

Cross Keys Homes Ltd

Cross Keys Homes

Inspection report

Shrewsbury Avenue
Woodston
Peterborough
Cambridgeshire
PE2 7BZ
Tel: 01733385108

Date of inspection visit: 12 May 2015
Date of publication: 05/06/2015

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

Cross Keys Homes is registered to provide personal care to adults and older people for short or long term care. People who use the agency live in the community and also in a housing complex called, 'Kingfisher Court'. When we visited there were 92 people using the service.

The inspection took place on 12 May 2015 and we gave the provider 48-hours' notice before we visited. The last inspection was carried out on 30 April 2014 when we found the provider was meeting the regulations we assessed against.

There was no registered manager in post at the time of our visit. The former registered manager left their post on 21 November 2014. The acting manager was applying to be registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Summary of findings

Staff were knowledgeable about reporting any harm. There were enough staff, with arrangements in place to increase the number of permanent staff and reduce the number of staff supplied from an external agency. Recruitment procedures ensured that only suitable staff looked after people who used the agency. People were supported to take their prescribed medicines.

Staff were supported and arrangements were in place for staff to attend induction and on-going training. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA assessments had not been formally carried out although people, who were presumed to lack mental capacity, had their care provided in their best interests. There was no need for DoLS applications to be made as people's rights were protected.

People were independent in gaining access to health care professionals but were supported by the staff when this help was required. People were supported, when needed, to eat and drink adequate amounts of food and drink that they liked and to support their individual nutritional and hydration needs.

People's independence, privacy and dignity were respected and they were looked after in a caring way.

People's needs were responded to but their visits were not consistently carried out at the scheduled time. People looked forward to the staff visiting them as this reduced their sense of social isolation. A complaints procedure was in place and this was followed by staff. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to improve, if needed, the quality of people's care. A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance and levels of absence.

We found a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

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 not always safe.

Recruitment procedures made sure that people were looked after by suitable staff. Staffing numbers did not provide people with consistent and timely care.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and the number of staff made sure that people were looked after by sufficient numbers of suitable staff.

People received their medicines as prescribed.

Requires Improvement



Is the service effective?

The service was not always effective.

People's rights were protected from unlawful decision making processes although improvements were needed with mental capacity assessments.

Staff were supported and trained to do their job.

People's individual health and nutritional needs were met.

Requires Improvement



Is the service caring?

The service was caring.

People received care that met their individual needs.

People were involved in making decisions about their own care.

People's rights to privacy, dignity and independence were valued.

Good



Is the service responsive?

The service was not always responsive.

People's planned visits were carried out as scheduled but improvements were needed to ensure that people's needs were met in a timely way.

People, and their relatives, were actively involved in reviewing the person's care plan and their care needs. Care plans were kept up to date.

There was a procedure in place which was used to respond to people's concerns and complaints.

Requires Improvement



Is the service well-led?

The service was well-led.

There were effective management arrangements in place whilst there was a vacancy for a registered manager position to be filled.

Good



Summary of findings

Management procedures were in place to monitor and review the safety and quality of people's care.

People and staff were involved in the development of the agency, with arrangements in place to listen to what they had to say.

Cross Keys Homes

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 May 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and supported living service for people who can be often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection we received completed surveys from 20 out of the 50 sent to people who use the service and two from relatives completing the surveys on behalf of their family member. We also received completed surveys from seven out of the 35 sent to staff.

We looked at the provider information return (PIR). This is information that the provider is required to send to us to tell us what they do to ensure that the service is safe, effective, caring, responsive and well led. Before the inspection we also looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the service's office, spoke with seven people and six relatives. We also spoke with the acting manager, a member of staff responsible for the staff training programme, a member of reception staff, three senior care staff and two members of care staff. We looked at six people's care records and records in relation to the management of the service and the management of staff. We observed how staff interacted with people.

Is the service safe?

Our findings

We saw that people were supported with their care and nutritional needs. However, people who were surveyed told us that there was not always a sufficient number of staff. One person said that there was a need for an extra member of staff to respond to people's additional or emergency calls. People also told us that sometimes there was a delay in staff arriving and sometimes staff were called away to attend to an emergency situation. Other people told us that they had requested times of when they wanted to be helped with their care needs, but their requests were not always accommodated due to an insufficient number of staff. The provider had notified us of previously missed calls and actions had been taken to address this.

