

Cross Lane Care Ltd

Cross Lane House

Inspection report

Cross Lane Cottage
Cross Lane, Ticehurst
Wadhurst
East Sussex
TN5 7HQ

Tel: 01580200747

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30 November 2016

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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?

Good ●

Summary of findings

Overall summary

Cross Lane House is a residential care home offering personal care and accommodation to older people and those living with dementia. The service is registered to accommodate a maximum of 18 people. The service does not provide nursing care. There were 11 people using the service at the time of the inspection. The registered manager told us that they had capacity within their registered numbers to accommodate couples in two double rooms. These bedrooms were used as single rooms at other times.

This inspection was carried out on 30 November 2016 and was unannounced.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 by staff that understood how to recognise and respond to signs of abuse. Risks to people's wellbeing were assessed and staff knew what action they needed to take to keep people safe. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. The premises were safe, clean and hygienic. People had individual evacuation plans outlining the support and equipment they would need to safely evacuate the building; however some of these needed review to ensure they contained clear information about how to evacuate the first floor without using the lift. We made a recommendation about this. Staff understood how to reduce the risk of infection spreading in the service and they followed safe practice.

There was a sufficient number of staff on duty at all times to meet people's needs in a safe way. We saw that staff had time to chat with people and support them with social activities in addition to meeting their health and care needs. The registered provider had systems in place to check the suitability of staff before they began working in the service. People and their relatives could be assured that staff were of good character and fit to carry out their duties. Staff had completed training and qualifications relevant to their role. The registered manager monitored staff training needs to ensure that staff were skilled and competent to meet people's needs.

Staff identified and met people's health needs. Where people's needs changed they sought advice from healthcare professionals and reviewed their care plan. Records relating to the care of people using the service were accurate and complete to allow the registered manager to monitor their needs. People had enough to eat and drink and were supported to make choices about their meals. Staff knew about and provided for people's dietary preferences and restrictions. Medicines were stored, administered, recorded and disposed of safely and correctly. Where people were prescribed medicines to be given 'as required' there was no written guidance in place to describe the circumstances in which these should be given. We have made a recommendation about this.

Staff communicated effectively with people and treated them with kindness and respect. People's right to

privacy was maintained. They promoted people's independence and encouraged people to do as much as possible for themselves. Personalised care and support was provided at an appropriate pace for each person so that they did not feel rushed. Staff were responsive to people's needs and requests. Where people's assessment documentation recorded that they had particular interests, favourite TV programmes or hobbies this had not always been included in care plan for their social needs to ensure staff knew how to support them to continue with these. We have made a recommendation about this.

Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed when necessary about particular decisions. When necessary, meetings were held to make decisions in people's best interest, following the requirements of the Mental Capacity Act 2005. People were involved in making decisions about their care and treatment. Clear information about the service and how to complain was provided to people and visitors. The registered provider sought feedback from people and used the information to improve the service provided.

There was a system for monitoring the quality and safety of the service to identify any improvements that needed to be made. Staff felt supported in their roles. The registered provider and registered manager ensured the culture of the service was person centred and flexible to meet people's needs and wishes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff knew how to recognise the signs of abuse and report any concerns. The registered provider has effective policies for preventing and responding to abuse.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people. There was an appropriate system in place for the monitoring and management of accidents and incidents.

There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. We made a recommendation about guidance for medicines prescribed to be given 'as required'.

The risk of the spread of infection in the service was appropriately assessed and reduced.

Is the service effective?

Good 

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

Staff understood the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. People were only provided with care when they had consented to this.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

The premises met the needs of the people living at the service

and was comfortable and well maintained.

Is the service caring?

Good ●

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect. People were involved in making decisions about their care.

People's privacy and dignity was respected by staff. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good ●

The service was responsive to people's individual needs.

People were involved in planning their care. They had personalised plans that met their needs. A range of social activities were provided that reflected people's interests and hobbies. However we made a recommendation about including this information in people's care plans.

Staff responded effectively to people's needs and requests.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

The service was planned to be flexible and personalised. There was an open and positive culture which focussed on people. Positive links had been made with the local community.

Accurate records were maintained to allow the registered manager to monitor care delivery.

The registered manager provided clear leadership for staff and an opportunity for them to provide feedback and suggestions for improvement.

Cross Lane House

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 was carried out to check 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.

This inspection was carried out on 30 November 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local safeguarding team and commissioning team to obtain their feedback about the service.

We looked at three people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme. We also sampled the services' policies and procedures.

We spoke with six people who lived in the service and one person's relative to gather their feedback. We spoke with the registered provider, the registered manager, four care staff, and maintenance staff as part of our inspection.

This was the first inspection of the service since registering with the Commission.

