



Crossways Nursing Care Home



**your
view**



Date of Healthwatch Sutton Visit: 8 October 2019

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1.0 About Healthwatch Sutton

Healthwatch Sutton is the people's champion for health and social care in the London Borough of Sutton.

We are one of a network of local Healthwatch organisations that cover England. There is a local Healthwatch for each local authority area. We were set up by government to ensure that the voice of local people is heard in decisions that relate to health and social care. We have powers laid down in law to:

- 'Enter and view' health and social care services/premises.
- Sit on the local authority's Health and Wellbeing Board.
- Receive a response to our report for statutory organisations within 20 days of receipt.

In Sutton, we carry out projects that collect the views of local people about any subject relating to health and social care. For most projects we produce a report and formally submit this to providers or commissioners (or other relevant organisations) in order to produce action that can improve the health and wellbeing of people who live in the London Borough of Sutton. This report is part of this work.

2.0 Background

Nationally, there has been a focus on the quality of care homes, especially due to high profile legal cases where the standard of care has been so substandard that it has had significant detrimental effects on the residents.

Locally, Healthwatch Sutton has been asking people to tell us which areas of health and social care are their highest priorities through our simple survey called 'What matters to you?'

When we last analysed these areas care homes were ranked highly as a local priority.

To prepare for this project, we spoke to key stakeholders and held a project launch event. We used this opportunity to find out from local people and professionals about the areas that we should focus on when we visit care homes.

We also carried out an audit of existing projects that have been delivered by other Healthwatch organisations across the country. We found the methodology and reporting system created by Healthwatch Sunderland covered all of the areas that we wished to investigate. We took a 360-degree approach to look at care homes, by speaking to staff, managers, residents and their friends and family. We are grateful to Healthwatch Sunderland who have shared all the tools that they have used and given invaluable advice from their considerable experience carrying out successful care home visits.

We would also like to thank the charity Independent Age and Healthwatch Camden who created the nine indicators that are the basis of the evaluation process.

2.1 Care Home Details

Crossways Nursing Home is located at:

17 Overton Road
Sutton
Surrey
SM2 6RA

Telephone: +44(0)20 8642 0955

Owners: Crosscare Services Ltd

Website: <https://crosswayssutton.co.uk>

There is currently no CQC report due to a change in management. However, the manager and majority of staff have not changed since the previous CQC report that can be found at:

<https://www.cqc.org.uk/location/1-114005851#icon-keys>

Crossways Nursing Care Home has a total of 40 rooms for residents. Six of these beds are allocated to intermediate care with residents staying for short periods. This leaves 36 rooms for permanent residents. Approximately 70% of residents have dementia.

At the time of the visit there were 31 permanent residents and six people in intermediate care.


Crossways Nursing Home has the following staff (at the time of the visit):

- 3 Activities Co-ordinators
- 1 Registered Manager
- 1 Business Manager
- 1 Clinical Lead
- 2 Nurses
- 33 Carers
- 3 Domestic staff
- 2 Laundry staff
- 4 Kitchen staff

Crossways Nursing Home provides activities for residents every day and is very flexible about visiting times with an 'open door' policy.

The Care Homes also offers respite care and End of Life Care (Beacon awarded GSF).

When we visited the Care Home, some of our team did visit, for a short time, the accommodation for people with dementia on the first floor. The team did not see



activities etc. that were carried out on this floor and, as such, this is not included in the evidence for this report.

3.0 Methodology

The visit to Crossways was carried out on 8 October 2019. A staff member and five volunteers carried out the visit.

Before the visit we designed posters to put up in the care home to promote the date and time of our visit to relatives and residents. We invited relatives who could not attend to complete our survey online. After the visit we continued to promote completion of the survey for four weeks.

We spoke to six residents, four staff members, four relatives and the manager. Our volunteers spoke individually to residents and spoke to all the staff in a group. A staff member surveyed the manager after the main visit. No Activities Co-ordinator interviews were carried out as the staff had only been in post for a very short space of time.

