

Carers Trust, Heart Of England Coventry Crossroads

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

Coventry Crossroads is registered as a domiciliary care service which provides personal care and support to people in their own homes. At the time of our visit the agency supported 110 people with personal care and employed 66 care workers.

We visited the offices of Coventry Crossroads on 21 December 2015. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. 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 felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. Care workers understood how to protect people from abuse and keep people safe. Care workers were properly checked during recruitment to make sure they were suitable to work with people who used the service.

The managers understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough care workers to deliver the care and support people required. Most people said care workers arrived around the time expected and stayed long enough to complete the care people required. People told us care workers were kind and knew how they liked to receive their care.

Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us care workers had the right skills to provide the care and support they required. Support plans and risk assessments contained relevant information for staff to help them provide the care people needed in a way they preferred.

People knew how to complain and information about making a complaint was available for people. Care workers said they could raise any concerns or issues with the managers, knowing they would be listened to and acted on.

Staff felt supported to do their work and people felt able to contact the office and management at any time. There were systems to monitor and review the quality of service people received and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

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 was safe.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Is the service effective?

Good ●

The service was effective.

Care workers completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and care workers respected decisions people made about their care. People who required support with their nutritional needs had enough to eat and drink during the day and people had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they considered kind and who respected people's privacy and promoted their independence. Most people received care and support from consistent care workers that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint and the managers dealt promptly with any concerns or complaints they received.

Is the service well-led?

Good 

The service was well-led.

People were satisfied with the service and said they were able to contact the office and speak to management if they needed to. Care workers felt able to raise any concerns with the management team. The managers provided good leadership and regularly reviewed the quality of service provided.

Coventry Crossroads

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 reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider completed a Provider Information Return (PIR). This 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 found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

The office visit took place on 21 December 2015 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care workers. The inspection was conducted by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the office visit we sent surveys to people who used the service to obtain their views of the service they received, we also sent surveys to staff. Surveys were returned from twenty people, seven relatives, fifteen staff and one professional who used the service. We spoke with fifteen people by telephone, (nine people who used the service and six relatives).

During our visit we spoke with three care workers, two care co-ordinators, a booking clerk, an in-house trainer, the operations manager and the registered manager. We reviewed five people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with said they, or their relatives felt safe with their care workers. When asked if they felt safe, comments included, "Yes. I always feel safe with the care staff." People said they knew what to do if they did not feel safe, "I would ring up the office and speak to the managers." Returned surveys confirmed people who used the service felt safe from abuse or harm.

Care workers we spoke with had a good understanding of abuse and how to keep people safe. One care worker told us, "I had safeguarding training during my induction. The training was interesting and I learnt a lot. I know how to keep people safe and I have an employee handbook with the safeguarding policy." Care workers understood what constituted abusive behaviour and their responsibilities to report this to the managers. One care worker told us, "It's my responsibility to report concerns and protect people." Another said, "If I found any unexplained bruising I would complete a body map, record and report it to the office. It doesn't always mean someone is being abused there could be other reasons for the bruising, for example certain medicines make people prone to bruises."

The provider told us in the Provider Information Return (PIR) that, "Safeguarding is an integral part of the induction of staff and part of the on-going training of all staff and is discussed as a regular topic at staff meetings. Staff are reminded through our regular newsletters about the importance of safeguarding and their duty to report any concerns or suspicions to their line manager so further action to protect the customer can be taken in line with safeguarding procedures." We found these processes were in place.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example, some people needed equipment to move around and told us care workers knew how to use this. Relatives told us, "She has a hoist, the care workers know how to use it safely," and, "He uses a hoist and an electric wheelchair. They have filled in a risk assessment and it's in the care plan."

Staff knew about individual risks to people's health and wellbeing and how these were to be managed. For example, care workers undertook checks of people's skin where they were at risk of skin damage. Care workers knew how to monitor people's skin to make sure it remained healthy. One care worker told us, "I have completed the 'React to Red Skin' training that was very good. It told you what to look for and what to do if there were any changes. If people can't move around themselves I always check to see if their bottom or heels are red. Any concerns I would document it, complete a body map to show where the area of concern was and report it to the office. I would let the family know and ask them to phone the district nurse if one was involved. If not I would phone the district nurse and let the office know."

People told us their care workers arrived around the time expected and stayed long enough to do everything that was required before they left. The managers, and care co-ordinators responsible for scheduling calls, confirmed there were enough care workers to allocate all the calls people required.

The provider had an out of hour's system when the office was closed. Care workers told us this reassured them that someone was always available if they needed support.

