

Cross Keys Homes Limited

# Cross Keys Homes Domicilliary Care

## Inspection report

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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

Cross Keys Homes Domiciliary Care is a care at home agency registered to provide personal care to people living at home. They were providing personal and nursing care to 24 older 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 reassured 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 inform staff on how to reduce these risks. Staff worked in conjunction with guidance from external health care professionals across different organisations to help support 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. People and a relative told us they had no concerns about the timekeeping of staff when attending their, their family member's care visit. Medicines were safely managed by trained staff.

To develop their skills and knowledge, staff received regular training, unannounced 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. Staff knew the people they supported well. People had developed good relationships with staff who had an understanding of their individual care and support needs and wishes.

People and a relative said staff were kind and caring. People's personal information was kept confidential in the service's office. People and their relatives were involved in discussions about their, their family member's, care. People told us if they had to raise any concerns or suggestions, 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 reviews 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](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 22 November 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?

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 ●

# Cross Keys Homes Domicilliary Care

## **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

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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 announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started and ended on 27 June 2019. We visited the office location on this date.

#### 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 and professionals who work with the service. We used the information the provider sent us on 7 September 2018 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 four people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, a team leader, and two support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at 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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had training and knew how to identify and report incidents of harm and poor care.
- The assistance staff gave people helped reassure them and helped them feel safe.

Assessing risk, safety monitoring and management

- Any potential risks to people had been assessed to see if people were at risk. Individual risk assessments were in place as guidance for staff to monitor the risks. These risk assessments were updated to ensure they met the person's current needs.
- People had a fire safety risk assessment plan in place as guidance for them and staff in the event of an emergency.

Staffing and recruitment

- Staff when recruited had a series of checks carried out to make sure they were suitable to work with the people they supported. A staff member said, "When I first wanted to work here I first applied and completed an application form, my interview was with two staff interviewing me, checks carried out [included] DBS check [criminal records check], references from previous employers, ID and address checks."
- The registered manager told us that they recruited staff in anticipation of a new care package so that they could be sure they had the staff to meet the person's needs. People were happy with staff punctuality with their care visits and had experienced no missed care visits. Two people expressed a wish for their care visit time to be changed and with their permission we fed this back to the registered manager to investigate.

Using medicines safely

- People's medicines were administered safely by trained staff whose competency to do so was checked by senior staff.
- A person told us, "Staff are kind and help me with my medication I have no concerns around this."

Preventing and controlling infection

- Staff told us they had training in infection control and food hygiene to prevent the risk of cross contamination.
- Staff confirmed that Personal Protective Equipment (PPE) such as aprons and gloves were used at each visit and for every task within a call.

Learning lessons when things go wrong

- The registered manager and team leader talked through an example of learning following a spate of

medication administration recording errors. Actions were taken, which included all staff having to redo their medication administration training, to reduce the risk of recurrence.



## 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. 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

- Staff worked with 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

- The provider information return confirmed that all new staff completed an induction which included training and shadowing another staff member until competent and confident to deliver care.
- Staff's knowledge to deliver safe and effective care was developed through a training programme, unannounced spot checks on their work and supervisions and appraisals. A staff member said about supervisions, "They are useful, a good chance to voice anything you want to get across."
- Staff told us they were supported to progress their skills and knowledge through further qualifications.

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

- People had no concerns over any assistance given by staff to try to make sure they ate and drank enough. A person said, "Staff will help with food and drinks if I ask them to."

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

- People were supported to live healthier lives with, where appropriate, access to assistive technology that would promote their safety and independence. This included the wearing of a lifeline or emergency pull cords being in situ. These were in place so that the person could summon help if needed. At each care visit staff would check that the person was wearing their lifeline.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their

liberty.

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

- The registered manager told us there was no one currently using the service who lacked mental capacity.
- People confirmed that staff listened to and respected their choices. One person said, "Staff are respectful of my wishes when they support me."

# 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. 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 a relative had positive comments about the support and care provided by staff. One person said, "Staff are kind." A relative told us that they were happy with the service provided and that, "Staff are very caring."
- Staff knew the people they supported well and assisted people in line with their individual wishes. A person said, "Staff are also very caring and patient with me when supporting me with my moving and handling needs as they know this is where I get anxious."

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

- People and a relative told us that they were encouraged to voice their views and be involved in decisions around their, or their family member's care.
- Staff had positive relationships with the people they supported. A relative told us, "Staff are respectful, very kind, and very careful as [family member] is very frail."

Respecting and promoting people's privacy, dignity and independence

- People and a relative confirmed that staff respected their privacy and dignity when supporting the person. A person said, "Staff are respectful of my wishes when they support me with personal care re curtains and blinds being closed."
- Staff promoted people's independence but were also mindful of people's privacy and safety. A relative told us, "Staff always introduce themselves when they arrive to the care call visit, they also show us their identification if new to us." People and a relative confirmed that with the additional staff support they were, their family member was, able to maintain as much independence as possible and remain in their own homes.
- People's personal information was kept confidential in the office.

## 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. 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 a relative told us that staff supported them, their family member, in line with their preferences. A relative said, "When we first approached the service they came out and assessed our needs to see what support and assistance we needed from them. From this the care plan was written and agreed." They went on to tell us they felt that communication was good, and they felt involved in their family member's care decisions.

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 registered manager gave examples of when information had been provided in different formats to help aid people's understanding. For example, a person's care record had been provided in large print so that the person's relative who was their main carer could read the information.

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.

- The registered manager gave examples of when staff had supported people to continue to attend a day care service or attend the theatre to help promote social integration.

Improving care quality in response to complaints or concerns

- Compliments had been received by the service since the last inspection. Where concerns or suggestions had been made we saw that these were investigated and resolved where possible. A person said, "If I needed to contact the office I would know how to do so."

- People told us that if they contacted the office with a concern or suggestion they felt listened to.

End of life care and support

- The registered manager confirmed to us that people at the end of their life would be supported by trained staff and external health professionals to have as dignified a death as possible.

# 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 remained the same: 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 a relative had a good relationship with the registered manager and staff team. They told us that they felt communication was good. A relative said, "The help from staff helps me feel reassured and relieves pressure on myself on caring for my [family member], twice a week."
- The registered manager encouraged feedback and used it to improve the service, for example by undertaking regular reviews with people about their care and support needs. A person said, "Senior staff come out and check with me that [my care record] is up to date and meets my current needs."
- Staff also told us that they felt supported and listened to by the registered manager. They said that if they contacted the office on-call their call would be responded to. Staff told us there was a clear expectation for them to deliver a good standard of care to people. A staff member said, "Values are to provide the best standard of service you can. [We are] out there to look after service users and that all their needs are met."
- The previous CQC inspection rating was displayed in a communal area of the office 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; Continuous learning and improving care

- The registered manager and team leader gave us examples of learning when things had gone wrong or a suggestion had been made and how they had tried to resolve it to reduce the risk of recurrence.
- There was organisational oversight of the service. The provider information return told us that representatives from the organisation's care board undertook quality assurance reviews. The care board met quarterly to ensure their services met the organisation's governance procedures.
- Audits were carried out to monitor the quality of the service provided. Medication administration audits undertaken showed that staff were not always signing to record that they had given a person their prescribed medicines. The registered manager told us they would make the necessary improvements.

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 and events that they were legally obliged to.

Working in partnership with others

- The registered manager and staff team worked in partnership with representatives from key organisations. These included GPs, and speech and language therapists to provide joined-up care and support. The local authority contracts team also were involved in monitoring the service.