

Terrys Cross House Trust

# Terrys Cross House

## Inspection report

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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

### About the service

Terrys Cross House is a residential care home providing personal and nursing care to nine people aged 65 and over at the time of the inspection. The service can support up to 12 people. Terrys Cross House is a registered charity that provides retirement accommodation for those associated with the Church of England. Terrys Cross House is a large Victorian building set in its own grounds. The home has two floors, with kitchen, small chapel room, shared dining area and lounge on the ground floor with access to a large garden. Bedrooms are on the upper floor. The upper floor is served by stairs and a lift. Rooms are en-suite. The manager has an on-site office and there is a meeting room for staff use.

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

There were systems and processes in place to keep people safe at the home. Staff were caring and alert to notice if anything was wrong. People were independent and managed their own medication, however if they needed any help staff were trained to assist them. The home was clean, and people told us they were happy at Terry Cross House. A person told us, "I'm very content. I have a lovely room and all my meals provided, there are lovely staff and the residents are nice. It's ideal for me." Staff had time to sit and talk with people during the day.

People had their needs assessed before living at the home, and then regularly during their stay. Care plans were reviewed and updated frequently and staff knew people well. Staff were well trained and training was ongoing to keep staff up to date. People told us they enjoyed the food at the home. The cook planned the menus and people enjoyed the routine of morning and afternoon coffee and tea times.

People were supported by polite and caring staff. We saw positive interactions between staff, relatives and people. People and their relatives told us the care they received was good. A relative told us, "[Person] told me how happy he is here. He's an intelligent man. If he's happy, that endorses that it's a smooth running home that meets his needs. Staff told us keeping people independent was very important and worked to keep people motivated.

People had personal care provided to them in a dignified way by considerate staff. Staff knew people well and enjoyed learning about their lives. Visitors were frequent at the home and were always welcomed. People were free to come and go as they wished and many people chose to go out to neighbouring towns unaccompanied. Where people asked the registered manager for trips out they were provided. People were able to take their pets with them to the home. At the time of the inspection there was a cat in residence.

The service had a positive, open culture which showed in the care staff gave to people. People and staff were happy to be at the home. Staff and people told us the registered manager had made positive changes to the running of the service. Audits and risk assessments were now carried out regularly as well as a more formal recording of staff training and supervision. A member of staff said, "I've been welcomed and I've been

made aware if I need anything the office door is always open. It's a really nice place to work." and a relative said, "Things weren't as they should have been before, but I can see she's totally different. She's nice and friendly with everyone, but no favourites, not gushy, very practical, as it should be."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was requires improvement (published 11 January 2019). At this inspection we found improvements had been made.

## 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.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.  
Details are in our well-led findings below.

# Terrys Cross House

## **Detailed findings**

## Background to this inspection

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#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Terrys Cross House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection-

We spoke with three people who used the service about their experience of the care provided. We spoke with three relatives of people who used the service. We spoke with three members of staff including the registered manager, care worker and the cook.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for clarification about the recruitment process and documentation.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies were in place and staff had training in protecting people from abuse, and how to report suspected abuse.
- Staff told us they understood safeguarding and they would have no problem reporting any problems. A staff member said, "I would never keep it to myself if I thought someone was being hurt or mistreated."
- Staff knew that abuse could take many forms. A staff member told us, "Like ignoring people, telling people what they can and can't do. Especially here everyone has full capacity so if I was to say 'No you can't do that' that would be an issue."
- People and their relatives told us the home was safe. A staff member told us, "Yes I think it's safe, people that come in have to sign in so we know who's visiting." And a relative said, "I think [person] is very safe here. I think staff are very aware."

Assessing risk, safety monitoring and management

- At the previous inspection we looked at records in relation to the safe delivery of hot water. We were told hot water was not controlled by thermostatic mixer valves and there were no supporting risk assessments to indicate if this posed a risk to people. At this inspection we saw an external company had assessed the water temperature and fitted thermostatic valves. People were involved in the choice of water temperature in their rooms and where they had requested water hotter than advised, they had signed risk assessments to show they understood the risk involved in their choices.
- At the previous inspection the registered manager acknowledged that risk assessments were not fully in place. At this inspection we found care plans and risk assessments had been updated, and were reviewed regularly. The registered manager involved people at the home in the managing of risk. People's care plans included personal risk assessments. Shared areas of the home had assessments in place.