Recruitment procedures ensured, as far as possible, staff were safe to work with people who used the service. Staff told us they had to wait until their DBS and reference checks had been completed before they started working in the service. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Records confirmed staff had a DBS check, references and health declarations completed before they started work. All staff completed an annual declaration to confirm there had been no changes in their circumstances that could affect them working with people who used the service.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped them with this. For example, "Staff do not manage my medicines at all. I do my own," and "I take lots of tablets, I don't need help."

Where care workers supported people to manage their medicines it was recorded in their support plan. Care workers told us, and records confirmed; they had received training to administer medicines safely which included checks on their competence. Care workers recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. One care worker told us, "I was shown how to give medicines safely during my induction and I completed training before I was allowed to do this. I always check the blister pack (a dosage system that medicines are dispensed into by the pharmacist) against the MARs before I pop the tablets out." Completed MARs were checked for any gaps or errors by care workers during visits and by senior staff during spot checks. Completed MARs were returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

Is the service effective?

Our findings

We asked people and their relatives if they thought care workers had received the training needed to meet their needs. People said staff seemed well trained and knew how to provide the care and support they needed. People told us, "Yes they know how to look after me and what's going on with my care". A relative said, "Yes I think they are well trained".

Care workers told us they completed an induction, shadow shifts and training before they supported people. People we spoke with confirmed new care workers shadowed experienced workers before working on their own. One person told us, "They will send senior staff with new staff until they know what they're doing."

Care workers told us they felt confident and suitably trained to effectively support people. Care workers comments included, "I have only been a carer for four months and feel that I've been given full support and relevant training". "The training is great. I have completed all the necessary training and have opportunity for new training and have regular updates to refresh my knowledge".

We were shown induction booklets that new staff completed. The induction training included the Care Certificate standards. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff working in a care environment. Records confirmed care workers received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults. Care workers told us they were encouraged to complete a qualification in care and had training to support people's specific health needs. One care worker told us, "I work mainly with older people and have had training in Parkinson's disease, strokes, and dementia to support how I work. I am also working towards my diploma in care".

Care workers told us their knowledge and learning was monitored through supervision meetings with their manager and unannounced 'observation checks' on their practice. The operations manager told us that during spot checks senior staff looked to see if care workers worked to procedures and training. They checked to see if care workers were dressed appropriately and had their ID badge. They also checked care plans and made sure care workers recorded what they had done accurately. They said during observations of care workers they talked to the person about the care they received and asked them if they were satisfied with their care workers. Records confirmed care workers were observed working in people's homes to ensure they had put their learning into practice.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The managers understood their responsibilities under the Act. They told us there was no one

using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives. We were told some people did lack capacity to make certain complex decisions, for example how they managed their finances. These people all had somebody who could support them to make these decisions in their best interest, for example a relative.

Care workers we spoke with had completed training in MCA and knew they could only provide care and support to people who had given their consent. We asked care workers what the MCA meant, they told us, "It's about people making their own decisions." Another said, "It's about capacity to make decisions, everyone has this unless proven otherwise." Care workers said everyone they supported could make everyday decisions for themselves. We asked people if care workers asked for their consent before they provided care, comments included, "Yes, they do," and, "Yes they always ask for consent and offer choices."

Most people told us that they or their relative provided all their meals and drinks. People who were reliant on care workers to assist with meal preparation were satisfied with how this was provided. No one we spoke with was dependent on their care worker to provide all their food and drinks. One person required their nutrition to be administered through a percutaneous endoscopic gastroscopy (PEG) tube. A PEG is a way of introducing food substitute, fluids and medicines directly into the stomach, if people are unable to eat and drink orally. A risk assessment had been completed and there were instructions for staff about how to manage the PEG. There was also information for staff about maintaining and checking the PEG regularly. Care workers we spoke with knew how to administer food substitute through the tube and said they had received training so they could do this safely. One care worker told us, "One person has a PEG feed. I've had training and shadowed another worker so I am now confident to change the feed. It was scary at first but okay now." Care workers knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained. One care worker told us, "One person is at risk of losing weight. I fill in a nutritional chart and I offer them smaller meals which they are more likely to eat than a large portion and I encourage them to drink."

People we spoke with managed their own health care appointments. Care workers said they helped people manage their health and well-being if this was part of their care plan. Care workers said they would phone a GP and district nurse if they needed to, but would usually ask the family to do this. Records confirmed the service involved other health professionals with people's care when required including district nurses, speech and language therapists and GPs. People were supported to manage their health conditions where needed and had access to health professionals when required.

