

Cross Keys Homes Limited

Lapwing Court

Inspection report

Managers Office, Lapwing Court
Matley, Orton Brimbles
Peterborough
Cambridgeshire
PE2 5YR

Tel: 07388991324

Date of inspection visit:
25 September 2018

Date of publication:
31 October 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Lapwing Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. Not everyone living at Lapwing Court receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do receive we also take into account any wider social care provided. Lapwing Court is purpose built apartments. There are also communal facilities including a restaurant, library, lounge and activities room. At the time of the inspection there were 16 people using the service.

The inspection took place on 25 September 2018 and was announced.

This was the first inspection for Lapwing Court since it was registered in September 2017.

At the time of the inspection there was a registered manager in place. 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.

Staff were aware of how to keep people safe from harm and what procedures they should follow to report any harm. Action had been taken to minimise the risks to people. Risk assessments identified risks but did not always provide staff with the written information they needed to reduce risks. However, the registered manager had taken action to reduce risks to people. Systems were in place to promote and maintain good infection prevention and control.

Support plans gave staff the basic information they required to meet people's care and support needs. However, care plans needed to be developed to include information about how people's medical conditions affected them.

Medicines were managed safely. Staff received training and their competency to do this was checked before staff could administer people's medicines unsupervised.

Staff were only employed after they had been subject to a thorough recruitment procedure. There were enough staff employed to ensure that people had their needs met. Staff received the mandatory training they required to meet people's needs and were supported in their roles.

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

within the guidance of the Mental Capacity Act 2005.

Staff were motivated to provide care that was kind and compassionate. They knew people well and were aware of their history, preferences, likes and dislikes. People's independence, privacy and dignity were respected and promoted.

People were supported to maintain good health as staff had the knowledge and skills to support them. There was prompt access to external healthcare professionals when needed.

People were provided with a choice of food and drink that they enjoyed. When needed staff supported people to prepare food and drink of their choice.

There was a complaints procedure in place. People and their relatives felt confident to raise any concerns either with the staff or manager.

There was an effective quality assurance process in place which included obtaining the views of people that used the service, their relatives and the staff. Where needed action had been taken to make improvements to the service being offered.

Further information is 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?

The service is not always safe.

Risk assessments did not always contain the information about how to reduce the risk to people.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Staff were only employed after a through recruitment procedure had been completed.

Requires Improvement ●

Is the service effective?

The service is effective.

People received support from staff who had the skills and knowledge to meet their needs.

People were supported to eat and drink sufficient amounts.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Good ●

Is the service caring?

The service is caring.

People liked the staff and thought they were caring.

People were treated with respect and staff were aware of people's likes and dislikes.

People's rights to privacy and dignity were valued.

Good ●

Is the service responsive?

The service is not always responsive.

Care plans provided basic guidance for staff on how to meet people's needs but would benefit from more information being included.

Requires Improvement ●

People were aware of how to make a complaint or raise any concerns.

Is the service well-led?

Good ●

The service is well-led.

There was an effective quality assurance process in place to identify any areas that required improvement.

People were encouraged to provide their views through surveys and regular meetings.

Lapwing Court

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.

We gave the service 24 hours' notice of the inspection visit to ensure that someone would be available at the office to meet with us. This also allowed for people to be asked if they would like to meet with the inspector and share their views on the service being provided. The inspection was carried out by one inspector.

Inspection site visit activity was on 25 September 2018. It included a visit to the office, visiting people in their homes and meeting with staff.

Before our inspection we reviewed the information we held about the service. We reviewed notifications the registered provider had sent us. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people who used the service, two relatives, the registered manager, a team leader and two care workers. We looked at the care and support records for three people and records that related to health and safety and quality monitoring. We also looked at Medication Administration Records (MARs).

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "Yes we feel safe, the security is excellent."

Staff demonstrated a good understanding of how to safeguard people, recognise signs of harm and what to do if they had concerns. One staff member stated, "I would report any concerns to the team leader or the (registered) manager." Staff told us, and the records confirmed, that they had completed training in safeguarding people from harm and this was also discussed during supervisions and team meetings.

Staff told us they had adequate time to assist people with activities such as personal care, preparing food and administration of medication. The registered manager stated that as a relatively new service they had recruited more staff as people moved into Lapwing Court that required care and support. During time of staff absence, the staff team had worked extra hours to ensure continuity of care.

Effective and robust recruitment processes were in place to help ensure new staff employed were of good character and suitable to work with people who are vulnerable. Staff told us and records confirmed necessary checks such as proof of identity, references and satisfactory criminal records checks were obtained before they were employed. Previous employment and any gaps in the application form were explored during the interview process.

