

Cross Keys Homes Limited

Kingfisher Court

Inspection report

Thistle Drive
Peterborough
Cambridgeshire
PE2 8NZ

Tel: 01733396484

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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

Kingfisher Court provides personal care to people living in on-site individual extra care housing flats in Peterborough. Each person's flat is provided with kitchen, lounge, bedroom[s] and an en-suite shower. Communal lounges, bathing and dining facilities are provided. Short stays for reablement and long stays are offered. The service was providing personal care to 37 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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 felt safe having their care provided by staff at the service. Risk assessments were in place to identify possible risks to people's health and well-being. Measures were implemented to guide staff on how to reduce these risks. Staff worked in conjunction with guidance from external health and social care professionals across different organisations to help promote people's well-being.

Staffing levels were looked at to make sure they were satisfactory to meet the needs of the people using the service. Medicines were safely managed.

Staff knew the people they supported well. To develop their skills and knowledge staff received regular training, spot checks, supervisions and appraisals. People were supported to maintain their independence. Staff promoted people's food and drink intake.

Staff promoted and maintained people's privacy and dignity. People had developed good relationships with staff who had a good understanding of their individual needs and preferences.

People and their relatives told us staff were kind and caring. People's personal information was kept confidential. People and their relatives were involved in discussions about their care and felt that staff and the registered manager knew them well. People told us if they had to raise any concerns, they would be confident they would be listened to and the concern resolved where possible.

People and staff told us the service was well managed. Staff felt well-supported. Audits including organisational audits were carried out to monitor the service and address any improvements required. The registered manager notified the CQC of incidents that they were legally obliged to.

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. (Report published 8 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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.

Kingfisher Court

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 was carried out by one inspector.

Service and service type

Extra care housing:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 sought feedback from the local authority contracts, safeguarding and quality improvement who work with the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us on 19 February 2019 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 and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, service manager, team leader, a care worker and a housekeeper. We also spoke with a visiting GP and an Occupational Therapist.

We reviewed a range of records. This included two people's care records and medication records. We looked at a variety of records relating to the management of the service.

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 has remained the same Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and knew how to recognise and report incidents of poor care and harm.
- A person said that they felt safe and reassured due to staff being present in the service.

Assessing risk, safety monitoring and management

- People's had individual risk assessments in place as guidance for staff to monitor these assessed risks. These were updated to make sure they met the persons current needs.
- People had an evacuation plan in place as guidance for staff in the event of an emergency such as a fire. A staff member said, "Fire safety was practical and theory training. We practised using fire extinguishers to build [our] confidence."

Staffing and recruitment

- Staff when recruited had a series of checks undertaken to make sure they were suitable to work with the people they supported. A staff member confirmed, "I came in [named date]. I completed an application form, I could not start until DBS [criminal records check] cleared and had to give proof of identity such as a driving licence, photo ID and utility bill and bank statement. References were sought from previous employers, all before I could start work."
- The provider information return told us that the management team constantly monitored the needs of current people to provide for their needs and requirements. A person said, "Staff are not late to care visits." A relative told us, "Staff are pretty instant when [family member] rings pendant [call bell]."

Using medicines safely

- People's medicines were administered safely by trained staff whose competency to do so was checked by senior staff.
- A person said, "Staff check if I am low on my tablets and let my [relative] know. [Relative] then goes and orders from the pharmacist."

Preventing and controlling infection

- Staff had training in infection control and food hygiene to prevent the risk of cross contamination.
- Communal areas of the building were clean with no malodours.
- A staff member confirmed, "We change [Personal Protective Equipment (PPE) such as aprons and gloves] at every call, and every task within a call. PPE is always available."

Learning lessons when things go wrong

- The registered manager and team leader talked through an example of learning following an incident. Actions were taken to reduce the risk of recurrence and learning from this incident was shared with the staff team.

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 Good.

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; staff working with other agencies to provide consistent, effective, timely care

- People had access to and staff worked with guidance and information from external health professionals such as Speech and Language Therapists and GPs. This was to promote people's well-being and deliver effective care and support.

Staff support: induction, training, skills and experience

- New staff completed an induction which included training and shadowing another staff member until competent and confident to deliver care.
- Staffs knowledge to deliver safe and effective care was developed through a training programme and spot checks on their work and supervisions and appraisals. A staff member said, "Supervisions are held every couple of months. They are useful and are a two-way conversation. They are with [named management]. These give you a chance to bring up something that may be a niggle."

