British Red Cross Society

# Red Cross Crisis Intervention Community Support

## Inspection report

Humanity House
Colliers Way
Nottingham
Nottinghamshire
NG8 6AT

Tel: 01158528000

Date of inspection visit:
20 December 2016

Date of publication:
23 March 2017

## 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 carried out an announced inspection of the service on 20 December 2916

Red Cross Crisis Intervention Community Support provides short term personal care and support to people in the Nottingham area. There were 14 people receiving care in their own homes at the time of our visit.

There was not a manager registered with the Care Quality Commission (CQC). 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.

During our previous inspection on 15 July 2015 we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to risks associated with managing medicines, because the processes in place were not robust or followed safely to ensure medicines were handled and administered safely.

During this inspection we checked to see whether improvements had been made. We found improvements had been made in regards to the breach identified at our last inspection. An action plan was in place to fully complete the action required that would ensure sustainability.

People told us they felt safe when staff supported them within their home. People were supported by staff who could identify the different types of abuse and who to report concerns to. Assessments of the risks to people's safety were in place and regularly reviewed.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place.

People were protected from the risks associated with managing medicines. There were processes in place to ensure medicines were handled and administered safely.

Staff received training, regular supervision and felt supported by the management team. The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people. People were supported and encouraged to follow a healthy and balanced diet. People's day to day health needs were met effectively by the staff.

People felt the staff were kind and caring and treated them with respect and dignity. People were involved with decisions made about their care and support. Information was available for people if they wished to speak with an independent advocate. People were supported to live independently.

People knew how to raise any concerns and they knew who they should contact and raise the concern with. The provider followed their procedures to ensure any complaints or concerns were dealt with in a timely manner.

People, relatives and staff spoke highly of the service. A number of systems were in place that enabled people, staff and relatives to give their views about the service. Robust quality assurance processes were in place.

## 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.

Medicines were managed well and there were assurances that people were receiving them as prescribed.

People told us they felt safe when staff supported them within their home.

Assessments of the risks to people's safety were in place and regularly reviewed.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place.

### Is the service effective?

Good

The service was effective.

People received care from staff who were trained, received regular supervision and felt supported by the registered manager

The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people.

People were supported to have sufficient to eat and drink.

People's day to day health needs were met by staff who were knowledgeable and understood how to meet the needs of the people they cared for. Referrals were made to other healthcare professionals when required.

### Is the service caring?

Good

The service was caring.

People gave positive feedback about the kindness and compassion of the staff.

People were treated with respect, compassion and in a dignified way at all times by the staff who cared for them.

People were involved with decisions made about their care and support.

Information was available for people if they wished to speak with an independent advocate.

People were supported to live independently.

## Is the service responsive?

Good

The service was responsive.

People's support records were person centred, focussed on what was important to each person and provided staff with relevant information to respond to people's needs.

Complaints and concerns were managed in line with company policy.
The provider responded quickly and professionally.

People's care plans were reviewed on a regular basis to ensure they received personal care relevant to them.

## Is the service well-led?

Good

The service was well-led.

Procedures were place to monitor and improve the quality of the service provided.

A number of systems were in place that enabled a wide range of people, staff and relatives to give their views about the service.

There was no registered manager, but the provider had taken steps to address this.

There were plans in place for emergency situations. The manager and on call staff were contactable over a 24 hours period to ensure staff and people who used the service were fully supported.

# Red Cross Crisis Intervention Community Support

**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 20 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. The inspection team consisted of one inspector 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 we visited the service we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We also sent out a number of questionnaires to receive feedback about the service and how it was run. We looked at the Provider Information Return (PIR). The PIR 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.

During our visit we spoke with two people who used the service and five relatives for their feedback about the service provided. We spoke with, four members of staff, the service manager and the provider's representative.

We looked at all or parts of the care records for four people, the training and induction records for four staff and three people's medicine records along with other records relevant to the running of the service. This

included policies and procedures, records of staff training and records of associated quality assurance processes.
We also consulted other professionals and commissioners of the service who shared with us their views about the care provided.

Good

# Is the service safe?

## Our findings

During our previous inspection on 15 July 2015 we found the provider was in breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The medication policy was not service specific. Staff were not following the medication policy and procedure to ensure medicines were administered safely. At this inspection we found that improvements had been made to address these shortfalls and ensure the regulation had been complied with.

The provider had addressed and taken action to improve the way medicines were managed to ensure the medicines were managed according to the relevant legislation.

People told us they received their medicines as identified on their care plans. One relative said, "The staff checked my relation had taken their medicines."