Risks to people had been assessed. Risk assessments identified the risk but did not always contain enough information to inform the staff about what action they should take to minimise any risks. A risk assessment for one person showed them to be at risk of falls but did not include information for staff on how to reduce the risk of falling. The assessor had not dated the first assessment. The person was not re-assessed following a fall to ensure care was still proper, safe and consistent to reduce the risk of falling. Staff were able to tell us how they reduced the risk to the person. For example, a health care professional had been invited to the service to advise staff and people about how falls could be avoided. Some risk assessments were generic and were not applicable to the person. For example, people had risk assessments about using open fires in their apartments even though they did not have one.

Policies and procedures were in place to support staff in the event of an accident or incident involving a person using the service. Not all accidents were recorded in the same place which could make it difficult for auditing purposes. The registered manager stated that they would keep a list of all accidents/incidents that they were made aware of so that risk assessments and care plans could be reviewed as necessary.

Medication was administered and managed safely. Staff told us and records confirmed that they had completed medication administration training. Staff undertook a competency assessment to ensure that they had the required skills and knowledge to administer medication in a safe way. The medication in stock was checked daily by staff to ensure it tallied with the records and everyone had received their medication as prescribed. Monthly audits of medication records and stock was also carried out to identify any areas for improvement. Information was not always available to staff about what the prescribed medication was for or any side effects to be aware of. The registered manager stated that they would access online information

about medication if they had any concerns. The records showed that when people had run out of their medication they were supported to obtain more.

There was an infection prevention and control policy and statement in place that staff were following to prevent the spread of infection. Infection control audits were carried out to ensure that procedures were being followed and to identify any areas where improvements were required. Staff had completed training in prevention and control of infections. Staff confirmed that personal protective equipment such as gloves and aprons was readily available and used when assisting people with personal care.

Contingency plans were in place so that the service could continue in the event of any emergencies. For instance, a flood or fire. Staff had attended training about what action they should take in the event of a fire.

Is the service effective?

Our findings

People's physical, psychological and social needs were assessed in detail before the service confirmed they could provide a service to them. Staff used assistive technology to support the delivery of the care. One relative told us that their family member had a pressure mat in their bed. The mat alerted staff if the person hadn't returned to their bed at night after a set period of time so that staff could check if the person was safe or needed assistance.

New staff received training that included the Care Certificate. The Care Certificate identifies a set of care standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competence. Staff confirmed that they also spent some time with an experienced staff member before being signed off by a senior member of staff as competent to work on their own. Staff were expected to attend mandatory training set by the provider. The registered manager had stated in the PIR that they would be organising training in specialist areas such as Parkinson's Disease to ensure that staff had a good understanding of the people's needs they were supporting. The registered manager stated that they were still organising the training.

Staff confirmed that they received regular supervision meetings with their manager to enable them to carry out their role effectively. The registered manager and team leader told us that during supervisions they discussed staff members strengths and weaknesses and identified any training needs. A relative told us, "All the staff are very efficient and competent."

People's assessments included information about the support they needed with food and drink. Staff were aware of people's needs and what support they needed with preparing their food. We observed a care assistant asking a person what they wanted to eat and preparing it for them. People confirmed that they received support with preparing food and drinks and that staff always checked if they wanted anything else before they left. Records showed that when a person had been assessed as requiring a thickening agent in their drinks this was being used.

Records showed that when people needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. People and records confirmed that they were supported if needed to access healthcare professionals for any issues.

The registered manager and staff teams across the service worked well with other professionals to ensure that there was a coordinated approach when people moved between services. For example, when one person had spent time in hospital their return to their apartment was supported by the agency so they could ensure they could continue to meet their needs.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty must be made by the funding authority to the Court of Protection. At the time of the inspection the service was not being provided to anyone who lacked the capacity to make decisions for themselves. Staff had a good understanding of the principles of the MCA. Staff were aware that people could make what they thought may be unwise decisions but if they had the capacity to make the decision then this was respected.

Is the service caring?

Our findings

People and their relatives told us they liked the staff that supported them and they thought they were caring. One person told us "The staff are wonderful, without exception." A relative told us, "Staff have made it so easy for us to settle here, we never want to leave." One person told us, "Staff are lovely. They do what I can't. I can't fault them, their very kind." Another person told us, "The carers know me well."

People and their relatives told us that the staff respected people's privacy and dignity. People told us that staff always knocked before entering their apartment. They also told us that staff ensured that doors and curtains were closed when they were assisted with personal care. A relative told us that staff kept their family member covered up as much as possible when they were assisting them with personal care. One staff member told us, "We treat people with respect and understanding, we get to know them as individuals."

