

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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23 July 2019

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24 September 2019

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

Cross Lane House is a residential care home providing accommodation and personal care for up to 18 older people and those living with dementia. At the time of the inspection on 23 July 2019, there were 13 people living at the care home in one adapted building.

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

People were receiving safe care and treatment and were protected from abuse. Staff understood their responsibilities to keep people safe and risks were identified and managed. One person told us they felt safe because the staff knew them well and understood their needs. There were enough staff to care for people safely and the recruitment process was robust. People were receiving their medicines safely and effective infection prevention and control procedures were in place. Incidents and accidents were monitored to ensure lessons were learned when things went wrong.

People had confidence in the staff, one person said, "They all know what they are doing, they are helpful and knowledgeable." Staff had received relevant training and were supported in their roles. People's needs had been assessed and care plans guided staff in how to provide safe and personalised care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to have enough to eat and drink and staff were proactive in supporting them to access the health services they needed.

People told us staff were kind and caring. One person said, "I am very happy here, all the staff are kind." People were treated with respect and their dignity and privacy was protected. Staff supported people to express their views and involved them in making decisions about their care. People's relatives described effective communication with staff and said they were always made welcome at the home.

Staff knew people well and understood their needs and preferences. People were receiving a personalised service and described feeling in control of their care. Staff supported people to remain connected with people who were important to them and to follow their interests. People were supported to plan for care at the end of life. The provider had a complaints system and people and their relatives knew how to raise concerns and were confident that they would be listened to.

Staff and managers had a clear understanding of their roles and responsibilities. A person-centred culture at the home was embedded within practice. Staff described a supportive atmosphere where they were able to reflect on practice and learn from mistakes. There were clear management systems to monitor quality and drive improvements. People and staff were involved with developments and described being able to influence changes. Staff had developed effective relationships with other agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was good (published 7 January 2017).
At this inspection we found that the service continued to be good.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cross Lane House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Cross Lane House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of 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.

Service and service type

Cross Lane House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was in the process of becoming 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. Following the inspection the manager informed us that their application to become the registered manager had been successful.

Notice of inspection

The 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 seven people who used the service and four relatives and friends about their experience of the care provided. We spoke with six members of staff including the provider, the manager, deputy manager, care workers and the activities co-ordinator.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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. We looked at training data and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 Good. At this inspection this key question had remained the same. This meant people continued to be safe and were protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults and understood how to recognise signs of abuse. Staff knew how to report any concerns. One staff member said, "I have never seen any signs of abuse but I would report to the manager immediately if I did." People said they felt safe living at Cross Lane House, one person said, "It's because the staff come round and check on me." A relative said, "It's reassuring to know they are safe, especially at night."

Assessing risk, safety monitoring and management, Learning lessons when things go wrong

- Risks to people had been assessed and care plans guided staff in how to provide care safely. For example, one person was assessed as being at high risk of falls and needed support to move around safely. A risk assessment identified equipment that was needed and guided staff in how and when to support the person.
- Incidents and accidents were recorded and monitored. One person had a number of unwitnessed falls. The manager identified a pattern and requested a referral to the falls team for advice. The person's care plan was amended to include the use of a pressure mat and falls monitoring showed an improvement following this.

Staffing and recruitment

- There were enough suitable staff to care for people safely. One person told us, "If I press the button the staff come quickly." Another person said, "I don't like asking for help but if you do they come as soon as they can." A staff member said, "It's a small home and there's enough staff. It can be busy sometimes but it's rarely a problem." Another staff member described how staff covered for each other in the event of absence saying, "We all know what we are doing and will cover extra shifts if needed. The manager will work alongside us too if they need to."
- There were safe systems in place for the recruitment of staff. Employment checks were completed before new staff started work to ensure they were suitable to work with people. Staff worked to a regular rota and this showed that staffing levels were consistent.

Using medicines safely

- There were systems in place to ensure medicines were managed safely. Only staff who were trained and had been assessed as competent were able to administer medicines to people. We observed people receiving their medicines in a personalised way. A staff member told us, "We know how each person prefers to take their tablets, having consistent staff really helps." We observed how a staff member supported one person who was living with dementia. They were reluctant to take their medicine at first. The staff member took time to give them clear information about what each tablet was for and why they were prescribed, they were reassuring and supported the person to have their medicines.

