

The Terrys Cross Trust

Terrys Cross House

Inspection report

Terrys Cross House
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West Sussex
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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

Terry's Cross House is a residential care home providing personal care for up to 12 people. The service provides support to older people and people with physical disabilities and sensory loss. The care home accommodates people in one adapted building in a rural setting. At the time of our inspection there were eight people using the service.

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

People were receiving a personalised service from staff who knew them well. People were consistent in their view that they were safe and happy at Terry's Cross House. One person told us, "I am very happy here, the staff treat us well, they are always kind and they come quickly if I need them."

There were enough staff to provide safe care and people were protected from risks of abuse. Staff were trained to administer medicines to people and some people were supported to manage medicines themselves where appropriate. Risks to people were identified, assessed and managed and staff were knowledgeable about people's individual needs. There were effective systems for the prevention and control of infections and systems for monitoring incidents ensured that lessons were learned when things went wrong.

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.

Staff had received the training and support they needed to be effective in their roles. They supported people to access the health care services they needed and worked effectively with other agencies. People were supported to have enough to eat and drink and spoke highly of the standard of food and the choices on offer. One person told us, "If you don't want the choices offered the staff put themselves out to cook something else for you."

People spoke highly of the kind and caring approach of the staff. They told us they were treated with dignity and respect. People were supported to express their views and described feeling in control of their care. One person said, "I can choose how I spend my day, if I don't want to do anything, then at my age, I don't have to do anything."

People and staff told us the service was well managed. There was an open and inclusive culture where people and staff were encouraged to contribute their views and ideas. The registered manager had clear oversight of the running of the home.

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

Rating at last inspection

This service was registered with us on 1 June 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 25 January 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Terrys Cross 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Terry's Cross House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Terry's Cross House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people to gain their views on the care provided. We spent time in the home whilst people were in the dining area and receiving support from staff. This gave us an opportunity to observe staff interactions with people. We spoke with 3 members of staff including the registered manager. We reviewed records that included care plans, risk assessments and medicine administration records. We also looked at records relating to the management of the service, including policies and procedures, quality assurance systems and staff training records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. Staff had received training in safeguarding and understood their responsibilities for safeguarding people.
- People told us they felt safe living at Terry's Cross House. One person said, "It feels very safe here, there is always staff around and they come quickly if you press the button." A second person told us, "I feel very safe and we are well cared for here."
- Staff demonstrated a clear understanding of how to recognise signs of potential abuse and knew what to do if they had concerns. One staff member told us, "If I was at all worried by anything that I saw or what someone told me, I would report it to the manager straight away."

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and monitored to support their safety. For example, a person had limited mobility. A risk assessment determined they were at very high risk of falling and a care plan identified how staff should support the person to manage the risk. This meant that staff had clear guidance in how to support the person to move from a wheelchair to the shower chair and identified the support they needed with personal care. The person told us, "I need a fair amount of help now and they (staff) are very good, they know what to do and how to help me in the shower."
- Risks associated with people's health were assessed to determine the level of risk and to identify how to reduce risks. For example, one person was assessed as being at risk of developing pressure sores. A skin integrity risk assessment and care plan identified how staff could support the person and included what to do if there were any changes in the integrity of their skin. The person's skin had remained intact.
- Staff said people were supported to take positive risks and described how the least restrictive options were always considered to support people to make choices and to be in control. For example, some people were supported to manage all or some of their own medicines if they wished to do so. Risk assessments were in place to identify which medicines people administered themselves and a system was in place to check that people continued to manage without support from staff.

Staffing and recruitment

- There were enough suitable staff to care for people safely. There were some vacant posts but there had not been a negative impact on the care people were receiving.
- The registered manager told us the staff team was small and explained how they supported the staff by covering some of the vacant shifts themselves or by being an extra pair of hands when needed.
- Staff described how they were flexible in covering the staff rota. A staff member told us "It's a relaxed atmosphere here, although busy at the moment staff wise, we work together, and everything gets done."