Staffing and recruitment

- There were enough staff to support people that needed help.
- People told us they thought there were enough staff and staff said they had time to stop and chat to people. A person said, "I think there are enough staff. If I ring the call bell they come quickly." A member of staff said, "We have time to talk. They can sit down and you can hear the full story without distraction, you have time to really listen to people which is nice."
- When a person at the home had needed extra care due to illness, the registered manager had increased the staff numbers during that time.

- Staff were recruited in line with guidelines, including having relevant background checks completed before they started work unaccompanied at the home.

#### Using medicines safely

- People at the home managed their own medicines. There were only one or two people that required help from staff. Staff were trained to support people with their medicines and storage of medicines was safe.
- When people used blister packs, staff checked at the end of each month that people had taken the medicines correctly.
- Where people managed their own medicines this included re-ordering them from the pharmacy themselves. People were encouraged to remain independent but had support if needed. The registered manager told us, "I order medicines for a couple of the residents. If they have trouble I will sort it out."
- The registered manager ensured policies were in place to support staff and people in understanding medicines administration.

#### Preventing and controlling infection

- The home was clean and fresh and people told us it was always clean. A person told us, "Everything is very clean."
- A cleaner cleaned the home daily, although they were absent due to sickness at the time of the inspection. In their absence care staff were continuing to follow the cleaning rota. A member of staff told us, "[staff member] is our cleaner, although she is off sick at the moment. The supervisor and one of the night staff are taking it in turns to clean the home. I am checking bins and toilets in people's rooms. [Staff member] usually comes in daily, we do two rooms a day, bedding and room clean, then the whole house."
- Staff understood the importance of cleanliness to prevent infection. A staff member said, "It's all wash hands, use gloves, warm water, change the water frequently. But we only give personal care to two people. We have gloves and yellow bags in all the rooms and lots of cleaning equipment."

#### Learning lessons when things go wrong

- The registered manager kept an accident and incident book for staff to use and this was audited monthly.
- Incidents at the home were few, but where things could be improved in response to an incident we saw they were. For example, where a medication error was recorded, there were clear instructions on how to mitigate the risk in future, and actions in place.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People have their needs and choices assessed and met at the home. Care plans showed people were asked about their likes and dislikes and their daily routines. People told us they felt well supported by staff at the service. A person told us, "I am very well looked after."
- People told us the care they received was good. A relative told us, "I'm really happy with [person's] care it's made such a difference to us. I promised our mother I'd look after [person] and the care here made that possible."
- The registered manager had replaced an older call bell system with alarms that people could wear so they could call for help wherever they were in the building or the grounds. This gave people more freedom with less risk.

Staff support: induction, training, skills and experience

- Staff received an induction when they began working at the service. A staff member said, "When I started I had three shifts with the supervisor on my induction."
- We saw the training plan during the inspection, and saw how the registered manager contacted staff to remind them of training that was out of date. Staff were able to update their training while at work or at home. A staff member told us, "When I first came here we had training, someone came in to train us. Now it's online and I've done that."
- Staff were trained to NVQ or care certificate standard.
- Staff were well supported and had supervisions and one to one meetings or appraisals with senior staff regularly.

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

- People told us they enjoyed the food.
- A cook prepared meals for people every day. Having two cooks ensured that good food was provided at weekends as well as in the week. The cook told us, "I do the menus on the weekend. I just look through a cook book for ideas. Majority of the say is mine. We try not to change menus, but we ask people what they'd like."
- The cook knew people very well, they were quick to tell us who liked which dishes and who had restricted diets such as a diabetic diet. If people were at risk of losing weight action plans were put in place to increase their calorie intake. The cook said, "When I get time I make cakes and put them in the dining room so people can take them to their rooms. Some of the diabetic people have their own jam and I made jam tarts for

them."

