were made to feel welcome when they visited. One relative told us, "I get a cup of tea and biscuits." One person was supported to receive visits from their dog throughout the week. The person told us, "I love my dog and miss him. The staff are fine when my family bring him in to see me. They're very affectionate to him and I can't tell you how much that means to me."

People had their dignity protected. One person told us, "The door is always closed if they are dealing with [my personal care]." Where people presented with behaviours which could challenge others and also compromise their own dignity staff made referrals to healthcare professionals. Staff then implemented the guidelines developed by behavioural specialists to ensure people received the support they required to avoid incidents occurring. When incidents did occur staff followed the guidance in care records to respond quickly and calmly guide the person to a private space to protect their dignity and provide support.

People were encouraged to maintain their independence. Staff provided people with the support they required to do as much as they could for themselves. For example, one person's independence with their personal care was maintained by staff presenting them with a bowl of warm water, soap and towels and giving them the privacy to wash unassisted. Staff then returned to support the person to dress. In another example a person's care record stated, "On a good day [person's name] will respond to prompting and eat independently, but on a not so good day they need hands on support from staff to eat." Another person was supported to have their catheter removed and was provided with the support required to regain their independence and control regarding their continence. A member of staff told us, "It did the world of good for [person's] self-esteem."

Good

Our findings

People received personalised care. Staff at Crossways Nursing Home delivered care to people that was responsive to their individual and changing needs. Care records provided staff with clear guidance on how to meet people's needs as planned. People participated in developing their care plans and in reviewing them. Care records were updated following reviews or as people's needs changed. For example, where people required the support of two members of staff to deliver their care this was detailed in care records. For example, one person's care records stated that a, "Hoist must be used for all transfers and must be completed by two members of staff." We found that all staff received training in moving and handling which included supporting people to use a hoist.

Staff provided the activities people wanted to engage in. A number of people expressed an interest in art and the activities coordinator organised art sessions in a way that was meaningful to people. For example, some people enjoyed colouring with pencils whilst others painted using oil and water colours. Some of these productions were on display. In another example, people living with dementia who were restless and paced were supported to walk with staff around the local park. People participated in music sessions where they had the opportunity to play an array of musical instruments including the piano. Other activities included light exercise and yoga as well as games including bingo, puzzles and crosswords. A relative told us their family member enjoyed activities in the garden during the summer.

People who spent the majority of their time in their bedrooms had support delivered to them in their bedrooms. The activities coordinator visited people in their bedrooms each day to engage in agreed one to one activities. These included hand massages and manicures in their rooms. People also listened to music via with the activities coordinator who supported people to make musical selections using a mobile phone app and played people's choices through small portable speakers.

The service supported people's dementia needs by using signage appropriate for people. For example, the shower room had a picture of a shower head on the door. Similarly toilet doors had pictures of toilets on them. Attention was paid to contrasting colours such as hand rails along corridors. This meant people living with dementia and people with visual impairments were supported to maintain their orientation within the environment of the care home.

People's bedrooms were personalised. People choose how their rooms were arranged and the personal items they displayed. For example, one person exhibited their impressive artwork on their bedroom walls. Another person had a sizable keyring collection on show and a third person covered their bed and

furnishings with scatter cushions. A fourth person was supported with their preference for a double bed rather than a single one. People told us they were satisfied with their bedrooms.

The service provided intermediate care to up to eight people. Intermediate care is a service in which people receive specialist rehabilitation therapies to promote recovery, regain independence and prevent hospital admission. A team of three NHS staff led the support of people receiving intermediate care at Crossways Nursing Home. They provided occupational and physiotherapy for people accommodated temporarily at the service. People receiving intermediate care actively participated in the development of their care plans and therapeutic goals which focused on reacquiring the skills they needed to return to their own homes.

People and their relatives told us they knew how to make a complaint if the need arose. For example one person said, "I would make a written complaint. But I have no need to do that. I praise the care home". A relative told us, "I would go to the registered manager." We read the provider's complaints records and found that complaints were investigated and responded to. We saw that the service had changed its practice as a result of lessons learned from complaints which reduced the possibility of the same issues arising.