Staff we spoke with and records we looked at told us, that staff had received training in how to administer medicines safely. Staff demonstrated to us that they had a good understanding on how to complete a medicine administration record (MAR), which they used to record when a person had taken or refused their prescribed medicines. When we reviewed a selection of MAR charts we found they had been accurately completed. Staff told us there was a process in place to ensure people received their medicines as prescribed. One staff member said, "It is my responsibility to make sure when assisting a person with their medicines it is the right person, the right dose and at the right time." The staff member went on to say if they had concerns they would check with the persons GP or pharmacist with the person's consent. Another member of staff described how side effects can affect some people more than others. They said there was information in people's care plans regarding possible side effects and what staff should do support individuals This gave us reassurance that medicines were administered safely.

We found the provider had updated their medicine policy to make sure it was service specific. A record of any allergies and people's preferences for taking their medicines was completed. Where a person was responsible for their own medicines their care plan and risk assessment had been completed to say when self-medication occurred. Audits were taking place to identify issues, but these were not robust enough to identify follow up action required. The service manager told us they had identified this issue and as a solution had arranged MAR charts to be audited weekly and any issues raised would be discussed with the staff during their supervision.

The provider had systems in place to identify the possibility of avoidable harm and to reduce the risk of people experiencing harm.

People told us the service supported them to feel safe with the care they received and the staff who provided their care and support. One person said, "I had a call to check I was Ok." Another person told us they felt reassured that someone from the service would contact them to check they were alright. They said the service made regular phone calls to them. One relative told us their family member felt safe with the staff that cared for them. They also told us they were reassured how staff treated their relation for example the

way staff spoke to their family member and did not rush them when providing support.

Staff had a good understanding of how they should keep people safe and recognise the possibility of abuse. They confirmed and records we saw told us that safeguarding training had been completed. We saw safeguarding policies and procedures were in place. Staff were aware of these policies and when required followed the relevant procedure of reporting safety issues. We also saw this was an item agenda for staff meetings where any areas of concern could be discussed.

Assessments of the risks to people's safety were carried out with and regularly reviewed with them. Each person had detailed risk assessments in place which enabled the staff to assess whether people's safety would be at risk when specific activities or tasks were carried out. For example, when a person was moving from one room to another with the use of a walking frame. The service would assess the environment of the person's home for trip hazards to ensure the person could move about safely.

People's needs had been assessed for the equipment they required to meet their needs. Staff had received training to use the equipment. For example, a rotunda was used to make sure the person was able to stand and turn safely. Care plans identified if a person was at risk of falls, or was living with a condition of diabetes or epilepsy. Risk assessments were in place should the person have high or low blood sugars or a seizure and what staff should do.

The provider had effective processes in place to investigate accidents or incidents that occurred and then to implement changes to people's care if and when they needed it. Regular reviews were carried out by the service manager.

We found handover reports in relation to people's needs to help minimise and manage risk were discussed at each shift change over. The information was used to update people's care plans if required. Plans were in place to cover emergencies. We saw a 24 hour on call system was in place to ensure people and staff were fully supported should an emergency occur. There was a system to minimise missed calls. The system recorded and identified if a call had not been completed. Coordinators worked quickly to ensure all calls were covered. The care coordinators were in direct contact with staff to make sure they attended people who required support. This told us the service managed risks appropriately.

People felt the numbers of staff were sufficient. One relative told us that their relation needed another member of staff for additional support. They said, "The second member of staff was there within half an hour."

Staff told us there was usually enough staff to run each shift. They said that any shortfalls were covered by other staff at the service. One staff member said, "I believe the staffing levels during the day are sufficient. I know we have less staff in the evening and this can put pressure on current staff, but I believe this is being addressed." We spoke with the provider's representative and they told us they had recruited three coordinators.

The provider's representative explained how they ensured safe recruitment processes were in place. Before staff were employed the provider had ensured references, proof of identification and a criminal record check had been received before staff commenced work. This reduced the risk of people being supported by inappropriate staff. Staff files we looked at showed us safe recruitment was followed.

Good

# Is the service effective?

## Our findings

People and their relatives spoke positively about the way staff supported them or their family members. One person told us they had only used the service for a short time, but could not fault the staff. They said, "They do a good job." Information we received from questionnaires told us, the majority of people felt staff were knowledgeable to give them the care and support they needed.

