

Keelex 176 Limited Cross Keys

Inspection report

17 Church Road,
Penryn,
Cornwall,
TR10 8DA
Tel: 01326 372979
Website: www.swallowcourt.com

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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	

Overall summary

We inspected Cross Keys on 5 June 2015, the inspection was unannounced. The service was previously inspected on the 24 May 2013 when it was fully compliant with the regulations. The inspection team consisted of a single inspector.

The service is registered to provide care and accommodation for up to nine people who have a learning disability. At the time of our inspection five people were living at the service. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

People were relaxed and comfortable in the service. Throughout our inspection we saw that people freely approached staff for support and reassurance. Staff knew people well, were able to communicate effectively with

Summary of findings

each person and spoke warmly and compassionately of people throughout our inspection. Relatives told us; “they understand [the person] as well as I do” and, “the staff are lovely, friendly and attentive”.

People’s care plans were informative and up to date. They included details of each person’s goals and information about their individual likes and preferences. Risks had been clearly identified and clear guidance was provided for staff on how to minimise identified risks.

People’s care plans included detailed information on events and incidents that had previously caused the person to become upset or anxious. Staff were provided with detailed information on how to support each individual if they became upset or anxious.

Support was geared towards individual needs and communication preferences were recorded and taken into account. Staff were able to communicate effectively with the people they supported and varied their approach in accordance with each person’s individual preferences. Staff enabled people to make meaningful decisions about their lives and respected people’s decisions and wishes. People were supported to lead full and varied lives and staff supported people to engage in a wide variety of activities. One person’s relative told us, “It can be difficult to get hold of [the person] as they are always out doing things”.

The staff team were well motivated and understood each person’s care needs. We observed that people enjoyed the company of their support staff and sought reassurance and support from staff without hesitation. Staff valued people’s contributions and took pride in their achievements.

Some staff required training updates and the services systems for staff supervision and annual appraisal were not up to date.. The registered manager was aware of these issues and had made arrangements for additional training to be provided.

People were able to choose what they ate at each meal at Cross Keys. A new menu was being developed to enable people to become more involved in meal preparation while ensuring people maintained a healthy diet.

Cross Keys was well-led and people’s relatives told us they would recommend the service. The culture at the service was open and positive with a clear focus on enabling and supporting people to become more independent. Accidents and incidents were appropriately recorded and analysed regularly to identify any trends.

Quality assurance systems included a monthly visit by one of the provider’s other registered managers. This was designed to ensure the service complied with the requirements of the regulations.

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 safe. There were enough staff available to meet people's care needs.

Recruitment procedures were safe and staff understood the local authority's procedures for the reporting of suspected abuse.

The risks assessments were detailed and provided staff with necessary guidance on how to protect people from harm while enabling them to take appropriate risks.

People's medicines were well managed and there were effective arrangements in place to assist people with their finances.

Good



Is the service effective?

The service was effective, however, staff had not received all the training and support as planned.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Cross Keys worked well with other services and health professionals to ensure people's care needs were met.

Good



Is the service caring?

The service was caring. Staff had developed caring and supportive relationships with people at Cross Keys.

People and staff were able to communicate effectively together.

People's privacy was respected and their achievements were recognised and celebrated.

Staff supported people to maintain relationships that were important to them

Good



Is the service responsive?

The service was responsive. People's care plans were detailed, personalised and up to date. These documents contained sufficient guidance to enable staff to meet people's care needs.

People were empowered to take responsibility for tasks within the home.

People were supported to engage with the local community, access a variety of recreational activities and employment.

Good



Is the service well-led?

The service was well led. The registered manager had provided staff with appropriate leadership and staff were well motivated.

Quality assurance systems were appropriate and designed to ensure compliance with the regulations.

The service worked collaboratively with other services and professionals to ensure people's health and care needs were met.

Good



Cross Keys

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 checked 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 5 June 2015 and was unannounced. The inspection team consisted of one inspector.

The service was previously inspected on 24 May 2013 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key

information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service in order to find out their experience of the care and support they received. We were able to speak with one person who used the service, four relatives, four members of care staff, the registered manager, the provider's head of specialist care and four health professionals who regularly visited the service. In addition we observed staff supporting people throughout the inspection. We also inspected a range of records. These included three care plans, three staff files, training records and the services policies and procedures.

Is the service safe?