Is the service safe?

Our findings

People and their relatives told us they felt safe living in the service. One person told us, "I feel safe and well looked after, everyone is nice here." Another person told us, "The staff are good; I want to spend the rest of my life here."

People were protected by staff that understood how to recognise and respond to the signs of abuse. Staff knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. The policy was provided by the local authority dated 2011. The registered manager agreed to check it was the most recent version. Staff we spoke with understood their responsibilities to report any concerns about abuse and told us they were confident to do so. Staff training records confirmed that their training in the safeguarding of adults was up to date. The registered manager understood how to report safeguarding matters appropriately and had demonstrated that they had worked positively with the local safeguarding team to ensure people's safety when risks had been identified.

Risks to individuals had been assessed as part of their care plan. This included the risk of developing pressure wounds, falls and poor nutrition and hydration. An action plan was in place to minimise the risk of harm and staff we spoke with were clear about the action they were required to take to keep people safe. The premises were safe for people to use and had been well maintained. Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Maintenance staff tested the temperature of the water from various outlets each month to ensure people were not at risk of water that was too hot. There was a system in place to identify any repairs needed and action was taken to complete these within a reasonable timescale. The service had an appropriate business contingency plan for possible emergencies. There was a procedure in place for evacuating people from the building in the event of an emergency, such as a fire. A fire risk assessment had been completed by an external provider and immediate remedial action taken as required. Some actions were still to be completed at the time of the inspection; however the registered provider sent us evidence that this had been completed in the week following our visit. People had personal emergency evacuation plans (PEEPs) outlining the support and equipment they would need to safely evacuate the building; however some of these needed review to ensure they contained clear information about how to evacuate the first floor without using the lift. We recommend that the registered manager reviews the PEEPs.

There was a sufficient number of staff on duty at all times to meet people's needs in a safe way. The staffing rotas showed that sufficient numbers of care staff were deployed during the day, at night time and at weekends. The registered manager made changes to the staffing numbers in response to changes in people's needs and changes in the number of people using the service. They were recruiting to fill vacancies in preparation for new admissions. The service did not use any agency staff. The registered manager was supported by a deputy manager and senior staff in the running of the service. We saw that staff had time to chat with people and support them with social activities in addition to meeting their health and care needs. Staff responded quickly when people called for assistance and there were staff available to supervise people at all times in the communal areas of the service.

The registered provider followed robust procedures for the recruitment of new staff. The registered provider had made checks of the staff files and these contained interview records, references and a disclosure and barring check. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People's medicines were managed so that they received them safely. The service had a policy for the administration of medicines that was regularly reviewed. We saw staff administering medicines and accurately recording when people had taken these. People's medicines were stored appropriately and accurate records were maintained. However, where people were prescribed medicines to be given 'as required' there was no written guidance in place to describe the circumstances in which these should be given. For example, a medicine prescribed to be given 'as required' for agitation could be open to individual interpretation by staff. We recommend that guidance on the use of each of these medicines be implemented to ensure a consistent approach to their use.

The accommodation used by people was clean and free from unpleasant odours at the time of our inspection. Staff ensured that people's bedrooms, bathrooms and the communal areas of the service were cleaned daily. The registered manager was in the process of recruiting a new housekeeper to undertake deep cleaning of the premises. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff understood infection control practice and the importance of effective handwashing in reducing the risk of infection. Staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before providing care. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. We saw that the laundry, which was in an outbuilding in the grounds of the care home, had not been kept clean. However, the registered provider sent us evidence that this had been addressed in the week following our inspection.

The local authority had carried out an inspection of the kitchen and food safety procedures. A number of areas for improvement had been identified. The registered provider had taken some action to address the shortfalls and had a plan in place for completing the works by February 2017. As part of the improvements made all staff that handled food had completed a food safety course accredited by the Chartered Institute of Environmental Health.

Is the service effective?

Our findings

People told us that the staff were skilled in meeting their needs. They told us that the staff supported them with their health needs. One person said, "The staff took me to hospital before and it is easy to see the GP." People told us they enjoyed the range and quality of the meals provided. One person said, "It is home from home, the food is good here."