- People told us they were aware that the registered manager was recruiting to vacant posts. One person said, "They are short of staff, but we haven't noticed much change here, they all muck in, all the staff are very good." Another person said, "They seem to have enough staff here. There's a shortage of staff generally I think but they are trying to get some more in." People told us staff answered call bells quickly and our observations were that staff supported people's needs in a timely way.
- The provider had safe systems for recruiting staff, including references and checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were receiving their medicines safely and when they needed them. There were safe systems in place for administering medicines.
- Only staff who had received training were able to administer medicines.
- One person told us, "I prefer the staff to do my medicines, they always bring them to me with a drink and I never have to ask for them."
- Systems for ordering medicines were robust and ensured that people always had access to their prescribed medicines. Medicines were stored safely, including for people who managed their own medicines. For example, one person had a refrigerator in their room to ensure the integrity of their medicines when cool storage was needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visiting in line with government guidance.

Learning lessons when things go wrong

- There were systems in place to record and monitor incidents and accidents. Staff understood their responsibility to report any incidents.
- The registered manager retained over-sight and ensured that investigations identified the root cause of events that occurred.

- The registered manager explained how they evaluated incidents when they happened and put measures in place to reduce the risk of any further occurrence. For example, when a person had an unexplained fall, they spoke with the GP to check if there was an underlying medical reason for the fall and accessed the falls team for further advice.
- There had been no recent incidents or accidents recorded and the registered manager confirmed that this was because there had been no recent occurrences.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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's needs were assessed in a holistic way to include the full range of their diverse needs. Pre-admission assessments were completed to ensure that the service could meet people's needs and good outcomes would be achieved.
- Assessments considered people's physical and mental health needs, together with their social needs, and care plans reflected people's preferences. This meant that staff had the information they needed to provide effective and personalised support.
- The provider was a faith-based charity, but the registered manager explained that there were no barriers to people accessing the service.

Staff support: induction, training, skills and experience

- Staff received the support and training they needed to be effective in their roles. For example, a staff member explained how they would recognise if a person with diabetes was becoming unwell. They told us they were able to access training that was relevant to the needs of the people they were supporting.
- A staff member told us about their induction when they joined the service. They explained how they had a mixture of face-to-face and on-line training to complete, as well as shadowing experienced staff to build their knowledge and confidence. They said, "It was very good and all at my pace. I was new to working in a care home environment, so it took a while to adapt but I was well supported."
- People told us they had confidence in the skills and knowledge of the staff. One person said, "The staff are well trained and always gentle with my personal care." Another person said, "The staff are excellent and know what they are doing, I have every confidence in them."

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

- People were supported to access the health care services they needed.
- One person described how they were supported to attend health care appointments, saying, "The staff have been a fantastic support to me, I have a lot of appointments. When I was unwell the manager called the paramedics, she knew how ill I was."
- Staff described positive working relationships with health and social care professionals. A staff member explained how they had contacted the Parkinson's nurse for advice about one person's medicines. They said, "The nurse helped us get the medicines right and their mobility improved."
- Records confirmed that people were receiving support with regular health care appointments including for blood tests and hearing tests as well as more specialist support from Speech and Language Therapist (SaLT), a physiotherapist and district nurses.

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

- People were receiving the support they needed to have enough to eat and drink. Food was home cooked by staff according to people's individual needs and preferences.
- Staff knew people well and understood their particular needs. For example, one person needed to maintain a specific diet that was high in fresh fruit daily. They described how the registered manager ensured they always had the fruit they needed.
- A SaLT assessment had been completed for one person and guidance for staff was included in their care plan. Staff were aware of this and we observed how they had ensured the person was sitting in a safe position when eating in line with the SaLT guidance. This enabled them to remain independent and safe when eating their food.
- People spoke highly of the food they were offered. One person said, "You always get a choice of two things, but they will go out of their way to cook something else if you ask for it." Another person said, "The food is good here, certainly no complaints from me."
- We noted that people were eating a variety of meals at lunch time because people had chosen to have different things. A staff member told us, "We always try and accommodate what people fancy so they get the food they need and prefer."