- Menus were planned in advance, and people were happy to have the food provided although could ask for different meals if they disliked what was on offer. One person told us, "I enjoy the food, there's a menu so we know what's coming, but I never bother to look."
- Regular tea and coffee times throughout the day encouraged people to remain well hydrated and gave a social aspect to the day. People kept food and drink in their rooms for times they might want a snack.

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

- People at Terrys Cross House were very independent and usually made their own appointments and plans to see health professionals. When necessary staff were happy to help.
- People were prompted or reminded by staff to attend appointments with opticians, audiologists and hospital clinics as appropriate.
- Staff worked with community nurses when people needed nursing care. Staff worked well with other agencies to ensure the best care for people at the home.

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

- The home was clean and tidy and communal areas and corridors were free of obstacles.
- Carpets were clean and had low pile making it easy for people to walk about without slipping or stumbling. Where there were stairs, including short flights, there were handrails. A lift enabled people to access the first floor.
- The gardens were well maintained with easy access from the lounge or dining room. People told us they enjoyed the garden in the summer and all year it was a pleasure to look out at the views. Concrete paths with slopes made the garden accessible for everyone.
- Relatives told us the home was well designed for people to use. A relative said, "The chairs are a good height, it's safe here." And a person told us, "It's very peaceful, a tranquil atmosphere. I'm very happy here. It's small enough to be friendly but you can still have your privacy as well. I was able to bring my own furniture."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- People at Terrys Cross House all had full capacity to make decisions about their lives and the care they received.
- Staff understood the MCA and the impact that could have on people.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- People were supported by kind and considerate staff. We saw interactions between staff and people at the home, and between staff and visiting relatives. The exchanges were warm and caring. A relative told us, "The staff are always charming to me, and kind, I have never seen any unkindness."
- People enthused about the care they received. A person said, "All the staff are kind. And we have night staff too, and they are very competent and kind."
- Staff ensured people understood them and were able to communicate their wishes. A relative told us, "Dad is profoundly deaf so staff use written notes to communicate with dad."

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

- People were able to make decisions about their care. The registered manager used residents' meetings and questionnaires to find people's opinions and act on them.
- People were involved in the regular reviews of their care plans.
- Staff had the time and the training to support people and take time to listen to them. We saw good interactions with staff and people that showed staff knew people well and wanted to involve them in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were respected by the staff and encouraged to remain active and independent. Some people at the home had their own cars and went out alone, others used local bus services for trips out. People who were less able were supported by staff to go on accompanied trips.
- Staff told us how important people remaining independent was, as a goal at the home. A staff member said, "We want to keep everyone as independent as long as possible, safe and happy and independent."
- People felt that they were free to live their lives as they pleased at the home. A person said, "I come and go as I please, there are no restrictions as long as I sign in and out so they know where I am."
- People's information was kept secure and private in the manager's office. Where photographs or other information was shared online people had signed consent forms to show exactly what parts of, and how, their information could be shared.
- Everyone at the home had visitors and there were no restrictions on visiting times.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- People had care plans that were checked and amended regularly and fully reviewed yearly. People had input into their own care needs. A person said, "A care plan? Yes, I have seen it to update it, I added that now I like fish."
- We saw that before care plans were reviewed people were sent notes that said, "Can you please review your care plan and write down any amendments you wish to make or add?" People had filled these in and the changes were incorporated into the new plan by the senior staff.
- Care plans included people's personal histories and likes and dislikes as well as their current needs. There was a 'map of my life' in each care plan showing things that were important to the person.