Volunteers also completed observation sheets to capture their experience of being in the care home.

3.1 Quality Indicators

The indicators below have been used as the basis for evaluating the quality of care delivered by the care home. You can find more detailed descriptions in the full report.

1. A strong visible management
2. Staff with time and skills to do their jobs
3. Good knowledge of each individual resident and how their needs may be changing
4. A varied programme of activities
5. Quality, choice and flexibility around food and meal times
6. Ensuring residents can regularly see health professionals, such as GPs, dentists, opticians, chiropodists, audiologists, etc.
7. Accommodate residents' personal, cultural and lifestyle needs
8. Provide an open environment where feedback is actively sought and used
9. Provide a physical environment which is suitable for the needs of the resident.

4.0 Summary of Findings

The views of the residents, relatives and staff were combined with volunteers' observations to produce a score on a Likert scale for each of the quality indicators. The scores can be found in Table 1. Indicators were scored on the following scale:

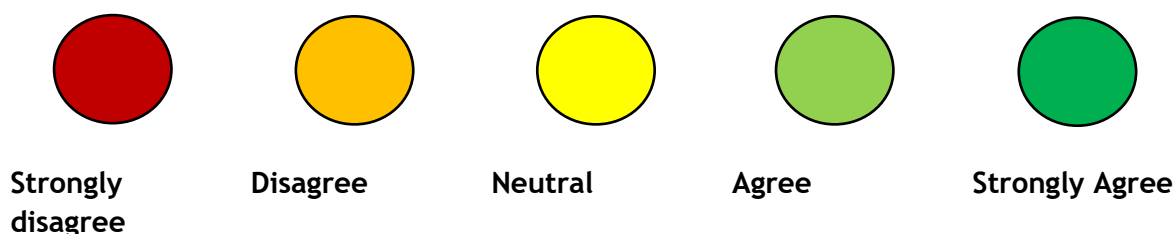
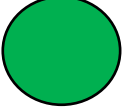
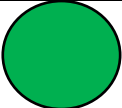
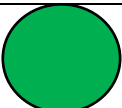
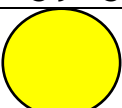
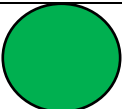
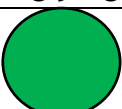

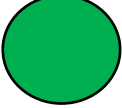



Table 1. Scores of Crossways Nursing Home against each of the nine quality indicators.

	Indicator	Evaluation	Comments
1	A strong visible management	 Strongly Agree	Met criteria and all feedback was positive.
2	Staff with time and skills to do their jobs	 Strongly Agree	Met criteria and all feedback was positive.
3	Good knowledge of each individual resident and how their needs may be changing	 Strongly Agree	Met criteria and all feedback was positive.
4	A varied programme of activities	 Neutral	Activities within the care home are good. Opportunities outside the care home are limited.
5	Quality, choice and flexibility around food and mealtimes	 Strongly Agree	Met criteria and all feedback was positive
6	Ensuring resident can regularly see health professionals, such as GPs, dentists, opticians, chiropodists, audiologists etc.	 Strongly Agree	Met criteria and all feedback was positive.

7	Accommodate residents' personal, cultural and lifestyle needs	 Agree	Mostly positive feedback. Some negative about appearance and laundry.
8	Provide an open environment where feedback is actively sought and used	 Strongly Agree	Met criteria and all feedback was positive.
9	Provide a physical environment which is suitable for the needs of the resident	 Agree	Some main communal rooms in need of cosmetic update (already being carried out).

4.1 Indicator 1 - Strong management

The indicator states that the manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

The Healthwatch team STONGLY AGREED this was met.

Most residents who answered our questions knew the name of the manager. One resident who didn't know her name was a temporary resident who had only been in the home for two weeks. One resident said:

“Sometimes she comes to my room to say hello.”

When residents were asked what they thought of the manager they responded:

“Excellent - place is wonderfully run.”

“Very good, if you need help you can always ask. She will do whatever she can to help.”