Staff received essential training to enable them to carry out their roles effectively. There was an ongoing programme of training for staff to complete that included safeguarding, first aid, infection control, safe moving and handling, dignity and privacy and the Mental Capacity Act. Staff demonstrated that they had understood the training they had completed, for example they knew how to recognise and report safeguarding concerns. Additional training was provided in areas specific to people's needs, for example pressure wound risks, end of life care and dementia. Staff were encouraged to gain qualifications relevant to their roles and their personal development objectives. New staff were required to complete the care certificate. The 'Care Certificate' was introduced in April 2015. It is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. There were three staff working on the Care Certificate at the time of the inspection. All staff received a supervision session with their line manager every two to three months. Staff told us they were given the opportunity to discuss their role, their development needs and any support required.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA). The 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. We saw that staff obtained people's consent, for example before providing care or helping people to move. Where people had difficulty making a decision an assessment of their mental capacity to make the decision had been carried out. When people did not have the mental capacity to make certain decisions, meetings were held with appropriate parties to decide the best way forward in their best interest. Some people had agreed a 'Do not Resuscitate' order. These were kept under review with the person and their GP to ensure they remained relevant and were an accurate reflection of their wishes.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are 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 were being met. The registered provider had not needed to make any DoLS applications at this time as people were able to consent to their care and supervision.

People's care records showed many health and social care professionals were involved with people's care, such as district nurses, GPs, dentists and dieticians. Care plans were in place to meet people's health needs and these had been reviewed and updated where people's needs had changed. People were weighed

monthly and fluctuations of weight were noted in their care plan. Staff reported concerns about people's health to their GP as needed. Staff supported people to attend appointments with health professionals including their GP, dentist, optician and chiropodist. Some services were provided in-house if people wished to use these. A handover system was used to ensure that staff were aware of people's health each day when they arrived for work. This ensured that staff responded effectively when people's health needs changed.

People's dietary needs and preferences were documented and known by the chef and staff. There was a menu displayed in the dining room. The registered manager told us they were intending to add a pictorial version of the menu to help people make their meal choices. The menu provided two choices of meal per day and was being reviewed with the involvement of people using the service. People told us that if they did not want either meal the chef would prepare an alternative. Fresh fruit was available for people to help themselves to. Biscuits and cakes were offered with drinks and people told us they could have snacks from the kitchen when they wished. We saw that people had drinks close by and they were encouraged to drink. People were given the assistance they needed to eat their meals and had the equipment they needed so they could eat independently. Staff recorded the amount people had eaten and drunk if they were at risk of poor nutrition or hydration to enable them to monitor their wellbeing.

The accommodation was spacious, comfortable and welcoming. Sufficient numbers of bathrooms were available on each floor of the building to meet people's needs. A new bathroom had recently been fitted with a hoist to support people with physical disabilities to access the bath. The service supported one person who was living with dementia and the registered manager told us that they may consider supporting other people with similar needs in the future. The premises had not been designed or decorated in a way that specifically met the needs of people living with dementia. We signposted the registered manager to a range of available resources about creating a dementia friendly environment for them to consider. There was a large well maintained garden that people could freely access and we saw that people were dressed appropriately for the weather and went for walks outside as they wished to.

Is the service caring?

Our findings

People, and their relatives, told us they felt the staff were caring and treated them kindly. One person told us, "The staff are nice, they take time to talk." Another person said, "I feel relaxed here, it is very quiet and comfortable." Another person told us, "I find it friendly; everyone is easy to talk to. There are things to do and it's relaxed."

Staff were kind and patient when talking with people and when providing support. Care and support was provided at an appropriate pace for each person so that they did not feel rushed. Staff spent time talking with people about things that were of interest to them, for example staff spoke with one person about their previous employment. Staff knew information about people's lives and what was important to them. The registered manager described their plans to develop life history books with people to document this information so it could be shared and used consistently by all staff.

People's right to privacy and dignity was respected. People were assisted discreetly with their personal care needs in a way that respected their dignity. Staff had supported people to wear their glasses, dentures and hearing aids if they needed these. Staff spoke with people in a respectful way and addressed them by the name they preferred. Where appropriate, staff were lively and joking in their approach or were quieter and more discreet depending on each person's personality. People's records were kept securely to maintain confidentiality. People's spiritual and cultural needs were met. There were links with local churches and ministers visited to provide services. People told us that they could watch church services and celebrations of significant events on television. Significant events, such as Christmas, birthdays and festivals of varying cultures were celebrated in the service. People were supported to celebrate Diwali if they wished.

Staff encouraged people to do as much as possible for themselves. People's care plans reflected where they could do things for themselves and where they required support. Some people were involved in household duties such as laying tables, folding laundry or changing their bed. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote their independence. Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. People were provided with equipment, where needed, to enable them to move around independently and to eat without assistance. People were able to have their own personal telephone line in their room if they wished. People had been supported to exercise their right to vote through postal votes.

Clear information about the service was provided to people and their relatives. A brochure was provided to people who wished to move to the service. There was a clear complaints procedure which was made available to people. People were involved in their day to day care and staff described how they were involved in reviewing their care plans. Staff asked people their views about matters relating to their care. People's relatives were kept informed and involved where the person wished for this to happen.

Is the service responsive?