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

- People's individual needs and preferences were reflected within their rooms at the home. Each person's room was comfortably furnished to provide a homely feel and people had their own possessions, ornaments and pictures around them. One person said, "This is such a nice comfortable place, I am very happy here and this is most definitely my home."
- People had the equipment they needed to support their needs and support their independence, for example some people had mobility aids in place.
- One person told us they loved the view from their window and had chosen to stay in that room rather than move to a larger room that had been offered to them.
- There was space in the home and the surrounding gardens for people to spend time alone, or to socialise with other people.

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 MCA 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 were supported to make their own decisions and staff sought their consent before providing care.
- Records showed how issues of consent had been considered in line with MCA. For example, one person had bed rails which could restrict their movement. A risk assessment recorded that their safety had been discussed with them and they had understood and agreed to have bedrails in place.
- Staff demonstrated a clear understanding of their responsibilities with regard to MCA. Although nobody was subject to DoLS at the time of the inspection, the registered manager knew how to submit an application to the local authority if they believed DoLS would apply. They understood staff must comply

with any conditions that a DoLS authorisation was subject to and described how this would be communicated to staff if necessary.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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's diverse needs were supported and respected. Staff demonstrated sensitivity and understanding of people's needs. For example, a staff member described the importance for a person to have a quiet space and time to follow their religious beliefs.
- People told us they had developed positive relationships with staff who knew them well, understood and respected their needs. One person said, "I am very happy here, all the staff are kind and treat me well." Another person told us, "Every one of the staff here have been kind and caring, they always treat me with respect, I am really quite happy to be here."
- We observed how staff spent time with people. A person told us, "They often pop in and check if I need a drink and then sit for a while and chat. I think that's lovely because I know how busy they can be, but they always make you feel that they have time for you."

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

- People were asked about their views and supported to make decisions. For example, one person told us, "They (staff) are always checking we are happy with things and if we want to change anything." Another person said, "I like to choose what I do and when. For example, I might like to have my lunch in the dining room with the others or sometimes I just like to sit here quietly- the staff always check and I can do what I want to do."
- A staff member gave an example of how they supported people to make decisions about their care, and included their relative when appropriate. They explained how a person's ability to move around became more difficult when they were tired, increasing their risk of falls. They had discussed some options with them and reached a solution that meant the person could continue to watch the television programmes they wanted to see in bed, instead of in the armchair. This meant they were less tired when they were getting ready for bed and reduced the risk of falling. The person and their relative had been in agreement that this was the best solution for them.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to remain as independent as possible and respected their privacy and dignity.
- A staff member described how they supported a person to maintain their independence. They explained how a person could manage to clean their own teeth if staff brought a bowl and electric toothbrush to them. They told us, "It is so important that people are supported to do what they can for themselves. We don't want to take anything away from them."
- People's confidential information was kept secure and staff were mindful about protecting people's privacy. The registered manager told us, "It's a small place and people like to know what's going on, so we

have to be careful about maintaining confidentiality." We noted that staff were discreet when they were speaking to people and this supported their privacy and dignity.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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 were receiving a personalised service that was responsive and tailored to their individual needs and preferences. People said they could choose how they spent their time and felt they were in control of their daily life.
- One person told us, "It is such a tranquil place, I like to just sit quietly and look at the view and take it all in. If that's how I want to spend my morning then that's what I do."
- The registered manager said there was no activities programme because that was not what people wanted. They explained that feedback from people was that they preferred to follow their own interests. Records of recent surveys showed that this was consistent with people's views.
- People were supported to follow their interests. Staff knew people well and described what people enjoyed doing and what was important to them. For example, one person had been a keen walker and enjoyed the outdoors, including watching birds and wildlife. Staff had arranged for a bird feeder in front of the person's window and they told us how much they enjoyed this. The person said, "I love the birds and what I like best is to go around the garden and down to the pond to see the ducks. The staff take me down there in my wheelchair when I want to go."
- A staff member told us how another person had travelled extensively and enjoyed talking about the places they had visited. A third person enjoyed the garden and told us how they liked to visit the local garden centre and to go to the village shops.
- Staff explained that they were able to go out with people who needed support. One staff member said, "We can be flexible depending on what people need or want."
- We observed how staff were spending time with people during the day. People told us they had opportunities to socialise if they wanted to. One person said, "We have chapel in the morning and then coffee in the lounge. We usually all get together at meal-time or people can eat in their rooms if they choose to. It's a family feeling here really."