Preventing and controlling infection

- All areas of the home were seen to be clean and tidy. Staff demonstrated a clear understanding of how to protect people by the prevention and control of infection. We observed that staff were using personal protective equipment including plastic aprons and gloves when necessary.

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.

- Assessments were holistic and considered people's physical and mental health as well as their social and emotional needs. People's needs were assessed using evidence based tools, for example, a Malnutrition Universal Screening Tool (MUST) was used to identify risks of malnutrition.
- People's diverse needs were identified and considered, including their cultural and religious needs. For example, one person told us that they appreciated attending a monthly religious service.

Staff support: induction, training, skills and experience.

- Staff had received the training and support they needed to be effective in their roles. Staff told us that they had opportunities for training that was relevant to the needs of people they were supporting including dementia awareness. One staff member described their induction to the home saying, "The induction was good and you shadow experienced staff until you feel confident." Another staff member described the impact of having training saying, "It has made me so much more confident, I never thought I would be able to do the medicines but I can now."

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

- Risks to people associated with eating and drinking were assessed and managed. Some people had been assessed as being at risk of malnutrition. Care plans guided staff in how to support people including monitoring their weight on a regular basis if required. Staff told us about one person who had a poor appetite and sometimes needed encouragement to eat. We noted that their care plan reflected that they may need prompting or support to eat. We observed staff encouraging the person at meal time and noted that their records confirmed that their weight had increased. Another person was at risk of choking, their care plan included guidance for staff and we observed that staff were aware of their need for thickened fluids, including when taking medicines.
- People told us that they enjoyed the food on offer. One person said, "I am very fussy but I can choose what I like." Another person said, "The food is ample, well cooked and well served." We observed people being supported in a personalised way. Staff knew people's preferences and offered them choices including additional helping. Staff were proactive in ensuring that people had drinks throughout the day and we observed them reminding people to have a drink.

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

- People told us they were supported to access the health care services they needed. One relative said, "They call the doctor if they have any concerns, they act quickly." Records showed health care professionals were

regularly involved with people including Speech and Language Therapist (SALT), Occupational Therapist (OT) and district nurse.

- Staff described positive working relationships with health and social care professionals. Staff described following advice provided by professionals, for example, recommendations made by professionals in the falls team had been included within a person's care plan.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff described their understanding of MCA and Dols and were able to identify their responsibilities to comply with the legislation. One staff member told us, "We respect people's right to make decisions. If they are not able to make decisions we look at what is in their best interests." We observed staff were checking with people before providing care and support. One person told us, "They always ask first." Another person said, "I can do as I like," and described how staff respected the choices she made.

- Appropriate DoLS applications had been made and staff were aware of the importance of complying with any conditions that were imposed.

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

- People told us they were able to personalise their rooms as they wanted to, we observed that people's rooms were homely, comfortable and contained personal items. One person said, "You want your homely things around you." Adaptations had been made to ensure that people could access the garden safely. We saw people using the garden independently during the inspection.

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 and their relatives spoke highly of the staff describing them as caring, kind and attentive. One person said, "They are all lovely and the manager is very kind." Another person told us, "They are all kind, anything you want they will accommodate." We observed staff speaking to people in a kind and respectful way throughout the inspection. We noted that staff knelt down to make eye contact with people on their level and used gentle touch to reassure people.
- People's diverse needs and preferences were respected. People's rooms were personalised and we noted how people were supported to arrange their belongings as they wanted them. Staff described the importance of respecting diversity and gave examples to demonstrate how people's needs and preferences were met. One staff member told us, "For some people specific routines are important, others find reassurance in having familiar things around them. We respect everyone here."

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

- People told us they were involved in making decisions. One person said, "Our feeling and desires are implemented as much as possible." People said they had been invited to residents meetings. One person told us, "We can make suggestions for any changes." Notes showed how a gazebo had been suggested for the garden. We noted that people were enjoying sitting under the new gazebo on the day of the inspection.
- Staff described how they supported people to be involved in care planning and to express their views about their care. One staff member said, "It is their decision how they want to live, this is their home, I only work here." Relatives told us they felt welcomed and involved. One relative said, "We can visit at any time, we feel very welcome here." Another relative told us, "We are invited to meetings regularly."