“The best, very helpful and always there.”

“Beautiful smile and winks.”

All the friends and relatives knew the manager's name and had positive things to say about her. When they were asked what they thought about Sarah, they said:

“Always around. Door is always open.”

“She helped me settle in. She has been here a long time. Always helpful with problems and questions. Always open and asks if staff are doing anything.”

“Lovely, approachable. Marvellous. Supportive from the beginning. Brilliant with mum. Knows all the relatives.”

“Always around. Door is always open.”

We asked the manager what had attracted her to the role she advised that she had started her career as a carer and had really taken to it. She was then identified by her manager as a potential manager herself. Sarah said, “I think I'm a caring person by nature”.

Sarah enjoys the job because no days are the same and it's a very spontaneous role. She enjoys being part of a team and putting smiles on the residents' faces.

We spoke to four staff members at the same time. We asked them about their experience of the manager at Crossways, they said that the manager is very approachable. If they wanted to ask a question or have a problem, they go to the office and ask to speak to her. They feel they could open up. They felt that they could talk freely, just like talking to a sister. They said that the manager is supportive and she takes action. They felt like the whole team is like one big happy family.

4.2 Indicator 2 - Skilled staff

The indicator states that staff should be well-trained, motivated and feel they have the resources to do their job properly.

The Healthwatch team STRONGLY AGREE this was met.

We asked the residents what they thought of the staff. The majority of people that we spoke to were very complimentary. They said:

“Staff are very helpful and provide everything you need.”

“Staff are wonderful. Can't fault them. Violet is especially good. All are helpful. Good.”

“The staff are very good. If the care workers were not any good, they wouldn't have chosen this home. My husband tried other care homes, but they were not right. We knew we had found the right place when we asked the question, "What time to should we come?" and the staff said, "Any time". Then they knew the staff would not be 'on guard' e.g. making preparation etc.”

“They are very kind.”

However, one resident said:

“One or two don't like it when I ring the bell (they don't seem pleased).”

All of the residents we spoke to said that the staff have time to stop and chat with them. One said:

“I do not hear the staff sometimes as I do not wear my hearing aid. On the whole, they are very busy, but they do listen.”

Another said:

“Yes definitely - it lifts you up.”

The relatives and family were also mostly positive about the staff's time to care for their friend or family member. They commented:

“There are always staff around. They always greet you and they always talking to my aunt. And they do the same with others. You can usually find someone around and if not there will be someone in the office and they'll find staff for you.”

“Absolutely. He is always well turned out. Shaved. Hairdresser (last week). Clean. Nails. I'm very happy for him here. I'm 100% confident he is well looked after. If I dropped dead, I am confident he will continue to be looked after. I never worry about him.”

“Family and friends have confidence in the skills of staff.”

“Yes, there are qualified nurses. I don't know the qualifications of other staff. They are on the ball. Always attentive.”

“Yes, they are patient, caring and gentle. I have no worries about him being here. With dementia care, you need to have trust.”

The staff themselves said that they spend quality time with residents and “try as much as possible” to spend time with them. They also said that they get training to refresh their knowledge and paid study leave. They also learn from each other.

The manager confirmed that they have a standard minimum number of staff, but there is some flexibility: “If the home has a resident with really complex needs, then we will put on extra staff.” Both the manager and the deputy manager are happy to roll their sleeves up and help.

Our visiting team also noticed that the staff had time to speak to residents. One observed:

“The manager and staff interact very well with each other and with residents and relatives. They seem relaxed and friendly and keen to make the residents as happy and settled as possible.”

4.3 Indicator 3 - Good knowledge of residents' needs

The indicator states that staff should be familiar with residents' histories and preferences and have processes in place for how to monitor changes in health and wellbeing.

The Healthwatch team STONGLY AGREED this was met.