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

- There were on-site dining facilities available for people, their visitors and members of the public to use. These were run by an external company.
- Staff supported people with their meals and drinks when needed. A person said, "Meals are prepared for you, I've no concerns. Food is nice cooked nicely."

Supporting people to live healthier lives, access healthcare services and support

- A visiting GP told us, "The managers are quite adept and know what is going on. They will ask you to check on people if they have concerns."
- People were supported to live healthier lives with access to assistive technology that would promote their safety and independence. An occupational therapist said, "We are joint working with Cross Keys to help demonstrate to people the technology and assistive technology they could have in place to support them; with their medication, bed sensors, carbon monoxide [alarms], fire alarms linked to life lines, medication times pill prompts, fall detectors etc."

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- Staff told us they had been trained and understood the principles of the MCA. A staff member said, "This [topic] has been covered in depth at a staff meeting. If a person is living with dementia that does not mean that they can't make day to day decisions. I would use prompts to help people make their own choices. Use visual prompts but don't overload them with lots of choices."

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 Good.

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 and their relatives had positive comments about the care and support provided by staff. One person said, "It is absolutely brilliant living here. Staff are amazing. Staff are respectful and kind. I really like living here and my family are happy I am living here. That is because of how staff look after me."

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

- People told us that they were encouraged to express their views and be involved in decisions around their care.
- We saw that staff knew people well and their choices were respected. Staff had positive relationships with the people they supported. A relative told us, "Staff are kind and respectful."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected and promoted their privacy and dignity. They said that staff encouraged them to do as much as they could for themselves, so they could maintain and develop their independence. A person said, "I can have company and talk to other people living here who are my age, but it is also independent living."
- People's personal information was kept confidential.

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 Good.

Good: 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 and their relatives told us that staff respected their choices and how they wished to be supported by them. A person confirmed to us, "When I first came to live here myself and family members helped set up my care record."

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.

- The provider information return stated that people's sensory loss or individual communication issues were documented within people's care records. This information acted as guidance for staff and visiting health and social care professionals on how best to communicate. One prompt advised staff that, "I am very forgetful so please talk slowly and give me time to reply or finish my sentence."

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.

- Activities took place and people were supported to continue their interests. A person told us, "There are activities I like doing here, I like the music."

Improving care quality in response to complaints or concerns

- We saw that the registered manager was known to people and their relatives and they were available to answer any queries or questions a person may have.
- Compliments had been received by the service since the last inspection. Where complaints had been made we saw that these were investigated and resolved where possible.

End of life care and support

- People at the end of their life were supported by staff and external health professionals to have as dignified a death as possible. A staff member confirmed, "Staff work alongside family members, GPs and district nurses as a team approach when a person becomes end of life. We have also worked with MacMillan nurses."

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 now remained the same Good.

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

- People and their relatives had a good relationship with the registered manager and staff team. A person said, "Any concerns staff always try to listen and try to help. The staff support gives me reassurance."
- The registered manager encouraged feedback and acted on it to improve the service, for example by undertaking regular reviews with people about their care and support needs.
- Staff also told us that they felt supported and listened to by the registered manager. They told us there was a clear expectation for them to deliver a good standard of care to people. A staff member said, "Concerns are never ignored and taken seriously and looked into and we are given feedback. [The registered] manager is very approachable. She is very supportive."
- The previous CQC inspection rating was displayed in a communal area so people and their visitors could refer to this if they wished to.

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 team leader gave examples of learning when things had gone wrong and how they had tried to learn from it to reduce the risk of recurrence.

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

- Staff at all levels understood the importance of their roles and responsibilities.
- The registered manager notified the CQC of incidents that they were legally obliged to.

Continuous learning and improving care

- There was organisational oversight of the service. The registered manager said, "We have a service manager and a care director, they come and do checks and report back on findings."
- Audits were carried out to monitor the quality of the service provided. Medication administration audits undertaken did not always find all areas requiring improvement. The registered manager told us they would make the necessary improvements.

Working in partnership with others

- The registered manager and staff team worked in partnership with representatives from key organisations. These included GP's, occupational therapists, district nurses and speech and language therapists' teams to provide joined-up care and support.