Our findings

People's relatives told us their family members were, "safe and well looked after" at Cross Keys. During our inspection people were relaxed and comfortable in their home. Staff told us, "people are safe" and people freely approached staff for support and reassurance throughout our inspection. Health and social care professionals involved in people's care said; "I consider it to be a very safe and caring service" and, "very person-centred and safe."

People were protected from the risk of abuse as all staff had received appropriate training to help them identify possible signs of abuse. Staff understood the actions they must take to safeguard the individuals they supported. Information about recent local changes to the arrangements for the safeguarding of adults was available to all staff. Staff told us they reported any concerns about people's safety directly to the registered manager. Staff described how they had been supported by the registered manager to report an incident of concern to the local authority for further investigation. The service had effective procedures in place to support individuals who raised concerns with managers or external organisations in relation to people's safety. Staff understood their duties and responsibilities in relation to the safety of the people they supported. Appropriate staff disciplinary procedures had been used to address incidents where staff had not carried out their duties.

People's care plans included specific detailed guidance for staff on how to support people if they became upset or anxious. This included descriptions of events thought to have previously caused people to become anxious. As well as guidance on how to avoid situations likely to cause people to become upset and detailed information on techniques that had worked well during previous incidents. The service's policy was not to use physical restraint and staff had been provided with appropriate training on how to support people when they became anxious. Incidents of behaviours that challenged staff were documented and thoroughly investigated. This enabled the service and professionals to identify any changes necessary to the guidance within people's care plans. The registered manager was in the process of becoming a trainer in Positive Behavioural Support techniques and this training would be provided to all staff regularly in future.

People's care plans included detailed assessments of identified risks and clear guidance for staff on the action they must take to protect individuals from identified risks while ensuring their own safety. The risk assessments included information on circumstances that may cause people to become anxious. They included clear guidance on how staff should support individuals if they became upset or anxious.

The building was well maintained and records demonstrated all necessary safety checks and tests had been completed by appropriately skilled contractors. All manual handling equipment and the buildings lift were regularly tested and serviced to ensure they were safe to use. We saw fire drills, including full practice evacuations, had been completed regularly. The service had a detailed disaster plan. Appropriate arrangements were in place to support people in the event that the service was unable to meet their care needs due to some unforeseen incident.

Where accidents or incidents had occurred they were fully investigated by the registered manager. Where these investigations identified areas for improvement, procedures were changed to further protect individuals and staff. Staff told us they had provided training in safe manual handling procedures to people's relatives to enable them to provide care safely when their family member visited.

There were enough staff available to safely meet people's care and support needs. On the day of our inspection four care staff and the registered manager were on duty to support the five people who used the service. During our inspection staff supported people to access the local community, collect shopping and visit a café for lunch. When necessary additional staff were available to support the service at short notice via the provider's on call arrangements.

Recruitment processes were robust. Necessary Disclosure and Barring Service (DBS) checks had been completed and references from previous employers reviewed before new employees began work.

People's medicines were stored securely in a locked cupboard that included facilities for the storage of medicines that required stricter controls by law. We checked the quantities of medicines that required stricter controls with the service's records and found these were accurate. A dedicated fridge for the storage of medicines

Is the service safe?

was available but not currently in use as none of the medicines within the home required refrigerated storage. Medicine administration records (MAR) were fully completed and people had received their medicine when required. Some people were able to self-medicate and systems were in place to support people who managed some of their own medicines. At the time of our inspection the service was in the process of making arrangements for the appropriate disposal of unused medicines.

All staff had received formal medicines training and their understanding of the service's medicines procedures was regularly checked during specific medicines supervision

meetings. On each shift one member of staff was designated as responsible for the management of medicines within the home. Regular medicines audits were completed. Where errors had occurred these had been well managed and fully investigated to minimise the chances of similar incidents reoccurring.

The service had effective procedures in place to support people to manage the quantities of cash they chose to store within the home. Each person had a lockable cash box. Staff signed money into and out of each box and receipts were recorded for all cash purchases.

Is the service effective?

Our findings

People's relatives told us the care staff at Cross Keys knew people well and were able to meet their care needs. One relative said, "they [staff] appear well trained". Throughout the inspection staff and the registered manager demonstrated a detailed understanding of each person as an individual. Staff spoke warmly and compassionately of the people they cared for and were able to describe in detail how each person preferred to be supported.

We reviewed the service's training matrix, individual staff training records and details of planned training events. We found that some staff had not received timely refresher training. We discussed these issues with the registered manager, who explained that staffing changes in the provider's training team had meant some planned training events had not occurred. The manager had identified that the training needs of the staff team had not been fully met. A number of training courses had been recently provided and others were planned in the month following our inspection. Staff told us; "We are a bit behind but have had plenty of training recently" and "I had some training this week and last week".