Records showed that staff received an induction and training designed to equip them with the skills needed to support people safely. Training was carried out in a number of areas such as safe moving and handling, safeguarding of adults and managing behaviours that may challenge. The provider's representative and records we saw, told us staff were encouraged to develop their skills and to complete externally recognised qualifications. Some staff had either completed or were working towards completing their diploma (previously known as NVQ) in adult social care. Where appropriate new staff had undertaken the Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff we spoke with gave us mixed comments about the training they had received; one said they felt they lacked training in some areas. Another staff member felt they had received sufficient training to do their job. They told us they had completed the NVQ level three. They told us they had been observed by a care coordinator when they started the care certificate. Both staff told us they had discussed their training and development needs during their one to one meeting with the manager. Records showed that staff received regular supervision of their work, which monitored their performance and identified any areas for development; ensuring people received high quality and effective care and support from staff.

The provider information return (PIR), stated the training they provided for their staff. This included Red Cross Foundation Training Programme which included safeguarding and supporting others. E-Learning and service specific practical training sessions.  Staff we spoke with confirmed this. We also saw training taking place during our visit. We also saw the service manager undertook spot checks to ensure staff were competent in what they had learned.

People consented to care and support they received. Care plans we looked at identified people were given choices and were able to make decisions about their day to day life. Staff we spoke with could explain the importance of ensuring wherever possible people were able to make their own decisions with staff respecting those choices. One staff member said, "We use flash cards and other techniques, such as, speaking slowly to ensure the person had fully understood what we are asking.

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

The provider's representative and staff had a good understanding of the principles of the MCA. Records showed assessments had been carried out in accordance with the MCA for decisions such as staff managing people's medicines and support needed with personal care. For each decision it had been recorded within people's care plans how a decision had been reached, who had been involved with making that decision and if the decision was in the persons best interest. This told us the service was working within the principles of the MCA.

People were supported to maintain a balanced diet. People were encouraged to eat and drink. Staff told us they always ensured people had enough to eat and drink. One staff said, "I usually encourage a person to eat, ensuring they had a choice of what they would like to eat. I will assist them to prepare food themselves or complete meal preparation for them if they were unable to do this for themselves. Where we have concerns we complete food and fluid charts." Another staff member said, "I try to encourage people to eat and drink when we know their appetite is low. If a person wasn't eating I would report to the GP." Care plans we looked at told us people's hydration and nutrition was monitored when concerns were identified. Daily notes confirmed what food and drink a person had throughout the care call.

Care plans identified action taken to ensure people were kept in good health. Feedback from other professionals was positive. GP's were happy with the service. Response times and reliability were commended. A representative of the provider attended quarterly reviews with other professionals and worked well with these teams.

Good

# Is the service caring?

## Our findings

People and their relatives told us staff that supported them were kind, caring and respectful. One person said, "They [Staff] are kind to my relative and me." Another person said, "The staff are very, very nice. I couldn't have had better treatment." A relative told us their relation took to the care well. They said, "My [relation] was well treated." Another relative said, "[Name of relation] says they [staff] have been lovely."

The staff we spoke with had a good understanding of people's needs and could explain what was important for the person. People's care records contained detailed information about them such as, their likes and dislikes and their life history. This provided staff with the information needed to support them to form meaningful relationships with people.

Staff spoke passionately about the people they supported and showed genuine empathy and understanding of each person's individual needs. One staff member said, "I take time to listen to what the person has to say and respect their choices." Another staff member said, "I communicate with the individual to ensure that their point of view is understood fully and incorporate this into their care plan."

We received positive feedback from questionnaires we sent to people. Most people commented that they were introduced to the staff member who supported them before they provided care or support.

The provider's representative told us the staff received morning meetings, which helped them to get to know the person they were supporting that day. The service provided short term support for people for the first seven days before support was handed over to a permanent support agency. The information gathered during this time was shared with the other agencies to ensure the communication and care was continuous. People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life.

Information was available for people if they wished to access and receive support from an independent advocate. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. No advocates were being used at the time of the inspection. The service manager showed us a file that was used to sign post people to information, advice centres, day centres, meals at home and mental health organisations to ensure people were fully informed how to maintain their health and wellbeing.

People's dignity and privacy was respected at all times. People and their families told us they felt involved in decisions about their care and support. One relative said, "My relation's needs were recorded in the care plan. Staff document daily what [relation] does and how they [Person] respond."

Staff told us they ensured each individual were treated with dignity and respect by making sure they make their own choices and decisions about their care and support. One staff member said, "We make sure people receive the care how they want to receive it." Another staff member said, "I always ask the person I am supporting what their preference and preferred way of doing things are, making them feel in control of

their support." Staff gave people the opportunity to be independent where possible.

