

Easington District Crossroads Care Attendant Scheme







Easington District

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	

Overall summary

We undertook an announced inspection of the Easington District Crossroads on 23 July 2015. We gave the provider two days notice of our visit. The Easington District Crossroads is a domiciliary care agency which provides care services to people in their own homes.

At the time of our inspection the service was providing support to three people. One person was funding their own care, one person was funding their care through a direct payment and one person had their care purchased by a local authority.

Easington District Crossroads was last inspected by CQC on 27 January 2014 and was meeting the regulations inspected.

People who used the service were not able to share their experience of care due to their complex needs. People's relatives were complimentary about the standard of care and support provided by Easington District Crossroads. One relative told us, "It's a fantastic service", "I can't fault it" and "The staff are lovely and very helpful."

Summary of findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager was accessible and approachable. Staff, people who used the service and their relatives felt able to speak with the registered manager and provided feedback on the service. The registered manager undertook monthly spot checks to review the quality of the service provided.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments as requested by the people who used the service or their relatives.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were knowledgeable about their roles and responsibilities however some training was not up to date. Staff had the experience required to support people with their care and support needs.

Staff received supervision and appraisal which meant that staff were properly supported to provide care to people who used the service.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Care plans were written in a person centred way and were reviewed annually or when people's needs changed.

Staff supported people to help them maintain their independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



Is the service effective?

The service was not always effective.

Staff had the skills and knowledge to meet people's needs however did not receive regular training or formal supervision and appraisal.

Staff understood their responsibilities under the Mental Capacity Act 2005.

People were asked for their consent before they received any care or support.

Good



Is the service caring?

The service was caring.

Staff were respectful of people's privacy and dignity.

People who used the service or their relatives were involved in making decisions about their care and the support they received.

People were encouraged to maintain their independence.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community and reduce the risk of them becoming socially isolated.

People who used the service and their relatives felt the staff and the registered manager were approachable and there were regular opportunities to feedback about the service.

Good



Is the service well-led?

The service was well-led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Good



Summary of findings

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Records were kept securely and could be located when needed.

Easington District

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 inspection took place on 23 July 2015 and was announced. We gave the provider two days notice of our visit. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by an adult social care inspector.

Before we visited the agency we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding

notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding. No concerns were raised by any of these professionals.

During our inspection we went to the provider's head office and spoke to the registered manager and the administrative assistant. We looked at the personal care or treatment records of the three people who used the service, looked at the personnel files for three members of staff and records relating to the management of the service, such as audits, surveys and policies.

After the inspection visit we undertook phone calls to two care workers, one relative of a person who used the service and one social care professional.

For this inspection, the provider was not asked to complete 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 spoke with the registered manager about what was good about their service and any improvements they intended to make.

Is the service safe?

Our findings

A relative of a person who used the service told us “I am confident [Name] is safe and well looked after by the staff.”

We saw a copy of the provider’s safeguarding adult’s policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. Staff had received training in safeguarding vulnerable adults. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The registered manager informed us that any concerns regarding the safety of a person would be discussed with their social worker or external services, including the police and CQC, as required. A social care professional told us people who used the service were safe from abuse or harm.

There were arrangements in place to help protect people from financial abuse. We looked at one person’s records where care staff supported the person to manage their daily finances. We found the service kept a log book and receipts for each transaction. This meant that people were protected from the risk of abuse.

We discussed staffing levels with the registered manager and looked at documentation. There were sufficient numbers of staff available to keep people safe. The registered manager told us that the staffing levels were determined by the number of people who used the service and their needs. Staffing levels could be adjusted according to the needs of the people who used the service and we saw that the number of staff could be increased if required.

The people supported by the service and the staff it employed lived locally. This, together with effective

planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. The registered manager informed us the service had not had any missed appointments. If staff were unable to attend an appointment they informed the registered manager and cover was arranged so that people received the support they required. A relative and a social care professional told us that the staff arrived on time for appointments and stayed for the agreed length of time.

We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member’s previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences, national insurance cards and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environment risks and any risks due to the health and support needs of the person. Staff were aware of the medicines procedures and the reporting process for accidents or incidents that occurred. This meant the service had arrangements in place to protect people from harm or unsafe care.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. A relative of a person who used the service told us “Staff always come in and introduce themselves to [Name]. They understand their facial expressions and can communicate with them”. A social care professional told us the care staff were competent to provide the care and support required by the people who use the service.

The service employed five members of staff. We looked at the records for four members of staff and we saw that they all had received a thorough induction. The records contained certificates, which showed they had completed mandatory training in, for example, moving and handling, first aid, fire safety, medicines, infection control, health and safety and food hygiene. Records showed that all staff had completed a Level 2 National Vocational Qualification in Social Care. In addition staff had completed more specialised training in for example understanding diabetes, effective communication, caring for people living with dementia, epilepsy, autism spectrum disorders and oral hygiene. Staff files contained a record of when training was completed and showed some renewals were overdue.

Staff did not receive formal written supervision and appraisal from the registered manager. Formal written supervision was carried out by the team leader. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We

discussed this matter with the registered manager who acknowledged that due to the service only employing five members of staff they maintained close links with their staff on a regular, informal basis. Staff told us they received regular contact and advice from the registered manager via phone and that the manager was available if they had any concerns. This meant that staff were supported to provide care to people who used the service.