Staff were not consistently receiving formal supervision they required. Although some supervision meetings had been held these had not been provided as regularly as planned. Annual performance appraisals had not been completed and a recent staff meeting had been postponed at short notice. Staff however, reported that they felt well supported and could request supervision, "if I want one". One staff member explained that they had received additional supervision as a result of an incident. The registered manager recognised that staff had not received as much support as they required and was in the process of making arrangements for the reintroduction of the annual appraisal system.

New members of staff initially received two weeks of formal induction prior to supporting people at Cross Keys. The induction process included a mix of formal training and shadowing of experienced care staff. Records showed new members of staff had completed the common induction standards as part of their induction. The registered manager told us the provider's induction processes were currently being reviewed and updated to ensure they

complied with the requirements of the new Care Certificate. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

People and staff were able to communicate effectively together using combinations of speech, sign language and gestures. We observed staff tailored their communication methods to meet each person's needs. Staff told us they used "different styles for each individual" and explained that, although some people chose not to use standard signs, they were able to understand each other. People's care plans contained clear guidance on the person's preferred methods of communication and one person's close relative said, "they understand [the person] as well as I do." Social stories and other communication techniques were used to help people understand complex or difficult information.

The registered manager and staff all understood the requirements of both the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Where decisions had been made in people's best interests these had complied with the requirements of the act and been fully documented within the person's care plans. DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment. The service had made appropriate DoLS applications which had been authorised. People's care records demonstrated the conditions associated with each authorisation had been fully complied with.

Staff told us; "we all share the cooking", "people are involved in making the meals", "everyone can help in the kitchen" and "We cater for what people like and want." On the evening of our inspection one person had chosen to have a takeaway meal, although there were also three different main meal options available that other people had requested. Staff told us how people were encouraged and supported to be involved with both the shopping trips and meal preparation. The service had previously used a four week rolling menu but at the time of our inspection the manager was in the process of making significant changes to the menu planning system. A survey of people's favourite meals had been completed. This information and

Is the service effective?

experience of people's preferences from the previous menu had been discussed with the provider's chef who had visited the service to provide support with the development of the new menu. The new menu was designed to enable people to be more involved with food preparation and supporting people to maintain a healthy diet.

Health and social care professionals told us the service worked with them effectively to ensure people's care needs were met. Comments from professionals included; "They always have an open mind to ideas and suggestions and are willing to try anything out in the best interests of an individual. They will also inform if and why they think new ideas and suggestions may not be appropriate." and "The team at Cross Keys have always been really open to ideas and suggestions and seek advice and support from professionals involved with the people they support."

Care plans demonstrated that the service worked well with others to ensure people's care needs were met. Appropriate support and advice had been sought by the

service from a variety of professionals including; the intensive support team, social workers, occupational therapists, dentists and GPs. Professionals told us staff from Cross Keys actively engaged with them and made appropriate and useful contributions to meetings they attended.

One person gave us a tour of their home. Cross Keys was clean, well maintained and decorated. The service had two communal lounge areas, a sensory room, courtyard garden and six en suite bedrooms and two flats. People's rooms had been decorated in accordance with their individual wishes. One person had chosen to have blue walls while another had opted for a pink ceiling with fairy lights. Staff informed us all rooms were initially plainly decorated but were redecorated in accordance with the individual's preferences shortly after they moved into the service. The building had been recently refurbished and was designed to enable people who used wheel chairs to have unrestricted access to all areas of the service.

Is the service caring?

Our findings

Due to people's complex health needs we were not always able to find out people's views on the care and support they received by speaking with them. The people we met were all happy and comfortable in their home. People and staff enjoyed each other's company. We saw people sought reassurance and support from staff without fear or hesitation. People's relatives told us; "we are very, very pleased, [the person] is well cared for", "they have been very kind very caring", "the staff are lovely, friendly and attentive" and, "[staff] are very attentive, [the person] seems happy." A professional told us, "there is a caring environment with a focus on the individual."

Staff knew people well and demonstrated during our conversations and observation of care a detailed understanding of each person's individual needs. Staff recognised the contributions people made to the running of the home, valued their individual interests and took pride in people's achievements. Staff told us; "I feel here that I am looking after my family" and, "It's their home, we are just here to help." One person spoke warmly of the staff who supported them and said, "[staff member] is a good man". Throughout our inspection we saw numerous positive interactions where staff supported people's wellbeing and encouraged their independence.

