

Keelex 176 Limited

Cross Keys

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

We inspected Cross Keys on the 6 October 2017, the inspection was unannounced. Cross Keys is one of a number of services in Cornwall which are run by the provider, Keelex 176 Limited. Cross Keys provides accommodation for up to nine people who have a learning disability. At the time of the inspection eight people were living at the service.

At the last inspection, in June 2015, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe living at Cross Keys and with the staff who supported them. One person told us, "I feel safe here" and "happy." Staff knew how to recognise and report the signs of abuse.

We observed people had good relationships with staff and staff interacted with people in a kind and respectful manner. People told us they felt staff were "brilliant" and "helpful." The staff team had developed caring and supportive relationships with people using the service. People were supported to maintain contact with friends and family and had the opportunity to be involved in decisions about their care and the running of the service.

Care and support was provided by a consistent staff team, who knew people well and understood their needs. The registered manager said "We want to make a difference to people's lives." People had dedicated key workers who were responsible for updating care plans and leading on supporting people. These were chosen according to their experience and relationship with the person concerned.

People told us that staff were very supportive and were fully involved in every aspect of their life, both in Cross Keys and in the community. People told us they had set goals of things that they would like to achieve. Some examples were going on holidays and attending work placements. This showed that people were fully involved in setting their own goals, and were supported to, where possible, work towards achieving them.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. The staff had developed positive working relationships with health and social care professionals. Health and social care professionals told us "The team is well managed and they have regular team meetings which are client related." They also told us that they had good communication and working relationships with the staff at Cross Keys. They felt the staff team worked with them positively, were open to ideas in how to best support a person's care needs and then followed their recommendations and suggestions.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff were then supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively.

People were supported to eat and drink enough and maintain a balanced diet and were involved in meal planning. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. People who received care, or their advocates, were involved in decisions about their support and consented to the care provided. Risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People and their families were given information about how to complain. The registered manager was visible in the service, regularly working alongside staff to provide care and support for people. There was a positive culture within the staff team and staff said they were supported by the registered manager.

The registered manager had a clear vision for the service and encouraged people, relatives and staff to express their views and opinions. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. The manager led by example and expected all the staff to carry out their role to the same standard.

The registered manager was passionate about promoting the importance and value of social care locally. For example to celebrate Cross Keys 'birthday' of five years, they invited neighbours and other members of the local community to a party. The registered manager had also attended a Care Ambassadors conference which school-leavers attended to promote the care industry. By highlighting the value of social care for people the provider was challenging negative perceptions and demonstrating its value for people in supporting them to live well independently.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families were involved in the running of the service and were regularly asked for their views through on-going conversations with staff and surveys.

Further information can be found in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 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 unannounced inspection took place on 6 October 2017. The inspection was conducted by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR provides key information about the service, what the service does well and the improvements the provider plan to make. We also reviewed other 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.

During the inspection we spoke with two people living at the service, the registered manager and four care staff. Some people were unable to speak to us due to their health conditions. We therefore spent time in the communal lounge observing care practices so that we could gain an understanding of people's experience in how they received support. We inspected the premises. We looked at two records relating to people's individual care. We also looked at two staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service.

Following the inspection we received feedback from two health and social care professionals about their experience of the service.

Is the service safe?

Our findings

People told us they felt safe living at Cross Keys. One person told us they had lived at a previous care home and that experience had not been positive. They told us they were "happy" at Cross Keys and "I feel safe here, staff don't hurt you." They told us they were "very pleased" to be living at Cross Keys and if they had any worries they could talk to the registered manager or staff and they would listen to them.

Before the inspection the registered manager had made a safeguarding alert to the Safeguarding Multi Agency team. This followed an incident between two people who used the service. We spoke with one person involved in the incident. They were aware that the matter was being discussed with the safeguarding team. They commented "I am safe here, staff took care of me.... and I am pleased (other person's name) will get help."

The incident and actions taken were recorded appropriately. Risk assessments were reviewed and updated and new actions had been taken to minimise the risk of further incidents occurring. These risk assessments had been discussed with the people involved and health and social care professionals so that there was agreement in how they would keep themselves and others safe.