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

- People were involved in planning their care and care plans included people's preferences and took account of their diverse needs. For example, the importance of a person's religious beliefs were identified, and arrangements were in place for them to have time for worship. This was an important aspect of their faith and supported their well-being.
- Care plans included details that supported staff to provide a personalised service. For example, one care plan included the name of the perfume a person preferred. A staff member told us, "Because we are a small home we can provide a highly personalised service." They gave an example explaining how one person preferred to get up early in the morning for their shower. The staff member made sure they were in earlier

then usual on that day to support the person with their shower at the time they preferred.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were supported. For example, some people had sensory loss which meant they had communication needs. Risk assessments and care plans identified the support people needed, including wearing hearing aids or ensuring a person had large sub- titles on the screen when watching TV.
- Staff were aware of people's individual needs and shared this information when relevant, for example with any visiting health or social care professionals.

Improving care quality in response to complaints or concerns

- The provider had a complaints system and any complaints or concerns were recorded.
- The registered manager explained that they received very few complaints. They said this was because when people raised a concern it was dealt with straight away and this usually resolved any issues.
- People told us they felt comfortable to talk to staff or the registered manager about any concerns of complaints they had. One person told us, "I would feel fine about raising anything if I needed to. They (staff) would act on it straight away, I have no concern about that."

End of life care and support

- People were supported to plan for care at the end of life.
- Staff described positive experiences saying, "We get a lot of help from the GP and the district nurses, we have felt well supported when caring for someone at the end of life."
- Records reflected how staff had considered people's individual religious or cultural needs. People's views and preferences were recorded and known by the staff. One staff member described the importance of supporting and involving a family member with care, so they were able to spend time with their relative during their last days of life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People spoke highly of the person-centred culture at the home. One person told us, "I feel very lucky to be living here, everyone is treated as an individual." Another person said, "It is an excellent home, I would not want to be anywhere else."
- People and staff spoke highly of the management of the service. One staff member said, "The manager works with us regularly and we can talk to her about anything. She is very supportive and the place is well run." A person told us, "I think the manager is brilliant, she is very helpful and on the ball with things."
- Staff described a positive atmosphere where they felt able to raise any questions or concerns openly. One staff member said they felt their views were listened to and considered. They told us, "We are all as important as each other here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- Staff understood their roles and responsibilities. One staff member said, "We all know what needs to be done. When we all chip in and do our bit, everything gets done and we still have time to spend with people."
- The registered manager demonstrated clear oversight of the service. They described working alongside staff regularly and explained how this supported them to monitor the standard of care provided.
- The provider had systems for monitoring quality and standards. For example, the registered manager monitored incidents and accidents to look for any trends or patterns that could inform learning and improvements. Systems for monitoring staff training ensured the registered manager had oversight of the training staff had completed and identified any further training needs. Audits supported management of quality, for example a monthly medication audit checked that medicines were administered safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff described effective communication systems. One staff member said, "It's a small home so we notice changes quickly, we can discuss things and make any changes to provide a highly personalised service for people, that's the strength of this place."
- People told us they felt involved with the service. One person said, "We talk to the staff and to the manager about any changes or plans. They sent a questionnaire round and we could make suggestions on that too."

- Staff described receiving regular support from the registered manager and being able to have open discussions and make suggestions. One staff member said, "We can have discussions and offer ideas, and if we need support its always available for us."
- Staff worked effectively with other health and social care professionals. For example, a staff member described working collaboratively with district nurses when providing end of life care to ensure the person had the pain relief they needed.