Respecting and promoting people's privacy, dignity and independence

- We observed how staff were discreet when supporting people with their personal care needs. They ensured that people's dignity was maintained and their privacy was respected.
- Staff understood the importance of maintaining confidentiality. People's personal information was kept securely. One staff member told us how they were careful not to discuss personal information in the corridor to avoid people overhearing.
- People were supported to remain independent. A staff member described how they arranged items on a shelf to make it easier for one person to help themselves to what they needed. We observed how staff encouraged people, for example when supporting them to move around. One staff member said, "We can take our time, we never need to rush people. That means they can do more for themselves."

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

- Staff knew people well and care was provided in a personalised way. People told us they felt in control of their care. One person said, "They know what makes me tick." Another person told us how staff respected their choices, saying, "It's nice that they offer and encourage me to join in, but I prefer my own company."
- Staff were knowledgeable about people's lives and knew what was important to them. One staff member described a person's routine including details about their preferences. They explained, "People here can do things when they want to, how they want to, it's their decision and we respect that. For some people a particular routine is very, very important. We get to know them well, and that's what person-centred care is all about."

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.

- Staff were aware of people's communication needs. Care plans reflected people's needs, identified equipment and guided staff in how to support them. For example, one person had a visual impairment, staff told us that they preferred staff to read information to them rather than having adapted versions of documents. This was reflected within the person's care records.

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

- People said they enjoyed the activities that were available at Cross Lane House. One person said, "We have a lot of events, there is a summer barbeque planned." People told us they were involved in making preparations for events. One person said, "I love the craft sessions, at the moment we are making bunting for the barbeque."
- People were supported to follow their interests. One staff member told us about one person's interests and described how this was related to their previous profession. We observed people were engaging in activities that were relevant to them.
- Relatives told us that communication with staff was good and they were regularly invited to events at the home. One person told us they were supported to maintain links within the local community regularly, they said, "I have a lovely outing and get to see my friends." Another person described enjoying lunch at a local pub.

Improving care quality in response to complaints or concerns

- Complaints were recorded and responses showed how complaints and concerns were resolved.
- People and relatives knew how to raise a complaint and told us they would feel comfortable to do so. One relative described how they would not hesitate to raise any concerns. People said they felt confident that any concerns would be listened to and acted upon.

End of life care and support

- At the time of the inspection no person was receiving end of life care. Staff had received training in end of life care and described the importance of understanding people's wishes. People were supported to plan for their care at the end of life. People's wishes and their cultural and spiritual needs were recorded.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture at the home was focussed on providing a person centred service to people. Staff understood the importance of ensuring that people felt they had control in their lives and this was embedded within staff practice.
- People told us they felt happy living at the home. One person said, " This is a good place." Another said, "I don't think we can fault it here can we?" Staff spoke positively about the home saying, "It's a small friendly environment. There is a nice atmosphere here."

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

- Staff understood their roles and responsibilities and spoke positively about the management of the home. One staff member said, "The experience of the manager makes a difference. Her approach to any problems is logical and natural. I feel that she can resolve anything." Another staff member said, "The manager is easy to talk to and works along side us."
- The manager demonstrated oversight and used a number of systems to monitor quality. They were aware of regulatory requirements and, at the time of the inspection, they were in the process of applying to become the registered manager. Following the inspection they informed us that their application had been successful.

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

- People and their relatives told us communication with staff was effective. One relative said, "They are very good at keeping us informed." Staff were proactive in inviting people and, where appropriate, their relatives, to meetings and events to ensure that they had opportunities to engage and be involved in plans at the home.
- Staff told us that they felt involved and their views were sought. One staff member said, "We are consulted about things, we said that we needed a new lift here because it was always breaking down. The owners listened and it was done." The provider spoke highly of the staff team and told us, "We are all working for a common goal, staff take ownership of the care home and know the residents so well, they are all hand picked for the care and love they show."

Continuous learning and improving care; 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

- Systems were in place to monitor and analyse incidents. The manager described how they used information to make improvements in the quality of care. Where mistakes had been identified plans were in place to make improvements. For example, additional training was provided for staff members who were not always completing records correctly. The manager said that recording had improved as a result.
- Staff described a reflective culture where they felt confident to talk about, and learn from mistakes.

Working in partnership with others

Staff described positive working relationships with visiting health and social care professionals. One staff member told us, "If we are unsure or need to check something we can just ring the GP, they are very good." People's records showed that timely and appropriate referrals were made to health and social care professionals.