People were encouraged to be as independent as possible. For example, care plans contained information about what people could do for themselves and what they needed assistance with. Care plans also reminded staff that people needed time to carry out tasks at their own pace. Staff checked before leaving people that they had their emergency pendants on them so they ask for help if they needed to.

People were encouraged to stay in touch with friends and family. Anyone could go and use the restaurant and enjoy a meal with their family or friend. At Lapwing Court there was a guest suite that could be rented out to friends or relatives that wanted to visit.

Care staff showed people kindness and compassion when working with them. One person's family member had been taken to hospital and the person was worried that they may have passed away as they hadn't seen them for a few days. The care workers gave the person reassurance and organised for the person to be taken to hospital to see their family member.

A monthly newsletter was sent out to people to inform them of any changes in the service or any upcoming events.

Is the service responsive?

Our findings

Each person had a care plan that contained information about how staff should meet their needs. Care plans were task based and would benefit from being more person centred and include information about how people's medical conditions affected them. This would enable staff to provide care in a more personalised way. For example, how people's dementia affected them differently on a day to say basis. As the service was still relatively small with a consistent staff team staff knew people well and were able to tell us their preferences and how they liked to be supported. Care plans included a pen portrait of each person which included information about their employment, family, friends and special events in their life. People and their relatives told us that they were involved in the writing and reviewing of people's support plans.

Each person had a 'Hospital Passport' in place. This is a document that holds information about a person's needs and would go with them to hospital. Some passports did not include information about the persons prescribed medicines or any diagnosed medical conditions which would be relevant and important information in the event of an emergency admission.

The provider complied with the Accessible Information Standard. Information about the service was available in a variety of languages and braille.

Each person had an emergency call bell in case they needed the assistance of staff outside their normal care hours. One relative told us, "[Family member] had a fall last week. Three members of staff came to help him – they were brilliant. They even cleaned the floor afterwards."

People were supported and encouraged to spend their time taking part in activities, socialising and events that interested them. There was an activities coordinator that organised daily activities for people to attend if they wanted to. Activities such as reminiscence, board games and craft sessions were enjoyed by people who used the service and others that lived at Lapwing Court. Special events such as coverage of the royal wedding on a large screen were also organised for people to attend.

There was a complaints procedure in place. People and relatives spoken with said that they felt able to raise any concerns with the registered manager who they thought was accessible, or any other member of staff. One relative told us, "If I wasn't happy we would talk to the manager (registered) or team leader." No formal complaints had been received in the previous 12 months

The registered manager stated that they would work closely with local health professionals to support anyone who needed end of life support. Information about people's preferences, needs and wishes at the end of their life would also be included in their support plan when needed.

Is the service well-led?

Our findings

The registered manager had been in post since Lapwing Court was registered in September 2017 and was passionate about their role. The registered manager stated, "I expect staff to do their best because the residents deserve the best." Staff, people and relatives were complimentary about the registered manager and the team leader. They said that they could approach either one if they needed to discuss anything. The registered manager attended the local registered managers forum to ensure their knowledge was kept up to date.

The registered manager told us, and staff confirmed, that vision and values of the service were discussed during staff meetings and with people who used the service. The values included respect, enabling choices, being flexible and offering a high-quality service. Staff told us they felt were motivated to provide a good quality service. One staff member told us, "The staff get on well together, we work well as part of a team."

Providers of health and social care are required to inform the CQC of certain events that happen in or affect the service. The provider had informed CQC of significant events. This meant we could check that appropriate action had been taken.

There was an effective quality assurance process in place which included regularly gathering the views from people who used the service, the staff and other professionals. Feedback from people and their relatives was also gained from surveys. The registered manager analysed the completed surveys and action was taken to drive improvement from the outcome of the results. Further explanation was given to a person about how to make a complaint when they feedback they were unsure how to do this.

The registered manager and team leader observed how people worked with people and looked at paperwork such as support plans to identify good practice and any areas for improvement. The provider had also carried out an internal review of the service and the report identified areas for improvements, such as the care plans, and also reported on positive feedback from people who were using the service.

Regular meetings were held that people who were using the service and anyone else living at Lapwing Court were invited to. Any issues or ideas could be discussed. During a recent meeting people had asked for a reminder each day about what activities were organised. During the inspection we heard the registered manager use the intercom system in everyone's flats to remind them of the day's activities.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about anything in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way. People could be assured that if ever poor care was ever identified that it would be dealt with appropriately and that appropriate action could then be taken.

The registered manager and other staff had worked in an open and transparent manner with other stakeholders such as the district nurses, pharmacies and GP's to ensure that people received any support they needed. However as all of the people using the service were privately funded there had not been any need for working with the local authority or commissioners.