Our findings

People and their relatives told us that the staff were responsive to their needs and requests. They told us that they received their care in the way that they preferred. One person said, "I get to do and plan what I want." Staff told us that they had the time to provide a personalised service and knew people well enough to enable them to do this. One staff member told us, "I get to work with people at a shared pace. We do things together and I get to care, talk and learn about the lives of people." Another staff member told us, "I have practical time to spend with people here, knowing them and offering respect and dignity. I have worked in care before, but here I have more time to spend and offer people quality time."

People's needs had been assessed and a care plan written to meet their identified needs. The registered manager told us that they, or the deputy manager, always carried out the assessment of people's needs before they were offered a place at the service. The assessment process included seeking the views of the person about their own care needs. A health and social care professional involved with the service told us that the registered provider, "acts appropriately to carry out assessments and admissions with due diligence." If the assessment identified that the person's needs could be met, they were then supported to move in and a care plan agreed within two days. We saw that this had happened in regard to a person who had moved to the service recently. We reviewed three people's care plans and found they were detailed and reflected people's preferences and needs. Care plans for meeting people's personal care needs detailed the support they required, what they could do for themselves and any equipment that was needed. There was clear guidance for staff to follow to support people with their needs, for example to respond when a person had a panic attack. Staff were responsive to people's needs and requests. People did not have to wait long for staff to attend when they asked for assistance or used their call bell. Staff took time to ensure that people had what they needed and staff were available at all times to supervise people and ensure their needs were met.

People were supported to take part in a range of social activities both within the service and in the local community. A staff member told us, "People do different things. One lady goes to the local shops, we also go to the pub in the village." During the inspection a staff member was supporting a group of people in planning for a Christmas event. Where people's assessment documentation recorded that they had particular interests, favourite TV programmes or hobbies, this had not always been included in the care plan for their social needs to ensure staff knew how to support them to continue with these. We recommend people's social care plans be reviewed to include this information.

People we spoke with, and their relatives, were aware of how to make a complaint. Detailed information about how to complain was provided for people in the brochure, in the reception area and on the noticeboard in the main area of the home. The registered manager had taken appropriate action to investigate complaints and provide feedback to the complainant within an appropriate timeframe.

People were regularly invited to give feedback about the quality of the service through individual meetings with the registered provider and registered manager. People and their relatives were also invited to complete an annual satisfaction survey. The most recent survey had found that people wished for the car

parking arrangements to be reviewed for visitors. The registered provider described plans in place to expand the car park in response to the feedback provided.

Is the service well-led?

Our findings

People told us the service was well-led. They told us, "I am happy with the care I get." A person's relative told us, "I have no complaints at all about the care." People knew who the registered manager and registered provider were and felt they were able to talk with them about their care.

The service had a positive and inclusive culture. The registered manager and registered provider demonstrated that they held person centred values. The registered manager told us, "This is a family run business and we make sure that everyone feels part of the extended family." The culture of the service was relaxed and person centred. People were able to choose how they lived their lives and staff respected their wishes. Routines were relaxed and staff supported people at their preferred pace. The registered manager worked closely with staff and people using the service to ensure people's needs were met. The registered manager and registered provider knew people well and understood their needs. Staff were positive about the support they received from the registered manager. They told us, "It's a nice place to work." The service was integrated into the local community. The registered manager had built good links with local churches and community groups. Meetings for the town committee were often held at the service allowing people to be involved in matters of interest in their local community. Regular events were held throughout the year, such as a summer fair, where people from the local community were invited to attend.

The registered manager understood the requirements of their role. They were working towards a level 5 diploma in management. The registered provider and registered manager were open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They were aware of updates in legislation that affected the service and communicated these to staff effectively. The service's policies were appropriate for the type of service. All policies and procedures had been reviewed and updated. Staff were able to describe the key points of significant policies such as the safeguarding, infection control and complaints policies. They were aware of where to access the policies when they needed them.

There was an effective system in place to monitor the quality and safety of the service provided. A number of audits had been completed each month and the findings of these had been used to improve the service. For example, an audit of the premises had identified the need for a new bathroom and this had been fitted. Audits covered areas including medicines management, staff training, health and safety, meals and care plans. The registered provider held a monthly meeting with the registered manager and with each department in the service to review the service provided and identify areas for improvement. The registered manager monitored accidents and incidents in the service to identify any patterns where risks could be further reduced.

Records relating to the care of people using the service were accurate and complete to allow the registered manager to monitor their needs. The records included information about day to day care and professional input when it was provided. The records were detailed and reflected all areas of people's needs including their emotional wellbeing. The registered manager regularly checked the accuracy and completeness of records in the service, including medicines records, care plans and staff files.

