

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Cross Lane House

Cross Lane House, Cross Lane, Ticehurst, TN5
7HQ

Tel: 01580200747

Date of Inspection: 21 February 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Willow Vianta Care Ltd
Registered Manager	Mrs. Amanda Patricia Newport
Overview of the service	Cross Lane House provides care and accommodation for up to eighteen older people
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us that they liked living at Cross Lane House as the staff were helpful and kind. Relatives said staff were attentive and responsive to the needs of people, without being intrusive.

We observed staff being respectful towards people and affording privacy. Staff displayed a good knowledge of the people they supported, and care records reflected this. Care records showed that people and their representatives had been involved in planning care and reviewing their care periodically. Records showed that GPs and District Nurses had been appropriately involved by the home for support with people's health needs.

Staff spoken with demonstrated a good understanding of how to safeguard people from harm. Training records showed that staff received regular training on protecting people from abuse and other topics relevant to their roles such as supporting people with dementia and end of life care. Staff told us they felt supported by the management team.

Records showed the provider regularly monitored the quality of the service. We saw that people were asked their views about the home via questionnaires and meetings.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We observed that staff were respectful in their interactions with people and responsive to people's requests. We saw staff gave privacy to people as they requested, and worked alongside people to ascertain what support they needed, for example whether they wished to remain in bed or come into the dining room for lunch.

We saw that people were able to keep their rooms locked and that staff were respectful to not enter rooms without prior permission. We saw that toilets and bathrooms had locks which afforded privacy when using them.

We inspected the care records and found there was detailed planning of a person's care which involved the person and their relatives. We saw that people were involved in choosing the home and could visit the home prior to moving in. We saw that people's preferences were included in care records, for example the food they liked to eat, what their daily routine was and their religious wishes.

We spoke to two relatives who told us that the home managers were always able to give up to date information about any changes in their relative's health or well being. They felt that the home was doing everything they could to care for a person. Another relative told us they were involved in the planning of care and consulted if a big change happened.

We saw that information about the home was available for people to read in a format which included pictures and relevant information. Staff told us that information about the home was given to people prior to moving in and we saw information about the home displayed on a noticeboard in the hallway. We saw information promoting a local advocacy service was displayed in the hall.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The care notes showed there were assessments completed prior to the person moving into the service. These assessments took into account a person's health, their mobility, level of independence and what support they needed.

The care plans were detailed and related to all aspects of care needs, for example bathing, dietary needs, and domestic tasks. Each plan was centred around what that person wanted to do and their view on the subject.

There were reviews of the care plans carried out on a monthly basis. If a person's needs changed within this period, then the records had been updated to reflect this. The manager and deputy manager took joint responsibility for the updating of care plans, whilst other parts of the care notes such as the daily notes and 'life story' was completed by the care staff. The life story document detailed a person's past history and what had brought them to Cross Lane House, it included people who were important to them and formed the basis of planning their care.

The care records showed that involvement from health and Social Services professionals was regular sought. We saw that intervention had taken place from the District Nurse and GP was regularly sought by the home to manage people's health needs. For example, when a person had stopped eating regularly and when another person had become very unwell. The outcome of those visits was clearly recorded, and fed into the planning of a person's care with the action points suggested by the health professionals.

Risk assessments were present on all the files we inspected. The risks assessed were wide-ranging and included supervision needs when moving around the home, managing fluid intake, safety within the home and safety when personal care tasks.

We saw a daily log was completed three times a day on people, which contained details about how much food and drink that person had had and whether they had agreed to receiving support with their personal care.

The care records had a dedicated section about end of life care including who to contact and individual wishes about medical involvement. There was good continuity in all care records. There was an easy to follow format and they were up to date and

comprehensive.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw that all staff had attended training courses in safeguarding vulnerable adults in August 2012 which meant that their knowledge had recently been learnt. We saw evidence that staff were booked on to refresher courses in 2013 for safeguarding and adult protection of adults and this demonstrated the company's commitment to updating training. The safeguarding policy had been updated in February 2013.

We saw that all staff had had training in the Mental Capacity Act in 2011 to inform staff knowledge of the Act and the requirements on staff working with people. The staff spoken to gave a comprehensive and clear summary of information within the Act. The Mental Capacity Act policy was recently updated in August 2012.

In our discussions with staff they were able to tell us where the policies for safeguarding were kept. Staff were able to detail how they would manage a situation in which they were concerned about abuse. Their focus was central to the well-being of the people they cared for. They were able to give details about whistleblowing and how to escalate concerns to outside agencies, if necessary.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The training matrix showed that staff had received training in issues relevant to the people they supported, for example safeguarding vulnerable adults, infection control, diabetes care, and manual handling. There was refresher training booked for the forthcoming months. Obtainment of the National Vocational Qualification in care was encouraged; four staff members had achieved level 2, two members of staff had achieved level 3 and one staff member had achieved level 4.

Staff told us that they were able to request training relevant to their work. One staff member told us that refresher training had been organised after a career break.

Staff reported they were observed in their work by the management team and feedback was given in an appropriate manner, and they felt supported in their practice and development. Supervision was provided through observation and discussion during the shifts. There was a hierarchal system of support workers with senior support workers and managers. Feedback was given about practice and time was set aside to discuss practice and training issues.

Regular staff meetings were held with all staff contributing to the agenda. A staff notice board gave details of forthcoming training which was available as well as staff rota and responsibilities for each shift.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw that staff carried out regular checks of equipment within the home on a monthly basis, for example the temperature of the fridges. We saw that equipment was serviced regularly and the next dates for servicing was clearly recorded.

We saw a log of complaints; in the past year there had been six complaints which the manager had acted on and resolved. Three of these complaints were relationship/dynamic problems between residents, which the manager appeared to have handled sensitively and with discretion. There was a compliments log which detailed positive feedback obtained from relatives visiting the home.

People living in the service completed questionnaires twice a year to give their views of the service. The information contained in these questionnaires was used to inform the future plans for the home, for example activities to organise. Meetings were held with people to talk about the service and plan things within the home such as meals and outings.

Staff could complete questionnaires anonymously to feedback about their service, including suggestions for improving the service. We viewed these completed questionnaires and saw that staff had been forthcoming in giving feedback about the quality of service provision and training opportunities.

Emergency planning around evacuating the home in case of a fire was clearly displayed and staff were briefed on the procedure with training given on using evacuation chairs.

We saw that accidents were recorded and reflection was carried out to learn from these issues, for example falls by one person had led to the introduction of a sensor mat in their room so if the person chose to get up without calling for staff and did fall, they could be quickly attended to.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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