The residents all agreed that the staff and management have good knowledge of their likes and dislikes, their routines, lifestyle, personality and clothing etc. (although there may have been lack of clarity about the broadness of the question with some responses focusing on their more immediate needs). A resident confirmed, in relation to daily routine, that staff always check what you want and residents make the choice e.g. resident chooses to eat breakfast and supper in her room, and lunch downstairs. You can always change your mind.

They also commented:


“Yeah. They look at me and know. Spot on. All good.”

“Yes, they are very accommodating.”

“Yes, they will always notice if I need a drink.”

“I need help getting washed and dressed and I'm happy to let the staff help choose clothes.”

Relatives also confirmed that staff know the residents well and can spot their changing needs. They stated that:



“They know her very well. Most staff have been here quite a while. This improves relationships. It feels more like home if they see the same people. They know my mum and her needs.”

“I was asked to fill out a form. They asked about hobbies and food preferences. The staff are finding out that she won't do anything that she doesn't want to do. My aunt has never complained about anyone.”

“They know her pretty well. They have this thing called Lifetime films. They do it for people with dementia for free. They come and scan photos with music. They are getting used to her.”

“The staff know his history very well. They know his personality. He can get agitated. They know to leave it and come back.”

Whilst some relatives felt that the needs of the resident hadn't changed much, they all gave positive feedback. They said:

“She has not been here long enough and physically hasn't changed a lot. If anything, she has improved. Previously she wouldn't feed herself, but now she is. They put a guard around the plate to help as her vision is poor. She was very underweight so they made porridge with cream to get her weight up.”

“Yes. They are experienced. One carer noticed she was fidgety and knew she needed the toilet.”

“His needs don't change much due to his dementia. They will notice if he seems unhappy.”

“Yes, and they advise if there are changes. She can be happy and then crying wanting to go home.”

One relative confirmed that if their family member's needs change then they let you know when you come in to visit. If it's bad, they will ring you. This has only happened once when their family member's blood pressure was too low. They don't ring unnecessarily. They use their common sense.

The manager advised that residents' personality and life history is covered by 'This is me' and they can do this as soon as possible to cover the things that the resident does and doesn't like and what they like to do. They work with the family to complete this. Regarding healthcare needs, it depends on the way the resident is funded. The home receives a lot of paperwork from the NHS and local authority, but less for self-funders which puts them at greater risk. They ask for GP records.

Their changing needs are recorded in their care plans and at handovers at the beginning and end of shifts. The home also has a social needs care plan and a food care plan that covers likes and dislikes.

4.4 Indicator 4 - Varied programme of activities

The indicator states that care homes should provide a wide range of activities (and ensure residents access these) in the home and support residents in taking part in activities outside the home.

The Healthwatch team NEUTRAL this was met.

Residents gave a variety of feedback about activities. The question examples were groups and trips that may have led residents to not consider activities available in the home. Some residents chose not to take part in them.

“There are activities. I know when and where they are planned, but I choose not to go.”

“Yes, I went to Lourdes with the church. From time to time, I go and visit my previous home. I feel happy doing that and then coming back to Crossways as it's my home.”

“I can go out in a wheelchair for a walk in the park, but I don't go on coach trips.”

“I don't know as I've only been here three weeks.”

“Can't go anywhere” (this might be due to mobility).

When residents were asked if it was easy to join in activities, all residents confirmed that it was easy.

“Yes, it's easy to join in with activities. I'm happy. I was lonely at home”

All the residents who spoke to us confirmed that they were able to use the garden, except one who stated that he wasn't aware that there was a garden.

“I go to the garden when my son comes. I cannot walk as I used to. They will not let me use the walker. I cannot get it myself. I ring the bell. They come and help me”

“I have been out in the garden and had lunch.”



Residents were asked if they were able to do things they used to like doing before they came to the home. The responses imply that some residents are now physically unable to do the activities that they used to do in the past. They said:

“I love reading books, daily newspaper and I do the puzzles in the newspaper.”

“No, I used to play golf.”

“Yes. They bring animals in. A pony came up in the lift.”

“I used to like gardening as well as ice and roller skating. Animals (dogs) and children visit. I used to knit, but I don't now. I like to play board games.”