We received mixed views about hours staff worked. A staff member wrote in their survey that they had worked long hours with a nine hour break between the end of one shift and the start of their next shift. Staff rosters for weekends confirmed this was the case, although there were rostered breaks during the day and staff were rostered to finish their work at 22:00. A member of care staff told us that they had worked this shift pattern and found it to be, "Tiring." A senior member of staff believed that the staff sickness rate was, possibly, due to staff experiencing tiredness due to work commitments. Before the inspection the provider told us, "Any work over contracted hours is always made in agreement with the individual." The acting manager and a senior member of care advised us that staff were given the opportunity to let the management team know about the hours that they were available to work. This was confirmed by members of care staff and from minutes of a staff meeting.

Staff who were employed by other agencies were used while permanent staff vacancies were to be filled. A person told us in their survey, "Lack of quality staff is a huge problem here." A person told us, "We have got some nice agency staff, but we need more permanent members of our staff." Other people told us that they preferred to be looked after by staff that they knew and who knew them, rather than by agency members of staff. Some of the surveyed people said that not all of their care needs were met. A person wrote, "My personal needs do not get met too often due to sending in different staff." A relative said, "I don't need to know the reason why there is a change of staff, but I like to have continuity (of staff visiting their family

member). The staff that come regularly do know what to do. There are (staff) names in the book that I don't recognise and it can be quite difficult." A senior care staff told us, "We've been busy, but once we get another senior carer on board, it will spread the workload and we can be more efficient. Things are improving." The acting manager told us that two senior staff posts had been filled and the successful candidates were due to start their new posts on 18 May 2015.

People said that they felt safe because staff made sure their homes were kept secure. A person said, "I've got no fear. I'm secure where I am." Another person told us that only their relatives and staff had access to their front door key and this had made them feel safe.

Health and safety risk assessments were carried out and these included risks associated with use of electricity, trailing oxygen tubing and security of people's homes. Measures were in place to minimise the risks, which included a visual examination of electrical wiring, securing trailing oxygen tubing and locking of people's doors and closing windows, if these were required. Other health and safety measures included an on-call system and people told us how they were able to access this. They wore life-line pendants or bracelets which staff checked to ensure that the person had these on them. The risk of people choking was also assessed and managed. A relative told us that members of care staff gave their family member food which was cut up in manageable sized pieces and drinks were thickened.

The surveys from people and relatives indicated that people felt safe from abuse and or harm from members of staff. Staff and staff surveys told us that staff were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting and reporting such incidents.

Members of staff described their experiences of applying for their job. They told us that they were subjected to checks and had attended an interview before they were assessed to be suitable to look after people who used the agency. Staff recruitment files confirmed that these checks had been carried out and risk assessments were in place when requests for references had been unsuccessful.

People told us that they were supported to be independent with taking their medicines and their care records provided

Is the service safe?

evidence that this was based on a risk assessment. People who needed support with their medicines told us that they got this when they needed. A relative said, “They (staff) give [family member] his tablets in the morning when they arrive.” Another relative said, “She [family member] gets her tablets every day and her (skin) cream is applied. They (staff) give her time and then she will take them

(medicines).” People’s records demonstrated that people had their medicines as prescribed. Members of care staff and their training records told us training had been attended in the management of medicines. Furthermore, staff members were assessed to be competent before they were allowed to support people with their medicines.

Is the service effective?

Our findings

Some people who used the service had a diagnosis of dementia which affected how they were able to make decisions about their care. The acting manager advised us that, in consultation with people's relatives and social workers, people had been supported with making best interest decisions in relation to, for instance, the management of their medicines. However, there were no records of mental capacity assessments available to justify why the best interest decisions had been made. The acting manager told us that the provider had not carried out these assessments. This meant that people had been assumed to lack capacity without being assessed as such. This was not in keeping with the five key principles of the MCA.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Members of senior staff and the acting manager advised us that there had been no need for DoLS applications to be made as people's rights were protected. We saw that people were free from any unlawful restrictions and relatives and people confirmed this was the case.

People told us that they had confidence in the staff's skills and knowledge to meet their needs. A person said, "Staff certainly know what they are doing." A relative also said, "They (Cross Keys Homes) don't send anyone who is not trained. I would say that they send in experienced staff." They also told us that staff had safely supported their family member with their moving and handling needs with the use of a hoist. Another relative told us that improvements had been made with how their family member's dementia care needs were understood and were met.

Surveyed staff told us that they had not attended training in MCA. Members of staff and their training records were unable to tell us if staff had attended training in MCA. However, members of staff gave examples of how they supported people who declined support with their personal care and prescribed medication. This demonstrated that staff were aware of valuing people's right to give their consent.