Staff were knowledgeable how to report any concerns where they felt people were at possible risk. People were protected from the risk of abuse because staff had received training to help them identify possible signs of mistreatment, and knew what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. This showed that both people and staff were confident to raise issues of care practice to ensure that people were being cared for safely.

Care records included risk assessments which provided staff with clear guidance and direction how people should be supported in relation to each specific identified risk. People were supported to understand the risks in their daily living and agree ways of minimising risks without compromising their independence.

Some people could become anxious or distressed which could lead to them presenting behaviour which could challenge others. Health and social care professionals told us that staff had sought bespoke training to enable them to provide appropriate support to people who may experience behaviours that challenge staff.

Staff were made aware through the person's care plan, how to recognise signs that could make a person anxious and take steps to avoid them becoming distressed.

New staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. There were enough skilled and experienced staff on duty to ensure the safety of people who lived at Cross Keys was maintained. The number of staff on duty depended on which activities people living at the service were undertaking. The numbers of staff allocated for these activities was appropriate for people's needs and the assessed risks of the activity.

Medicines were checked on receipt into the service, given as prescribed and stored and disposed of

correctly. From reviewing the Medicines Administration Record (MAR) charts and the blister pack that contained the medicines, we found that the medicines in stock tallied with the MAR records. There was clear guidance for staff when administering 'as required' medicines' (PRN). For example, we saw descriptions of the signs and symptoms the person may display that may require these medicines to be administered. There was guidance how to administer the medicines and who to inform.. Medicines had recently been audited by an independent pharmacist and they were satisfied with the service's procedures in managing medicines.

There were effective systems in place to support people to manage their finances. Some people living at the service managed their own money with support from the registered manager. Advocates were appointed for some people. The service held small amounts of money for people so that they were able to make purchases for personal items and pay for outings. An auditing system was in place to ensure that people's monies were effectively monitored and kept secure.

The environment was clean. A maintenance record was kept of any repairs needed and when they were completed. There was a system of health and safety risk assessment. Smoke detectors and fire extinguishers were fitted throughout the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors to ensure they worked.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. Staff spoke knowledgeably about the people living at the service and knew how to meet each individual's needs. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

When new staff were employed by the service they completed a full induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the care certificate which provides care staff who are new to working in care an understanding of good working practices.

Staff told us they felt supported by the management and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they were encouraged by the registered manager to further develop their training. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team, discuss people's needs and any new developments for the service.

Training identified as necessary for the service was provided and updated regularly. Staff told us the training was comprehensive. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and moving and handling. Further training in areas specific to the needs of the people using the service was provided. For example some people had particular health conditions and specific training in respect of this condition was provided. This showed staff had the training and support they required to help ensure they were able to meet people's current needs.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. People's care plans contained details regarding other health professionals and their contact details. 'Easy read', health action plans outlined what support people needed in an accessible format. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare professionals. Relatives were invited, with the person's permission, to attend medical appointments and were kept up to date with any changes to their family member's health.

People were supported to eat and drink enough and maintain a balanced diet. A weekly menu was in place and this was agreed with people at regular menu planning meetings. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

We saw people being offered a choice of lunchtime meals. Drinks and snacks were available throughout the inspection. People were asked if they wanted to prepare their own lunch, with staff support, or if they would like staff to do this for them. Staff prepared the main meals for people.

People, care staff and the registered manager ate their lunch together at the dining table. This was a social

occasion with conversation on how they had spent their day and what people wanted to do later that day. This was a relaxed occasion and from the conversation, banter and laughter appeared to be an occasion enjoyed by all.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. Records showed where decisions had been made, on a person's behalf, this had been done in their best interest at a meeting involving key professionals and their family. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their lives and spend their time.

Is the service caring?

Our findings

There was a relaxed, calm and friendly atmosphere at the service. We observed people had good relationships with staff and staff interacted with people in a kind and respectful manner. The staff team had developed caring and supportive relationships with people using the service. People told us they felt staff were "Brilliant" and "helpful." We heard laughter and appropriate banter between people and staff which evidenced that people appeared relaxed in their home.