“I'm able to dance and I wasn't able to before. We had a visit from a pony/rabbits and everyone in the home enjoyed it.”

“I used to collect football memorabilia, but I'm unable to do this in the home.”

Friend and relatives also gave their views about the activities available to the residents.

“They do the best they can. If they had more money, then they could do more. It would be lovely to go out in wheelchair to the park, but this needs resources. The residents share limited resources. They do exercises (though some residents can be physically limited). It really needs one-to-one support for everyone, but they can't so staff try to rotate.”

“In the summer, they are taken to the park (in small groups). They have music, films, board games, balloons and skittles. My aunt likes it when the children come from nursery and the pet therapy. They put a pony in the lift. My aunt held a white rabbit.”

“There’s nothing outside apart from garden. They do take her up to the park in a wheelchair.”

“For those with dementia it is more difficult to find activities that they can take part in.”

All the friends and relatives that we spoke to agreed that the staff do try and encourage residents to take part in activities.

“The lady does encourage the residents. It’s a hard job. Some are not with it enough to want to be encouraged, though they do need stimulation.”

“The staff have a good rapport. Participation is actively encouraged. Throwing a ball etc. Violet (the Activities Coordinator) has tried to encourage him. They always find ways of ensuring that everyone can do everything.”

The manager advised that they now have three Activities Coordinators. Some have been recently recruited and they have already received some good feedback. This means they are now able to give more one-to-one support on top of group activities. They also have three residents who are bed-bound and this means they are more able to cater for their needs. Outside is more of a challenge. Young people taking part in the NCS scheme do also come and help. They have visits from the children at the nursery, but they have to pay for that.

Transport is the issue. All residents need a wheelchair and minibuses only normally have space for one, two or maximum three. They are going to take the residents in to see the Christmas lights in Sutton. They can take people to the local park and they have picnics in the park. The home has a deal with the ice cream man and they can call him and he’ll come over. They are really trying to contact groups to see if they can come in. Have spoken to brownies etc., but not all seem keen.

The home doesn’t have access to its own transport. It can use taxis and they are looking to see if they can share transport with another home, however, this can only accommodate one wheelchair.

The manager confirmed that the animal visit that they arranged was very successful and they are considering this being more regular. The manager brought in her own dog. One resident likes crochet and they bought her the kit and she’s crocheting poppies.

The staff confirmed that they were able to do a lot more activities in the garden in the summer.

4.5 Indicator 5 - Quality, choice and flexibility around food

The indicator states that care homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink including between meal times. The social nature of eating should be reflected in how homes

organise their dining rooms and accommodate different preferences around meal times.

The Healthwatch team STONGLY AGREE this was met.

Residents were asked what they thought of the food at Crossways. Everyone was positive about the food.

“Very good. I get enough to eat.”

“If I can't eat, I leave things. I like to eat lots of vegetables. I have lost taste whilst at nursing home.”

“Food is very good. We get a choice. Meatballs are my favourite.”

“Food is good, hot and a good choice.”

“Everything's perfect. Sausages and chocolate. My favourites.”



When asked about choice, all the residents said that they had enough choice, except one resident who said that there was no choice and he/she was just given food.

“I have choice of food and early in the morning I get the menu and select food for myself and my wife.”

“Yes, first and second choice. If don't like it, they will make you a sandwich. I've never been in the position where I don't like the food.”

“There are at least two, sometimes three choices.”

“They ask your choice. I don't like beans.”

Residents were also asked if they were able to choose where they eat their meal. All residents confirmed that they had choice. They said:

“Yes. I eat in my room.”

“Yes, they bring meals up on a heated trolley.”

“I have breakfast and supper in my room and lunch in the dining room.”



All the residents who spoke to us stated that they enjoyed meal times.

Friends and relatives were asked what they thought of the quality of the food.

“I can't really comment as I'm not normally here at the time. Looks okay. It was pureed, but now fork-mashable. My brother comes in and feeds her. She eats it all.”