Staff were aware of and had received training in the Mental Capacity Act 2005. The registered manager told us that if they had any concerns regarding a person’s ability to make a decision they would work with the local authority to ensure appropriate capacity assessments were undertaken. A social care professional told us “The registered manager and the staff understood their responsibilities under the Mental Capacity Act 2005. At the time of our inspection, all the people who received personal care from the service had capacity to make their own decisions and no one was being deprived of their liberty.

People were asked for their consent before they received any care or support. The provider acted in accordance with their wishes. For example a care assessment was carried out for each person prior to delivering care and each person or their relative signed a consent form to say they agreed with the care being delivered.

People had annual reviews with their health and social care workers. People had used the service for many years and were familiar with the staff who worked with them.

Is the service caring?

Our findings

A relative of a person who used the service was complimentary about how caring the staff were. They told us, “I know the staff well. They are part of the family” and “Providing support is not just a job to them. The staff really care”.

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. A social care professional told us people who use the service are always treated with respect and dignity by the staff.

All of the care records we looked at contained a “service user profile” which had been developed with the person or their relative. The profile provided a short introduction to a person, which captured key information and detailed what was important to that person including people’s social history and lifestyle preferences for example, “[Name] worked down the pit, enjoys listening to music and watching television” and “[Name] likes drawing, painting and going out for day trips”. This meant the service enabled staff to see the person as an individual and deliver person-centred care that was tailored specifically to their individual’s needs.

People who used the service or their relatives were involved in making decisions about their care for example, “[Name] dislikes a change of routine. Any changes must be explained including hospital and doctors appointments.

Staff must be patient when explaining changes”. A relative told us how the registered manager contacts them the week before and agrees the care and support they require for the following week. They told us, “The staff are very flexible and accommodating” and “I couldn’t get a better service”.

A social care professional told us the service made sure the staff knew about the needs, choices and preference of the people they worked with. Care records we looked at recorded, “[Name] enjoys reading their TV Times and enjoys Songs of Praise each Sunday”, “Encourage [Name] to talk about the activities at the day centre” and “Encourage [Name] to talk about any problems that may arise so they get resolved as they can often feel depressed”.

Staff focussed on the service user’s needs. Staff we spoke with told us, “I like knowing the care provided makes a difference”. A social care professional told us the staff always complete all of the care and support required by their care plan.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks, for example taking medicines. A social care professional told us the care and support provided by the service helped people to be as independent as they could be. Staff told us how they supported people to go shopping and to the cinema.

The service also provided people with information on health and safety, equality and diversity, safeguarding and complaints in their service user guide.

Is the service responsive?

Our findings

We found care records were person-centred and reflective of people's needs. We looked at care records for the three people who used the service. People's needs were assessed. Care and support was planned and delivered in line with their individual care plan. For example, prior to the provider supplying care, a full care assessment was carried out where the needs of the individual were identified.

Each care record contained the contact details and personal information for the person including the next of kin and G.P, however some information would benefit from updating. This meant the service knew who to contact in the event of an emergency.

Care plans were in place detailing how people wished to be supported. Each care plan had a risk assessment in place. Assessments contained control measures and recommendations from professionals. Risk assessments were regularly reviewed and changes were made if needed.

A social care professional told us the service acted on any instruction and advice given to them. Care plans were reviewed annually or when people's needs changed. This meant people were not placed at risk of receiving care which was inappropriate or unsafe.

We looked at the care records for one person who had epilepsy and there was a clear risk assessment and protocol in place for staff to follow should the person have a seizure, for example, "be aware of any changes in behaviour such as mood swings or trying to make themselves sick as this may indicate a possible seizure is imminent". Staff we spoke with were able to tell us about what they would do in the event the person had a seizure.

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. The staff we spoke with had a good understanding of people's needs to ensure effective care was being delivered. A social care professional told us the service co-operated with other services and shared relevant information when needed, for example when people's needs changed.

Staff supported people to access the community and minimise the risk of them becoming socially isolated. Staff told us how they supported people to go out for meals, to the bingo and to local car boot sales.

We looked at the provider's complaints policy and we saw that the service's complaints process was included in information given to people when they started receiving care. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local government ombudsman and the CQC, if the complainant was unhappy with the outcome. At the time of our inspection the service had not received any complaints.

Relatives we spoke with were aware of the service's complaints procedure. A relative told us "I have no complaints or concerns about the service. Never had any issues". A social care professional told us the registered manager and the staff were accessible, approachable and dealt effectively with any concerns they or others raised. This meant that comments and complaints were listened to and acted on effectively.

Is the service well-led?

Our findings

At the time of our inspection visit, the agency had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager told us how the service was winding down due to the lack of referrals. She admitted that some of the processes in place were not as robust as they once were including staff training and supervision.

Staff we spoke with were clear about their role and responsibility. They told us the registered manager was approachable and kept them informed of any changes to the service provided or the needs of the people they supported. Staff told us “[Name] is a good boss” and “Everything is fine”.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook monthly spot checks to review the quality of the service provided. A social care professional told us the service asks you what you think about their service and acts on what you say.

We saw staff meetings took place. Staff told us the most recent staff meeting was held in June 2015 and this was to discuss the rota changes and cover arrangements for a person’s care and support.

Customer satisfaction questionnaires were available to obtain feedback from people who used the service or their relatives but at the time of our inspection they were not in use. The registered manager informed us that due to the small number of people the service supported she was able to keep in regular contact with them through phone calls and face to face meetings to obtain feedback. This meant that the provider gathered information about the quality of the service to inform service improvements.

We noted that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people’s personal information could only be viewed by those who were authorised to look at records.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of contact with external specialists which meant the service ensured people’s wider healthcare needs were being met through partnership working.