Health and social care professionals were positive about the care people received. They commented "We feel that the staff team offer a very safe and caring service which is person centred and include the client's family and friends."

We were told by people and staff how they celebrated important events with people. For example one person had recently celebrated their 50th birthday party. The service arranged with the person a meal out for all the people at the service, plus family and staff. This was talked about during the inspection and was clearly enjoyed by all.

We saw many compliments from relatives and professionals about the care and support that staff provided to people at Cross Keys. For example a relative wrote "The staff are always friendly and helpful to me, my family and friends. [person's name] is now back to the happy mischievous lady she used to be before she went into care and it's all down to the love and attention she has had from [registered managers name] and staff." A health and social care professional wrote 'From the moment it was agreed that [person's name] would come to Cross Keys, you have gone above and beyond in making her feel welcome, meeting her needs in the most person centred way and managing her anxiety.'

Staff were committed to providing the best and most suitable support for people. They did not rush people, were focused on the person they were supporting and spent time on an individual basis with people. For example we observed staff assist a person at lunchtime with their meal. Support was provided at the person's pace. Staff spoke about the people they supported fondly. One staff member commented "I love working here. I love the people we work with. This is their home and I am lucky to be invited into their home every day."

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff ask people discreetly if they needed assistance with intimate personal care and ensured this support was provided privately.

Staff told us they had opportunity to have one to one time with people. We saw staff having individual time with people and joining people for lunch and asking people if they wanted to go out for a walk to get "Some fresh air". This was also recorded in the person's care notes.

People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. Staff encouraged people to make decisions about their daily routines and we observed that

people had the confidence to make their own choices. People moved freely around the premises choosing to spend time in the communal area, garden or their own room. Staff supported people to be involved in some household tasks such as cleaning and tidying their rooms and meal preparation. This meant people were able to maintain independence in their daily living.

People had a key to their bedroom so that their belongings were kept secure and private. They told us they chose the décor and the furniture. People said they were happy with their bedrooms which were personalised to reflect their tastes. This showed people were being respected as staff saw Cross Keys as people's home.

People's care plans showed that their preferred communication skills were identified and respected. For example, some people responded verbally and others also used picture symbols as a visual tool to assist them in understanding what activity they would undertake next. We saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Staff were aware that each person had their own way of expressing their views and were able to communicate with them in their preferred manner. This showed that the service shared information with people in a meaningful way.

The registered manager had supported some people to access advocacy services when they needed independent guidance and support. This helped ensure people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People told us that staff were very supportive and were fully involved in every aspect of their lives both in Cross Keys and in the community. People told us they had set goals of things that they would like to achieve. This was recorded in people's care records, alongside what steps were needed to ensure that their goals would be achieved. This showed that people were fully involved in setting their own goals, and were supported to, where possible, work towards achieving them. The confidence and pride for people's accomplishment was evident.

People were able to take part in activities of their choice and staff supported people to access the local community. Each person had activities they took part in every week and these included going out to places of their choosing and voluntary work. On the day of the inspection we saw some people went out independently to work placements and other people went out with staff to their planned activities. We saw people partake in activities around the service such as tidying their rooms and doing the recycling. Every month there was a 'full house trip' where everyone went to visit an attraction that they as a group agreed on. For example to the Eden Project, an aquarium and firework displays. The household were also in the midst of arranging a Halloween party and were going to invite people from their other services to join them.

People received care and support that was responsive to their needs because staff had been provided with detailed information about each person's individual needs. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. Staff spoke knowledgeably about how people liked to be supported and what was important to them. The registered manager and staff told us about people's backgrounds, described the progress they had made and the pride they took in their achievements.

Staff had summarised what was important to the person by compiling a profile which outlined the person's likes and dislikes, preferences, what others liked about the person and what was important to and for the person. The staff also developed a profile to share with people about their interests and where their skills were. For example, if a person and staff member had a common interest they would become their allocated keyworker, supporting the person to organise their daily living and update their care plan.

Care records were up to date, had been regularly reviewed and accurately reflected people's care and support needs. Details of how people wished to be supported with their care needs were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. The registered manager acknowledged that care plans were currently presented in a written version only and that for some people they would benefit from a more visual presentation. This would make the care plan more meaningful to the person as it would be presented in a way that people could understand better. The registered manager agreed to address this.