“It's OK. A bit like school meals. There are no issues with the food. There is choice. They can have an omelette, jacket potatoes or a salad.”

“I have eaten it. It's home cooked. The roast doesn't taste the same. They have two choices and manage dietary needs. It's acceptable.”

All the friends and relatives advised that the residents were supported to eat and drink as much as they needed. One relative said that their family member's UTIs had stopped due to being adequately hydrated. Another said that there is always water or squash and regular tea and cake.

Friends and relatives confirmed that residents can eat socially by going to the dining room, though some residents chose not to. The dining room currently has one large table, but is due to be refurbished in the near future and will be set up like a café which should help socialising.

The manager confirmed that all residents have two choices and if they want something different can order a jacket potato etc. They do look at quality and use a local butcher. Breakfast and dinner are less formal, however, lunch can be eaten together in the dining room. Residents can ask for food at any time. There is water

or squash available all the time and sherry if someone wants one. Every bedroom has a jug of water. Residents can ask for something that is not on the menu. They cater for cultural needs, like halal.

Our visiting team were complimentary about the environment provided for meals as they were in the home at lunch time. One of our team observed:

“Large, airy dining room overlooking the garden. Residents ate at one large table, which was nicely set out. Napkins set out and cutlery provided. Nice smelling food and when served, looked very edible. Assistance was given by staff to residents that needed a bit of encouragement or help with their knives and forks. All residents were encouraged to eat, and not push their food away. Soft drinks and water were supplied to everybody. Gentle music in the background which was quite soothing. Residents were allowed to take their own time to eat their meal. Staff were happy for the residents, despite some being slow, to finish their meal. Variety of food provided, and religious needs catered for. Food was taken to those who could not leave their rooms.”

Others said:

“A cooked meal was provided for the residents. A jug of diluted cordial and water. Beakers for each person.”

“Lunch and desert served. Smelt very nice and was presented well. Dining room looked attractive and table was set in attractive style i.e. flowers on table, drinks provided.”

4.6 Indicator 6 - Regular access to health professionals

The indicator states that the residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

The Healthwatch team STRONGLY AGREE this was met.

Residents were asked about their healthcare needs and whether they are able to access the services they need. Their responses varied. They said:

“Chiropodist comes every six weeks to see me. I've always had a hearing aid and they (staff) come and help me. Someone comes to check my eyes and they have given me new glasses.”

“I could do with seeing a dentist - not told staff yet.”

“Yes, a lady dentist and optician, but no audiologist. Don't need it.”

“I haven't seen the dentist yet as I have only been here for three weeks.”

One resident told a member of our team that she has a dentist that she sees every now and again. She wasn't wearing dentures on the day of the visit. She has four to

five pairs of glasses that she wears sometimes as she can't really see without them. She has a hearing aid, but wasn't wearing it at the time of our visit.

We asked residents what happened if they needed the doctor or had a hospital appointment.

"I slipped from my chair, and was taken to hospital by ambulance and had an operation. The GP comes here with a nurse and I have no complaints."

"When I went to St Helier, the care home arranged transport."

"The GP comes to see me here. He is nice."

"I've only been here three weeks, but I have seen the GP. I had a hospital visit and my son took me."

We asked friends and relatives a similar question about their friend/relative that lives in the home. All of them knew that the GP comes every Thursday.

"GP every Thursday. If they need more, they can speak to him on phone. Chiropodist every three months. Dentist won't come in, but Sarah sorted it."

"Qualified nurses on duty. Got a call as aunt had a cough. No fuss."

The manager confirmed that the GP comes every Thursday and that the Care Home Support Team (nurse, physio, OT, nutritionist, end of life care) come regularly. Optician comes regularly when required as does the dentist. Chiropodist is every six weeks. Audiology is appalling and very difficult to access. She has raised this as an issue. Sutton really needs a community audiology service.

The staff confirmed the services described by the manager but also added that some residents have to pay for some of the services and that there are regular medicine reviews by the pharmacist.