Surveyed staff told us that they had not attended induction training. However, newly appointed staff told us that they

had attended an induction course and their training records confirmed this was the case. A member of staff responsible for staff training programme told us that the induction training had included MCA and 'basic' dementia care awareness. The acting manager advised us that arrangements had been made for staff to attend further training in dementia care.

A surveyed member of staff told us that they felt supported. They wrote in their survey, "I really enjoy working for this company. The managers and seniors are all very approachable. And all (of) the carers are easy to get on with and all are very good at their jobs." Although not all surveyed staff said that they had received regular supervision which had enhanced their skills and learning, other staff told us that they had the support to do their job. A member of staff said, "It's brilliant working here. This company is good to work for." Senior care staff carried out observations while other care staff supported people with their care needs. Staff were given feedback about their work performance during these supervised sessions.

People told us that staff made sure they had enough to eat and drink. A person said, "They (staff) see if I need any juice (to drink) and they just go and fetch more without me asking." They also told us that staff asked them what they wanted to eat for breakfast. When they were to have a meal delivered to their room, from the on-site restaurant, the person said, "I tell them (staff) what I want to eat." We saw that people had drinks placed in their reach. People's care records provided evidence that people were supported with meal preparation and the amounts of food and drink they had taken was monitored. People were supported and encouraged to eat a healthy diet and to take their nutritional supplements. A person told us that the staff always asked if they wanted a drink. They also told us that staff made sure that they ate and drank enough to keep their blood sugar at a normal level. They told us that they felt well and had not experienced any symptoms of abnormal blood sugar levels.

People told us that they, or their relatives, contacted their GP and made their own health care appointments. Staff members also supported people to make appointments to be seen by a GP.

Is the service caring?

Our findings

Surveyed people and people's relatives said that they were happy with the care they, or their family member, had received and they were treated with respect and dignity. A person wrote, "Good care all round." People said they liked the staff and got on well with them. A person said, "I have a laugh with the carers. They are all good." Another person said, "I wasn't very well and staff came to check me at night, to see if I was okay. They also went down (to the on-site restaurant) and got me a sandwich."

People had submitted comment cards to the provider in which positive comments were made in respect of staff. One of these read, "[Staff name] is helpful and friendly and I enjoy our chats. She is also sympathetic when I am upset. I would trust her with my life." Another of these comment cards read, "Your carers who attended to Dad are absolutely brilliant, patient, friendly and so kind." A relative said, "(The staff) have an excellent attitude. They sit down next to [family member] with her tray of food and tell her when the next spoon of food is ready. There is a running commentary on what they are doing." We saw that staff were kind and patient when they interacted with people.

A relative told us that permanent members of staff knew their family member as a person. They said, "We've all been struggling with [family member] personal care but there is one exceptional member of staff who has a good rapport with my dad and it is absolutely excellent. Such a natural approach. When new staff came in, they didn't know about his [family member] dementia but staff are getting to know

him." The care records demonstrated that the person had improved their eating habits and was slowly accepting support with their personal care, due to the improved level of encouragement and engagement from staff.

We saw a member of staff knock on people's doors before entering and waited before the door was answered. People told us that staff were respectful of their privacy and knocked on their door before they entered. A relative told us, "They (staff) knock on the door and announce themselves before they go any further."

A person told us that that they preferred to have their care provided by female staff only and their choice was respected. A senior member of care staff advised us that during the assessment process, people's gender preference was taken into consideration before proceeding with the development of people's care plans.

People told us that their support and care had enabled them to maintain their independence. This included independence with their personal care, managing their prescribed medicines, food preparation and eating and drinking.

People and their relatives told us that they were involved in making decisions about their care before and during the delivery of their care plan. A person told us that the staff asked them what they would like to wear and the times they preferred a call visit. A relative also told us that they were kept involved in decisions about their family members care. They said, "(Staff) do ring me if my mum isn't well and if she isn't eating. We then discuss what needs to be done." Another relative said, "I get a copy of the roster and (this tells me) who (staff) are going to come that's relevant to my wife."

Is the service responsive?

Our findings

We received mixed views about when staff arrived at people's homes to provide their care. People wrote in their survey that sometimes members of staff were late in arriving. A person also told us, "This morning my call was at 9:30 but I didn't get my call until 10:00 and I didn't get finished by 11:00. The morning was almost over." Another person said, "Sometimes they (staff) can be a bit late if someone (else) is poorly. It's no more than 10-15 minutes late but it doesn't happen all the time." Other people and their relatives told us that staff usually arrived on time and stayed for the length of the allocated time. We were told that people's care needs were met and people's care records confirmed this was the case.