When a new shift started there was a verbal handover of care information. Daily records of people's activities were completed throughout the day. The aim of the handover meeting was to discuss any changes in people's needs, as well as information regarding activities and people's emotional well-being. Daily records

were audited to identify any emerging themes. A communication book was also used to record any general information which needed to be shared amongst the staff team. This helped to ensure there was good communication between staff and ensure people were supported in a consistent way.

People and their families were given information about how to complain and details of the complaints procedure was displayed in the service. An easy read version was also available for people which used written and pictorial symbols so that it was presented in a more meaningful way for them. People told us that if they had any 'worries' they would talk to the registered manager or staff. They felt the registered manager and staff listened to them and would respond to their concerns.

Is the service well-led?

Our findings

The registered manager had been in post since the service opened five years ago. They were responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

The registered manager was supported in the running of the service by a deputy manager and care staff, the operational manager and the provider. The registered manager met with the operational manager weekly to review the service. The registered manager said that they were supported by the provider. They attended clinical governance meetings at which the provider, operational managers and other registered managers from the learning disability and elder care services met to look at on-going practice. This showed there was good communication between the managers of the organisation.

The registered manager worked in the service every day. Alongside managerial duties, the registered manager was available to provide care and support as needed. The managers of the provider had an on call rota so that they could support staff when they were not present. Staff said they believed the registered manager was aware of what happened at the service on a day to day basis in respect of the people they supported.

A shift plan for the day was implemented by staff on duty to ensure that people's care needs, and daily tasks such as preparing meals and fire tests were allocated to staff members and completed. We saw the shift plan and noted that these were completed daily and any actions that needed to be followed up were handed over to the next shift. This meant that there were clearly defined expectations for staff to complete during each shift.

Cross Keys had a long standing, consistently stable staff team. The registered manager and care staff had a strong and positive working relationship and recognised each other's strengths. When new staff were recruited the registered manager worked closely with them to help ensure they adopted and understood the culture and ethos of the service. There was a positive culture within the staff team with an emphasis on providing a good service for people. Staff told us morale was good and staff worked well together as a team. Staff said they felt supported by the management and one member of staff commented, "I love working here."

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. The registered manager said "We want to make a difference to people's lives." Staff meetings were held to discuss each person's needs. The meetings also supported the staff team when the care provided for some people could be challenging. Staff told us the meetings were a good opportunity to discuss care practice and any other issues in the service.

Health and social care professionals told us "The team is well managed and they have regular team

meetings which are client related." They also commented "We feel that Cross Keys staff really value the input from the learning disability service and are open to following recommendations and suggestions. They are also very forthcoming with their own ideas and ask for feedback regarding them. They are very good with communicating with our team and provide updates about clients and any health issues that they may need support/advice with. We feel that the staff communicate very well with the clients that they support and amongst themselves as a staff team." This demonstrated that the staff team had positive working relationships with other agencies to ensure that people were provided with the care and support they needed.

The registered manager was passionate about promoting the importance and value of social care locally. For example to celebrate Cross Keys 'birthday' of five years, they invited neighbours and other members of the local community to a party. They were in the process of organising a party using the church facilities where again they were wanting to invite people from Cross Keys, their other services, and the community to attend. The registered manager had also attended a Care Ambassadors conference which school-leavers attended to promote the care industry. By highlighting the value of social care for people the provider was challenging negative perceptions and demonstrating its value for people in supporting them to live well independently.

People and their families were involved in decisions about the running of the service, as well as their care, through on-going conversations with staff and management. People told us they attended 'residents meetings,' where they were encouraged to share their views about the running of the service. People also had meetings with their keyworker which were an opportunity to review care plans and discuss if there were any elements of people's care or the service that they wanted to improve or develop.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. There was a robust auditing system in place to ensure that the service provided quality care to the people they supported. For example we saw audits in the areas of care plans, medicines, fire, cleaning, complaints and accident records. The registered manager worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff practice they would address this through additional supervision and training.

The service gave out questionnaires regularly to people, their families, and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.