Staff supported people to maintain relationships with relatives and people who were important to them. Staff had supported people with travel to visit relatives and maintain regular communication. The service was working collaboratively with one person's family to develop systems to enable care to be shared between the service and the person's family.

People were involved in planning activities and their decisions were respected by staff. Staff provided

information to people using methods designed to enable people to make meaningful choices about how they spent their time. During our inspection staff supported two people to go out for lunch together. They returned to the service separately as one person chose to return early. People were involved in planning and booking trips they wished to go on. One person had been supported to book tickets for an upcoming music event and was in the process of making holiday plans. Staff told us, "[the person] chooses what to do" and, "[the person] is in charge". Relatives described how the service had supported people to become more independent and said, "[the person] has come on leaps and bounds, a lot more independent and has loads more confidence".

The registered manager and staff also recognised the importance of supporting people's relatives. They provided examples of how the service had supported people's family members and described how this had positively impacted on the person they supported.

People were supported by staff in ways designed to ensure their privacy and dignity was respected. People were able to lock their doors and one person told us they normally locked their room when they were not using it. Staff supported the person who gave us a tour of the service, to ensure other people's privacy was respected. Relatives told us, "the staff do treat people with dignity and respect."

The registered manager had encouraged and facilitated people to be supported by local advocacy services to ensure people's views and wishes were recognised and valued. During periods of one to one support staff had endeavoured to gain feedback on people's experiences of the service and identify any areas where the person would like changes to be made. Staff were working with people to identify their favourite foods to ensure they were included in the service's new menus.

Is the service responsive?

Our findings

The service aimed to provide personalised care and recognised that transition between services could represent a significant challenge to individuals. The registered manager had decided to introduce a policy of not accepting new clients into the service on Fridays. This ensured sufficient time was available to allow staff to meet the person and identify their individual needs. During this assessment process staff also reflected on whether the person would get on with people living in the service.

People's care plans were informative, detailed and designed to help ensure people received personalised care that met their needs. Staff told us, "I think there is enough information in them [Care plans]." Care plans included individual goals, for example; "I would like to keep doing things by myself" and "I would like to have my own home one day." These goals were reviewed regularly to help ensure they represented people's current priorities.

Each person's care plan included photographs and an "all about me" section in an easy to read format. This provided staff with a summary of each person's life history, hobbies, interests as well as details of their specific likes and dislikes and had been developed in collaboration with the individual.

The care plans were reviewed each month and regularly updated to help ensure they provided staff with appropriate information about people's current care needs. Staff told us, "we go through them with [the person]". They described how they encouraged individuals to be involved in reviews of their care plans. Staff also recognised and valued relatives' knowledge and experience of people and their needs when working on care plans. One relative told us, "if they are not sure about something they phone us for suggestions".

More formal care plan reviews involving input from health and social care professionals were completed every six months. These reviews identified any changes to people's specific care needs and included input from relatives and advocates. Full annual care needs assessments had been completed by specialist staff to help ensure the service continued to be able to support people effectively. Relatives told us they had been involved in people's care plans and were regularly invited to meetings. One relative said, "they are very open to ideas, we suggested [describes

specific example] and it has started happening".

Professionals told us; "They always have an open mind to ideas and suggestions and are willing to try anything out in the best interests of an individual. They will also inform if and why they think new ideas and suggestions may not be appropriate." and, "they [staff] are always looking for the best ways to support people."

Staff handover records helped ensure all staff could access information about any changes to people's care needs when they arrived on shift. For example the manager described a situation where one person had begun to refuse some aspects of personal care. All staff were aware of this and explained the actions they had taken to support this person. Staff recognised the importance of respecting the person's choices and described the additional support and encouragement they had offered in response to the person's decision.

On the day of our inspection two people were away from the home for most of the day attending paid employment and day care centres. People present in the home engaged in numerous activities throughout the day. We saw people planning shopping trips, going to a café for lunch, relaxing, listening to music and completing tasks and chores within the home. Relatives told us that people lived full and active lives and said, "It can be difficult to get hold of [the person] as they are always out doing things". Staff told us; "we are always out and about somewhere", "people do what they want to do" and, "We try to get people out as much as we can."