People had consented to the care and treatment. One person told us their needs were written in their care plan. Care plans were person centred. We could see staff had listened to what people wanted and how they wanted to receive their care and support. There was a clear emphasis on supporting people to lead independent lives.

Good

# Is the service responsive?

## Our findings

People and their relatives told us that initial assessments of care were completed and they were included in this process. People also told us the staff responded to their needs. One person said, "The staff were here within two to three hours of our request for support." Another person said, "They [staff] never rush and always stay until they have finished." This told us People's care and support was planned and arranged and they were actively involved in making decisions about their care and support.

People did not raise any concern about the times of their care calls. One person said, "You can rely on them [staff]." The person went on to say they could set their clock by them. This told us staff arrived at the care call in a timely manner.

Staff had a good understanding of what personalised care should be. One staff said, "People's needs were assessed and the support was tailored for that person." Another staff member described what this meant for the person. They said, "The person makes their own choices, we do our best to support the individual's preferences and encourage them to actively participate in decisions about their care. We do our best to empower people."

The provider's representative told us of the systems in place that reviewed people's care packages. From the sample of care records we looked at we found people had participated in review meetings periodically throughout the year. Where people had requested a change to their care package we saw that this had been responded to and changes made.

Care assessments helped to build a picture of the person and allow staff to feedback, so care plans could be updated. People's aspirations and goals were documented in their care plans. People were enabled to regain as much independence as possible this meant they would no longer require care and support and go on with their everyday life or they were referred on to another care company for on-going care.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. People we spoke with and their relatives commented that if they had a concern or complaint they would speak to the staff and contact the office or the registered manager if necessary. All people we spoke with told us they had no complaints about the service provided.

Staff were aware of the complaints procedure and what their role and responsibilities were. They told us that, if possible, they would resolve any concerns raised with them. If they could not resolve the concern they would speak with the manager. The provider told us through the Provider Information Return (PIR) that the service responded to complaints and concerns promptly. We found one concern was outstanding. We asked the service what action they had taken. The provider's representative submitted a response in a timely manner. The provider's representative showed us a service development plan as the complaint had highlighted a number of areas for the service to improve, which included recruiting a service manager and three service coordinators. These were in post during the inspection. This told us the service acted upon lessons learned and complaints were dealt with promptly.

We found that the provider had a complaints policy and procedure and that this was shared with people that used the service as part of the statement of purpose. There was a system in place to record and monitor complaints.

Good

# Is the service well-led?

## Our findings

People told us that the service was good and that they would recommend it to others. One person said, "I would recommend the service most certainly. The care they provide gets you over the first few days when you need the support." One relative told us they had completed an evaluation form and had rated the service as "excellent." From information we received through the questionnaires we sent out, people told us the service asked for feedback about the service they received. They also told us that information they received was clear and easy to understand.

Staff told us they felt well supported by the management and comfortable with the management of the service. They said there was an opportunity to voice their opinions and they were encouraged to speak up if they had any concerns. Staff were aware of the provider's whistleblowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Staff told us they would not hesitate to use the policy if required to do so.

The service promoted a positive culture that was person-centred, inclusive and open. All the people we spoke with felt the service was well run.

A registered manager was not in post. However, the provider had taken action to address this. An experienced manager from another location was to be placed at the location. A new management structure had been implemented. Staff felt supported and reassured that they could approach the manager if needed. All staff felt they had sufficient training to do their job and were participating in one to one meetings to discuss their development.

The provider told us the vision and values of the service were in line with the Red Cross fundamental principles. The service refused to ignore people in crisis. Staff felt the service provided good care and were not required to limit the time spent with people. This ensured all people's needs were met. The service was able to offer support to people in a crisis which had a major impact to people, as this meant they would receive care and support in an appropriate time frame.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.

The service manager monitored the quality of the service by speaking to people to ensure they were happy with the service they received. Records we viewed showed us checks and reviews had taken place. Staff files confirmed management completed unannounced spot checks. This was to assess how well they provided care, that they were wearing the correct uniform, and that they were competent in the support they provided.

The provider requested reports from the service manager detailing all accidents and incidents that occurred and what action had been taken. To make sure that any action required was implemented. We saw copies of reports that had been completed. The reports showed themes and trends including action taken to mitigate

any risks.

There was a clear emphasis on continued development and improvement of the service. The provider's representative told us good leadership was to focus on ensuring staff were competent and fully trained. To enable people to receive personalised care relevant to their needs.