People were supported with compassion during their end of life care. People with capacity had advanced care plans in place. People who did not have capacity had best interest advanced care plans. A member of staff told us, "Our priority is to ensure that people who are dying have their pain, anxiety and nausea well managed so their last moments can be as they want them to be." People were also supported in line with their 'care for the dying care plans'. These were individualised care plans for people at the end stage of the end of life care. Care for the dying care plans focused on people's preferences for care and support in their last days and hours. During this period the service made accommodation available for relatives to stay overnight at the service.

The service ensured that people's preferences were adhered to following their deaths. For example, one person had notes in care records detailing the culturally appropriate care of their body after they died. This included the positioning of the person and the notification of a cleric who would perform cleansing practices associated with their faith. Where people had stated in their end of life care plans whether they wanted to be buried or cremated this was recorded in their funeral plans which were shared with relatives.

The service had a memorial tree design on a wall in a communal area upon which the photographs of people who had passed away at the service had been placed. People had the opportunity for quiet reflection or to recall and talk about people with each other and with staff at the memorial tree.

Good

Our findings

People, their relatives and staff told us the service was well-led. One person told us, "The registered manager is kindness itself." One relative told us, "Crossways is really well run" and another said, "I'm very impressed. It's running on well-oiled wheels." A member of staff told us, "This feels like a family here. The managers were really supportive when [I had personal difficulties]. I could not have carried on working without their support and you never forget something like that."

The service was exceptional in its partnership working and public engagement both locally and nationally. The service participated in the Vanguard programme being piloted by NHS England in six areas of the country. The scheme sought to improve integrated care for older people. The service participated in national and international television coverage of the project including a national television news feature showing the service's practical use of the red bag scheme which is described within the effective key question in this report. Additionally, the service had agreed to participate in another pilot scheme in partnership with an NHS Trust focusing on innovation in end of life care for people living with dementia. The registered manager contributed to an NHS blog and spoke at the Kings Fund about residential and nursing care for older people. Locally, within the borough, the registered manager attended the provider's forum where good practice in the delivery of care and support was discussed. For example, registered managers received information from respiratory and diabetic nurses about best practice. The service worked in partnership with local community organisations. This included a project for young adults during the school holidays. The project had a drama and photography focus and culminated in a performance to people in the nursing home by the teenagers.

The quality of the service being delivered was audited by the registered manager. Audits undertaken included checks of health, safety and repairs, food preparation, infection control, risks and people's care records. However, the registered manager and administrator identified the need to improve the quality assurance processes to ensure that shortfalls are acted upon in a more timely manner.

The management team was visible throughout the service and approachable to all. One relative told us," [The registered manager] appears to me to talk to every one of her residents every day." A member of staff told us, "The manager is approachable and the provider is accessible." Staff also told us that the registered manager led by example. One member of staff said, "The registered manager role models excellent practice in end of life care. She is so good in that area. Some aspects can be really hard but all you need to do is copy what she does."

The service had an open culture. The registered manager led team meetings every two months where staff discussed people's needs and service delivery. Staff felt they were free to share their views regarding improvements to the service. Where disputes occurred staff told us they were happy with the way the registered manager addressed them. One member of staff told us, "Conflict management is good here. The manager will meet with parties included and resolve it."

The service made information available to people. The service produced a newsletter for people and their relatives. It was written in large print and contained photographs to promote people's understanding. We read two newsletters which reported a celebration, activities and the performance of visiting entertainers at the service. Another newsletter informed people about forthcoming GP, chiropody and hairdressers visits. Additionally people's birthdays were noted and forthcoming events were advertised. An additional newsletter was also produced for staff. It covered good practice in care such as information about moving and handling, pressure area care and care planning.

People were invited to share their views about the service. The provider undertook surveys of people's satisfaction of the service. Among the questions people were asked were, "How do you rate the cleanliness of the home?", "Are the home managers available to discuss any problems when you need them?" And, "Do you know who your keyworker is?" We read the responses of 10 people and their relatives and found all were positive. Each month the service asked five people and five relatives for their views about the service. The service used this feedback to drive improvements.