The service had a minibus to enable people to access local attractions. Staff explained that although the bus could only transport one person who used a wheelchair, "we can borrow another one". This meant it was possible for everyone in the home to attend events together if they wished. In addition staff told us people were encouraged and supported to use public transport whenever possible as part of the process of supporting people to become more independent.

People were encouraged to take responsibility for tasks within the home and we observed one person assisting staff to store items that had been delivered to the service. This person was proud of their areas of responsibility and talked passionately about their roles within the home. Staff took a proactive, empowering approach to activities and said, "if [the person] says 'can I go [somewhere]', we try to make it happen". Records showed staff had previously

Is the service responsive?

supported people to holiday with their families and relatives. Staff had recently supported one person to apply for a passport as they wished to travel overseas for their summer holiday. Professionals told us, “Cross Keys go out of their way to support their clients, who have a range of different needs” and, “actively support people to access employment and the local community.”

Relatives understood how to raise complaints or concerns with the service. They told us that when they had reported concerns staff, “are always prepared to listen.” Relatives who had raised issues with the service were happy their concerns had been dealt with effectively.

Is the service well-led?

Our findings

People were comfortable and relaxed in their home and one person said, “[the manager] is good”. Relatives told us; “I am very happy with the care”, “I would gladly and happily recommend them” and, “they are doing a good job”.

Professionals told us they believed the service was well managed. Staff described how, “we try to run as if we were a family home” and demonstrated throughout our inspection clear commitment to, and focus on, people’s individual needs.

The care team was lead effectively by the registered manager who worked fulltime at the service, knew people well and understood their care and support needs. The manager was supported by the provider’s head of specialist care that regularly visited the service and was present when we arrived unannounced. In addition weekly managers teleconferences were held with the provider’s other registered managers to provide support and share experience and learning. One person’s relative said “[The manger] runs a very tight ship, they don’t take any short cuts” and staff told us, “I think it is well managed”.

Managers and staff were encouraged to continue their professional development and we saw staff had been encouraged and supported to complete additional training in areas they were specifically interested in. At the time of our inspection the manager was working towards achieving their level five diploma in management and was becoming qualified to provide training in Positive Behaviour Support techniques. The registered manager was involved with various local peer support groups and was in the process of developing a local forum for managers of services that supported people with complex care needs.

The registered manager was supported by two senior carers. Staff told us, “seniors do a good job” and professionals complimented senior carers on their detailed understanding of people’s needs and wishes.

People were encouraged and supported to play active roles in the local community. Records showed people volunteered in a local shop and regularly helped out at the food bank. The service had previously held an open day to encourage neighbours and the local community to meet

people. The registered manager said, “I think we have been well received by the town” and described a number of occasions when people and the service had been able to support local community events.

The service aimed to support people to become as independent as possible. Where appropriate this included encouraging and supporting individuals to prepare for independent living. One person had recently successfully moved from the service to being supported in their own home. The registered manager was proud of people’s achievements in this area and discussed with us plans for redesigning one of the flats within the service to include kitchen facilities. This would enable the flat to be used as a “skills suite” so people could become more independent while being able to access support from staff if required. The provider was also in the process of setting up a domiciliary care agency to enable staff from Cross Keys to provide continuity of care to individuals when they moved into their own homes.

There were appropriate systems in place to ensure the service provided high quality care. Each month a registered manager from another of the provider’s services completed an inspection of Cross Keys. This audit was designed to help ensure the service fully complied with the requirements of the regulations, and to enable best practice and experience to be shared amongst the provider’s managers. Any highlighted issues or areas requiring improvement were discussed with the providers quality assurance lead. An action plan was then developed that included clearly defined time scales to address identified issues. A follow up inspection was then completed by the provider’s quality assurance manager to ensure the action plan had been completed and the issues resolved.

The recently completed staff survey provided mixed feedback from staff on their opinion of the quality of service provided. Staff reported that the service provided good quality care and that systems for involving people’s relatives in decisions about their care were effective. However, staff identified that improvements were necessary in the quality of training they received.

Where incidents or concerns had been reported in relation to staff performance these had been thoroughly investigated. Where appropriate additional supervision or disciplinary action had been taken in accordance with the providers policies and procedures.

Is the service well-led?

Where other organisations were involved in people's care and support the manager had developed effective relationships with these services. Where other services were involved in a person's support Cross Keys' invited their staff to attend care plan review meetings. Cross Keys staff

also attended other services' reviews to share information and ensure, "we are all signing from the same hymn sheet". This meant people received care and support in the same agreed ways from all organisations that supported them.