A surveyed member of staff wrote, "We often do not get enough travelling time and thereby the job becomes very stressful." We received mixed comments in relation to staff travelling time. A member of care staff said, "Sometimes, but not always, we do have problems with travelling." The reasons given were due to traffic congestion or an unexpected change in a person's needs. A member of staff told us that when they had experienced difficulties in responding to people's scheduled times, they had contacted the on-call manager who requested another staff member to help out. Another staff member told us that they had no problem with travelling between people's visits and said that this was one of the reasons that they had applied for their job.

Surveyed people told us that they were involved in decision-making about their care and support needs. Care records were reviewed and up-dated in response to the change in people's care needs. This included an increase in the length of time of their call visits and mental health needs.

A newly appointed member of care staff told us that they referred to people's care plans as part of their

understanding of how to meet people's needs. However, people's care records and risk assessments lacked sufficient information about people's individual needs and their personal life histories.

People said that they looked forward to when staff made their visits. A person said, "I don't see many people and I get a bit down. With them (staff) we have a chat and laugh and that sets me up for the day. It picks me up." They told us that they had made friends with people living at Kingfisher Court and said, "It's a bit like a family here." The provider told us in their PIR that they were looking to work with volunteers to ensure that service users were able to access on-site social activities and reduce feelings of social isolation.

We received mixed views about the provider's complaint procedure. Not all of the surveyed people knew how to make a complaint about Cross Keys Homes. In addition, where people had raised a concern or complaint, not all of the surveyed people felt that members of care and managerial staff responded well to the person's concern or complaint. However, surveyed relatives were satisfied with how their concerns or complaints were responded to. People told us that they knew who they would speak with if they were unhappy about something. A person said, "If I was unhappy, I'd be the first to tell them." Another person said, "If there's any problems, we do get it sorted out and things have been going quite nicely the last month or so." A relative said, "There were times when some of the visits had not gone to plan and the carer didn't have an understanding about my dad's needs. We (family members) had a discussion with the manager to discuss it." They told us that they were satisfied with the response they had received. Their family member's care records demonstrated that they had since received the visits as planned.

The provider's told us in their PIR that, within the last twelve months, five complaints had been made, responded to and resolved to the satisfaction of the complainants. There were no particular themes identified with the complaints for any actions to be taken to improve the overall quality of people's care.

Is the service well-led?

Our findings

A registered manager was not in post when we visited. The acting manager had applied to be registered. People said that they knew who to contact if they needed to speak to a manager. Members of staff agreed that they would feel confident about reporting any concerns or poor practice to their managers. A member of staff said, "Whistle blowing is if you see a member of staff doing something you don't like and you immediately report it to the manager." Another member of staff said, "I do not have any problems with whistle blowing. I have a duty of care (to people)."

Members of staff told us that their work was to provide people with care and value their rights. A member of care staff said, "My work is about keeping people safe and well and treating them as an individual. Treating them as if they were my mum." Another member of care staff said, "I like looking after people. You get involved with them, with shopping and having chats with them. It's about independent living."

The provider had identified, in their completed PIR, what the service did well and what action was needed to improve people's experience of using the service. The actions included the reduction of turnover of staff and to improve the training of staff in looking after people with health conditions; these included diabetes and Parkinson's disease.

We received mixed feedback about how people's views were obtained. Not all people and members of staff agreed that the service had asked what they had thought about

the service they had received. However, telephone interviews asking people for their views had been made and recorded. People also told us that they had attended meetings where their suggestions were listened to. This included improvements with Kingfisher Court premises. We saw that, based on people's suggestions, that a designated parking area for ambulances had been painted. In addition, a member of reception staff advised us that hand rails for corridors were due to be installed.

Cross Key Homes had a quality assurance team who visited annually and the management team carried out their own audits of people's records and staff training. Monthly staff meetings were also held during which time the manager listened to suggestions made by staff. Members of staff gave an example of increasing the number of call visits in response to people's changed needs. Senior care staff and the acting manager also visited people and checked that staff were getting their care that they needed. Staff were given feedback about their work performance during these supervised sessions and actions were taken to remind staff to protect people from unsafe care. This included reminding staff to follow correct infection control procedures and to keep people's care records up-to-date.

Following concerns we had received before the inspection, the provider had updated their medicines policy to make sure that people, who were prescribed a blood thinning medicine (warfarin), were safe from the risk of harm. In addition, audits were carried out in relation to people's records for their medicines. Action was taken to remind care staff of their roles and responsibilities in maintaining accurate records for people's medicines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Personal care

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not carried out assessments of people's mental capacity. Regulation 9(3)(a).