4.7 Indicator 7 - Accommodate residents' personal, cultural and lifestyle needs

The indicator states that care homes should be set up to meet residents' cultural, religious and lifestyle needs as well as their care needs and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

The Healthwatch team AGREED this was met.

All residents were able to give examples showing how their personal, religious, cultural and lifestyle needs were met.

"I do not believe in God. I wear my own clothes. The nurse comes and she shaves me. Someone called Tom, from the church, comes and has a conversation with me."

"The barber is coming this week. I choose my own clothes and get my clothes back."

"The priest comes occasionally. Communion is bi-weekly. I have my nails done by the activity lady. My laundry is marked with permanent marker so can't be lost."

“I didn't go to church much. The hairdresser cuts my hair and sets it. She's very nice and helpful.”

Most relatives told us that their family member living in the care home does not have any specific lifestyle, religious or cultural needs. One said that their relative was Catholic, but didn't want to see a priest. One family member confirmed that the vicar comes in once a week. They all know that the hairdresser comes in every Wednesday.

The relatives gave mixed feedback about the laundry service. One said:

“Unfortunately, we have experienced shrinkage on some jumpers and had to enquire where some of mum's clothes were. More care to be taken in temperature settings. Everything washed on mass.”



However, others said:

“Very good. Well labelled. He could do with some more vests.”

“Quite good. We put her name in everything. She has most of her clothes in her wardrobe. However, she can go home and get clothes.”

We asked if the friends or relatives who regularly visit if their friend or relative was always clean and appropriately dressed. Again responses varied.

“Yes, only two occasions where care was not taken.”

“Yes, sometimes she has tea down her t-shirt. However, some other relatives commented how clean and tidy she looked.”

“Yes, though mum might say no. Clean clothes every day.”

“Yes, absolutely.”

The manager confirmed that on admission the residents' cultural, religious and lifestyle needs are identified. The care home currently has a Chinese resident and they have a staff member who can communicate. Sometimes his wife brings him food. One resident has a Jamaican background and they bring rice and peas. They have a resident who likes KFC which they can order using Uber Eats.

In relation to laundry, they request everything to be named and they will do this if needed. They have agreed that the best thing is to never guess who owns something but to always ask. They name all glasses and teeth so that they don't get lost. Staff always check the overall appearance of the residents.

For religious and cultural needs, they have weekly visits for different religions and for food, they have special foods in the kitchen (including halal food).

4.8 Indicator 8 - Environment where feedback is actively sought and used

The indicator states that there should be a mechanism in place for residents and relatives to influence what happens in the home, such as a residents and relatives committee. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

The Healthwatch team STRONGLY AGREE this was met.



The residents were asked by our team if the care home asked them if they are happy. They said:

“Yes, I tell staff how good things are.”

“I like it. They are good to me. They are all nice and helpful.”

“I am happy.”

“You are the first person I've talked to about the home.”

“Yes, I have a main carer and I know the names of the carers.”

Residents were asked if they would like to change anything about the home and if so have they told anyone and has something happened. Only one person advised that they had ever wanted to change anything:

“Trivial things like I would like the bed rail on the other side of the bed.”

They were also asked what they would do if they wanted to make a complaint about the home. They all said that they would speak to staff.

“If there is anything serious enough, then I will do.”

“I would speak to named carer or manager.”

“If I was not happy with the home, I could speak to someone, but no need to.”

“No complaints.”

All the friends and family of residents that we spoke to agreed that they were welcome participants in the life of the home.

“Yes, we have BBQs and activities for relatives. There's the newsletter. We all sing happy birthdays etc. They are encouraged to bring relatives in.”

“Yes, always and I can ask questions any time.”

When asked how they can give feedback, the friends and family replied:

“If I have concerns, I speak to the manager, Sarah.”

“There are feedback forms at desk and Sarah has said just come in and ask.”

“I would go and talk to Sarah or Alex. They are very approachable. I wouldn't feel awkward talking to them.”