Meeting people's communication needs

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

- Where people had specific communication needs staff used a personal one to one approach to ensure they remained informed and included. Staff communicated with person who was profoundly deaf using written notes. This person watched television in his own room where he was able to use subtitles.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were passionate about keeping people motivated to enjoy life, a member of staff told us, "Our main focus is to motivate people, to give people something to do, to stay motivated, to keep living."
- When the registered manager discovered a person at the home had a younger relative who played in a silver band they arranged for the band to come and play at the home. All the residents enjoyed the music and the person emailed the registered manager to express their gratitude and their pride at seeing their relative play.
- Visitors were welcome at the home at any time. We saw relatives visiting people at the home and the staff were welcoming to everyone, offering tea and biscuits and supporting people to meet in the lounge or their own rooms.
- People at the home did not want to take part in frequent organised activities. People were independent and able to plan their days with support from staff. A staff member told us, "We have a huge games

cupboard, people all have TVs and computers, we get newspapers delivered and we do days out, if people want to. There's only so much they want to do. Three people get the bus into Brighton, two people have cars, or people walk in the grounds or do crosswords. I think they have enough to do." We spoke to people and they told us they liked the peace and quiet at the home. A person said, "It suits me down to the ground it's so peaceful here."

- The staff encouraged people to remain active and engaged. There were talks by people at the home and by visiting speakers on topics of interest each month and people enjoyed them. A staff member said, "Residents do talks here as well, all residents get a turn and they tell the stories of their lives, really interesting stories and tales from the past, it's really nice."

#### Improving care quality in response to complaints or concerns

- The registered manager was keen to improve the service and welcomed feedback. There had been two complaints in the year since the previous inspection. In both cases the registered manager had taken the appropriate action.

- Regular residents meetings enabled people to raise concerns. People told us they were happy to talk to the registered manager if they had a problem and knew it would be dealt with. We saw a clear complaints policy which explained how to escalate concerns if people felt they were not taken seriously.

#### End of life care and support

- Care plans all contained very thorough end of life wishes. People had 'do not resuscitate' plans in place as required and a separate page of the care plan had sensitive questions for people to answer about their wishes at the end of their lives and afterwards.

- Some people had requested to remain at the home until their death and the registered manager was able to fulfil this wish by liaising closely with community nurses and GPs for support.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

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

- The registered manager had worked hard since the previous inspection to bring risk assessments and audits up to date. There were check lists of audits and quality performance checks.
- Building safety checks and fire drills were being carried out regularly, and the results recorded and actions to improve them were implemented.
- Policies and procedures had been updated, for example people that managed their own medicines had policies and risk assessments in place in their care plans.
- Staff were clear about their roles within the home and told us that the registered manager was managing the home well. A staff member told us about the registered manager, "She can be stern which is good, if she needs to say something she will call you and say it, not skirt about. And she's really fair as well. She's direct but not in a nasty way. She just tells us what needs to be done. She's not here to be a friend, she's here to be the manager which I think is nice."

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

- The atmosphere at the home was friendly and warm and people agreed that the care they received was improved by the positive culture cultivated by the registered manager. A person said, "I find (the registered manager) very professional and very approachable. Her door is always open and she's very kind."
- The registered manager and staff shared a positive vision of supporting people to retain their independence.
- We saw staff and people had good relationships, staff and people knew each other by name and obviously knew each other well. A member of staff said, "I like coming in and seeing the people every day, they all come to the hatch for breakfast and say hello and that's nice."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the provider understood the duty of candour and knew who to notify in the event of anything going wrong within the service.

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

- Staff meetings are held regularly for staff to share information and suggest ideas they may have about the service.
- People and relatives are encouraged to feedback ideas to the registered manager via residents meetings and questionnaires.
- The home was originally designed as a retirement home for Church of England affiliated clergy. People from all faiths or none are now considered. A person told us, "I thought I might not get in as it's for retired clergy, but they relaxed the rules."

#### Continuous learning and improving care

- A new call bell system was needed as the older call system worked only for bedrooms and was very old and quiet. The new system allows people to wear their call buttons and for staff to carry a monitor. Calls are now received promptly where ever a person may be in the house or grounds and people feel much safer.
- People had a vegetarian option added to the menu each day after feedback and suggestions at a residents meeting. People continued to be able to suggest other food options if they disliked the planned menu.

#### Working in partnership with others

- The registered manager has liaised with other local homes in the area. Terrys Cross House have arranged a reciprocal agreement as a safe haven with another care home nearby.
- The registered manager shares information with other organisations and the CQC as necessary.