Is the service caring?

Our findings

People told us care workers were kind and caring, comments included, "Yes, always very polite and considerate" "I think we are spoilt by our carer, it's just little things but they mean such a lot."

We asked people if care workers treated them with respect, all the people we spoke with said they did. One person told us their regular care worker was "first class," another said, "Yes, she treats me with respect, and is very cheerful." A relative told us, "Staff take their time and treat him as an individual". Another said, "They are interested in him as a person, he has been lucky, they really show an interest".

We were told care workers made sure people's privacy and dignity was respected. A relative told us, "As far as privacy and dignity are concerned I will be honest and say I don't know but they always close the bathroom door and make sure they have towels to cover him." Care workers we spoke with told us how they upheld people's privacy and dignity, comments included, "I imagine that it's me and how I would like to be cared for." "I make sure their bottom half or top half is covered while I'm washing them, and I make sure curtains or doors are closed when people use the commode or the bathroom." Another said, "I always knock on the door and ask permission to come in. You need to remember you are in someone else's home." The operation manager told us it was part of work based supervision to observe how care workers spoke to people to ensure they were polite and treated people respectfully.

We looked at the call schedules for four people who used the service and three care workers. These showed people were allocated regular care workers where possible. The managers told us they had recently rescheduled all the calls to make sure people were supported by the same team of care workers. They told us, "This has been a huge piece of work but we needed to do it as people were complaining about having different care workers and care workers were unhappy with the amount of travelling they were doing as they were zig zagging across the city. So we have arranged calls into patches so staff now work in a specific area. This has worked well, more continuity for people and less travelling for staff. A few carers had a lot of changes in their schedules which they were not happy with at first." Care workers confirmed they were allocated regular calls to the same people. One care worker told us, "For [person] it's just me and another main carer, and to ensure consistency we try and cover each other for holidays. This reduces [person's] anxiety as they like to have familiar carers."

Care workers we spoke with had a good understanding of people's care and support needs. They told us they supported the same people regularly so they knew people's likes and preferences. One care worker said, "I have the same people so I get to know them, I do cover for staff absence so go into people I don't know but I always introduce myself and there is a care plan to tell me what I need to do." Another told us, "We are able to get to know people and build meaningful relationships." Care workers said they were allocated sufficient time to carry out their calls and had time to talk to people as they didn't have to rush. One care worker told us, "I am one of the few people that a person might see during the day so I do spend time talking to people and I have enough time to do this".

Care workers we spoke with were proud of the care they provided to people. It was important for them to do

a good job and to get to know the people they provided care and support to. One care worker told us they had recently received a written compliment from a relative about the care they had provided to their family member. They said this had made them "feel great".

We asked people if they were supported to maintain their independence and they confirmed they were. Care workers told us they had enough time allocated for calls to encourage people to do things for themselves where possible. "I will encourage people to have a little walk around the home to get some exercise and keep mobile. I also encourage people to make their sandwich and a cup of tea." Another said, "I will supervise from a distance and offer encouragement and praise, like 'you can do it and well done' it makes people feel proud and have a sense of achievement."

Most people or their relatives said they were involved in making decisions about their care and were able to ask care workers for what they wanted. Most people said they had been involved and consulted when their care was put in place, and information in returned surveys confirmed people were involved in reviews about their care.

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started and that the service they received met their needs, choices and preferences. Care workers we spoke with had good understanding of people's care and support needs. We were told, "We have time to read care plans and sit and talk with people so you get to know what they need and what they like," and, "We know about clients because we have time to read care plans and they are always up to date." Care workers told us they referred any changes to people's care to the office staff or managers, and plans were reviewed and updated quickly so they had the required information to continue to meet people's needs.

Most people said they received their care around the times expected. One person told us, "They have now got a good rota system." Care workers told us if there was an unexplained delay for example, traffic hold ups, they may arrive later than expected. Care workers said they either phoned the person or asked the office to let people know they were running late. People confirmed this happened. The provider used an electronic call monitoring system that logged the time care workers arrived and left people's homes. This allowed office staff to respond quickly if care workers had not arrived around their allocated time.

The provider had an occupational therapist (OT) working for the service. They told us this had "transformed" the service they were able to provide. People were able to access the service more quickly as they no longer had to wait for a health service OT assessment and any equipment to be in place before the service could start. The managers were confident care workers had the correct equipment to move people safely as the services OT visited the person in hospital to assess their needs and ordered the equipment needed. They carried out a home visit on discharge to ensure the assessment remained correct.