“I'd go to Sarah or Zara. I did speak once about other staff because they were very slow.”

“Firstly, I would mention it to the staff concerned and then the manager if I was not happy with the response.”

When they were asked if they would be confident to make a complaint and think it would be acted on, all agreed. One said:

“Yes, I have complained once and the response was acceptable.”

The manager explained that running the care home was about constant change and listening to people. They involved residents in the colours for the refurbishment. They have set staff for each floor. Last year they decided to move the carers around. The residents hated it, so they changed it back.



The manager confirmed that staff are able to have a say in how the home is run through supervision and staff meetings. She said that the management are really open to change and really want to listen to people.

Staff advised that there is a suggestion box that residents and their families can use and you can review their service on their website. They said that they have a say in how the home is run through regular staff meetings and speaking to each other.

4.9 Indicator 9 - Physical environment suitable for the needs of residents

The indicator states that care homes should be suitable for their residents' needs. Be comfortable, homely, and well-maintained with high standards of hygiene.

The Healthwatch team AGREE this was met.

Residents were all very positive about the environment at Crossways. They said that their rooms and the rest of the home was always clear and tidy.

When asked about the temperature, all the residents said they were happy.

“I have a fan if it gets too warm.”

“I feel comfortable. Not too hot, not too cold.”

“I am comfortable and have fresh air.”

Two relatives said that it was often too hot for them, but right for the residents. One relative said that they bring the air conditioning units out in the day room when it is very hot.

The relatives all agreed that the home is hygienic, clean and tidy. One confirmed that she had never seen mess on the floor and the room is always clean. There is hand gel at the front door.

When asked about the décor and maintenance of the home, friends and relatives responded:

“It needs some TLC and they are in the process of redecorating the lounge/dining room/rooms - ongoing.”

“It can look a bit tired as it is an old house. There are small scratches which will happen. The home is kept clean and tidy.”

“Yes. My relative's room looks lovely.”



The manager advised that they have thermometers and make sure that the boiler is serviced regularly. They also listen to people as the staff may not feel cold as they are moving around. There are blankets available. They have service contracts to maintain the building. A company comes twice a year to do health and safety audits. Fire risk assessment is done once a year. All equipment (hoists etc.) is serviced regularly. The entire home is currently being redecorated. Bedrooms are on a rolling redecoration programme; when rooms are vacant they are sorted. All the main communal areas are being done at the moment.

To keep the care home clean and hygienic, the home has four domestic staff who all keep cleaning records. The home has a steriliser machine to carry out deep cleans when a room is vacant.

To make the home dementia friendly, they use bright colours and signage (including pictorial). They have sensor lights in the bathrooms. Dementia training is mandatory and the home has good links to the local Admiral nurses.



Our team also made observations about the environment in the care home.

“Excellent condition. Very clear. No odour. Pictures in the corridor. Pictures on the first floor corridor. There were lots of places to sit around the table where the residents can socialise. Names outside the room. Dining room very well laid out, and also music was playing which was good. Corridors were very clean. There were also places where visitors could sit.”

“Rooms very fresh decor, spacious, appropriately furnished. Clean fresh smell around the home - individual activity and dementia friendly e.g. choice of music to maintain calming atmosphere.”

“On entering the home, it was a warm, relaxed atmosphere. Areas of the home are about to be redecorated, those rooms that have already been decorated are very pleasant with brand new furniture and accessories. The beds are controlled electronically.”

“No smell of urine. Very homely feel and rooms decorated well. Recent upgrades. Excellent. Caters well for all clients. En-suite lights come on automatically. Clients were well-presented, clothes seemed to be ironed.”

“Cheerful, warm, no odour. Saw staff member hugging/rocking resident. Fresh air in rooms.”

“No unpleasant odours were noticed. Dementia friendly - colour coding, figurative signs as well as written signs on doors. The staff have been so friendly and welcoming under the leadership of the manager.”





Thank You

Thank you to the following Healthwatch 'Enter and View' volunteers who made this visit and report possible:

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