We looked at five care records. Care plans provided care workers with information about the person's individual preferences and how they wanted to receive their care and support. There were instructions for staff about how to provide the care people required. For example; how staff should support people who required assistance or equipment to move around. Records of calls completed by staff confirmed these instructions had been followed. Four plans we viewed had been reviewed and updated as needed but we found one plan did not have up to date information. We spoke with the operations manager who advised the person should have had an updated support plan completed when they became a permanent client. They confirmed the plan would be updated as soon as possible. The manager was certain that care workers knew the person's current care and support needs and conversations we had with care workers confirmed they did.

Care plans had been signed by people or their relative which showed they had been involved in planning their care. Returned surveys from people confirmed they had been involved in decision making about their care and support needs.

We looked at how complaints were managed by the provider. People and their relatives said they would raise any concerns with the managers in the office. People told us, "Never ever complained but would feel confident to complain if I needed to," and a relative told us, "I don't have any complaints regarding her

care."

Care workers knew how to support people if they wanted to complain, we were told, "There is complaints information in the folders in people's homes. It tells them exactly who to complain to." Several people said they had contacted the office to raise minor concerns and these had been resolved to their satisfaction. "Yes I have raised a concern through my Power of Attorney and they sorted it." Records showed complaints received had been recorded and investigated in a timely manner.

Is the service well-led?

Our findings

People said they were happy with the service they received, comments included, "Very happy with the service I receive," "We are very pleased with the services provided" and "Crossroads in my opinion are a very good agency and provide excellent service."

Care workers told us they felt well supported by the management team. One care worker told us, "I have worked for Crossroads for a year and have been very impressed with the support I receive from my managers. I have been made to feel very welcome within the team and find it a very good place to work". Care workers said they could contact or visit the office at any time to discuss any issues, a care worker said, "They are contactable by phone 24 hours a day 7 days a week. The office staff are supportive, helpful and friendly."

The provider PIR told us, "We encourage customers to contact us with any queries or concerns about their service. Our handbook, which they all receive at the start of our services, outlines what they should expect, how to contact us, how to complain should that be necessary and who else they can talk to about their services (Local Authority & CQC). Customers are regularly consulted and have an annual questionnaire which gives them the opportunity to tell us about the service from their perspective. We also hold an annual general meeting which is an open public meeting and to which all are welcome." We found these procedures were in place.

Care workers said they had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. We were told, "We have regular spot checks they watch you work and handle medication. They give you feedback about your practice at the time and it's then discussed in supervision." People who used the service confirmed senior staff checked on care workers during care calls. One person told us, "They come round and check them to make sure they're doing everything right."

Care workers knew who to report concerns to and were aware of the provider's whistle blowing procedure. They were confident about reporting any concerns or poor practice to the managers.

Care workers said they enjoyed working for the agency and that it was managed well. None of the care workers we spoke with could think of anything that could be improved and said the service worked well. Comments included, "I really enjoy my job. I have never felt like the new girl, everyone was welcoming and friendly," another said, "I love working at Crossroads, the managers really listen to you and are accommodating. You can pop in at any time to see them."

Care workers said they had staff meetings where they could share their views and opinions as well as a newsletter which kept them up to date with any changes. One care worker told us, "Team meetings are themed. We recently discussed communication as some issues had been identified. It was really good to sit and talk about how messages are passed on. It helps to improve things."

The registered manager understood their responsibilities and the requirements of their registration. For example they knew what statutory notifications they were required to submit and had completed the PIR which are required by Regulations. We found the information in the PIR reflected how the service operated.

The provider and registered manager used a range of quality checks to make sure the service was meeting people's needs. The provider told us, "The organisation is overseen by a Chief Executive who has twenty five years' experience of delivering care and the organisation is managed by a board of trustees/directors who receive regular reports of the charity's activities." We found the managers played an active role in quality assurance and ensured the service continuously improved.

Records confirmed people were asked for their opinions of the service through spot checks, surveys, and care plan reviews. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. We found the medication auditing procedure could be more robust as we found some errors on administration records that had been returned to the office. The Operations Manager checked while we were there and confirmed people had received their medicines, but the care worker had forgotten to sign. The manager told us they would ensure senior staff responsible for auditing MARS would be reminded how to audit thoroughly. We received confirmation from the registered manager following our visit that action had been taken to address this.

Feedback from a professional that used the service told us, any issues or concerns were dealt with promptly and professionally and that the management team were very committed to providing a high quality, reliable service. They also said "Crossroads is the main provider of short break services and the emergency response service for carers in the city and we get very good feedback from the majority of users and carers and the services are highly valued."