

## Crossroads Care Tendring & Colchester

# Crossroads Care Tendring and Colchester

### Inspection report

Bosworth House  
High Street  
Thorpe Le Soken  
Essex  
CO16 0EA

Tel: 01255860960

Website: [www.crossroads.org.uk/tendring](http://www.crossroads.org.uk/tendring)

Date of inspection visit:

20 October 2016

21 October 2016

24 October 2016

Date of publication:

25 November 2016

### 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

This inspection took place over three days between the 20 and the 24 of October 2016 and was announced. Crossroads Care Tendering and Colchester provides a choice of respite and personal care to people who live in their own homes. With the aim of supporting people with personal care needs to maintain their independence.

On the day of our inspection, 251 people were using the service. Some of the people using the service had complex needs and the frequency of visits depended on people's individual requirements. Some elements of the service although provided by Crossroads Tendering and Colchester would not need to be registered with the Commission if this was their sole purpose. Because of this, we have focussed our inspection on the people in receipt of personal care only.

There was a registered manager in post. 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.

There were sufficient staff to meet people's needs and to manage risk safely. Systems were in place so people could take their prescribed medicines safely. The provider had a robust recruitment process, which helped protect people from the risk of avoidable harm, and staff were supported to develop their skills and knowledge.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Everyone we spoke with told us that staff members always gained their consent before carrying out any care tasks. People were supported to consume food and drink of their choice. Staff worked well with people and health care professionals, to ensure people maximised their health and wellbeing.

Staff knew people well and had time to spend developing positive relationships with them. People received support that was personalised and staff responded flexibly to changes in their lives. Guidance was in place to enable staff to provide a consistent level of support. People and their relatives told us they were aware of how to make a complaint and felt that they were listened to by the registered manager.

Staff were enthusiastic about working for the service and worked well as a team. The provider supported best practice and there were systems in place to check the quality of the service.

## 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.

Staff supported people to minimise risk and stay safe.

Rotas were efficiently planned and ensured sufficient staff were deployed to meet people's needs.

Staff supported people to take their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff were skilled and knowledgeable.

People were supported to make their own choices about the care they received.

Staff enabled people to eat and drink in line with their preferences.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and treated them with compassion.

Staff respected people's privacy and promoted their dignity.

### Is the service responsive?

Good ●

The service was responsive.

Support was flexible and responded to individual needs.

Staff received detailed guidance about people's needs.

People's concerns were dealt with effectively.

### Is the service well-led?

Good ●

The service was well led.

The service was run efficiently and staff knew their roles and responsibilities.

There were systems in place to seek feedback about the service and continually drive improvements.

---

# Crossroads Care Tendring and Colchester

## **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.

The inspection took place over three days which commenced on the 20 of October 2016. The inspection was announced, this meant the provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection team consisted of one inspector and one expert by experience, who carried out phone calls to people to ask them for their views and experience of using this service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we visited the provider's office and spoke with the registered manager, five members of staff and one relative. We visited the homes of two people who used the service and spoke with the staff supporting them on that day. We spoke on the phone to an additional four people and ten family members.

We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events, which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

We looked at twelve people's care records and ten staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints.

# Is the service safe?

## Our findings

People told us they felt safe with the staff that supported them. One family member told us, "We are extremely happy. It is usually the same person who comes so we have got to know [Name] very well." Another person said, "Yes I do feel safe. I have just got three more ladies and they are all very good."

Staff understood how keep people safe from the risk of abuse and knew how to report concerns correctly. They had completed the relevant training in safeguarding and knew who to speak to within the service and which relevant external professionals to contact if they had concerns. Staff were encouraged to whistle blow should they have concerns about the safety of people and the quality of the service they received.

Risk assessments were in place for each person which identified the risks staff needed to be aware of to make sure the person was safe. For example, we saw information within a person's care plan that explained how staff should support someone with dementia; it provided guidance about different techniques the staff member could use.

Staff described how they monitored people to look for any signs that their health was deteriorating to make sure they remained safe. One member of staff explained they would look for patterns in someone's behaviour, such as someone becoming more confused or becoming more agitated than usual which might indicate that the person was becoming unwell. They said they would then make sure that they spoke with the persons family member, or check that the person was seen by a health professional. Daily notes were retained in the office and they reflected the records kept in people's homes.

People, staff, and relatives told us there were enough staff to meet people's needs and that they had not experienced missed visits. Our observations and conversations with people confirmed that staff were not rushed in their tasks and rotas were planned to give staff sufficient time to meet people's needs. Staff told us that they had consistent rotas, and people told us they had built up good relationships with staff because they saw them on a regular basis. One person said, "We have no issues with the timekeeping at all, we have the same carer every time." People told us that staff arrived on time and stayed for the duration of the visit. One person said, "The timekeeping is always fine. We have never experienced any missed calls."

People received their medicines safely from appropriately trained staff. There were arrangements and policies in place to support people with taking their medicines. Staff used medicine administration record (MAR) sheets to record when they had supported people to take their medicines and told us they knew what to do if people refused to take them. Even though the registered manager could not demonstrate that they had an audit process in place, the MAR's we inspected had been completed correctly. The registered manager told us that they checked these records before they were filed away, but did not record that they did this. They assured us that following our visit they would make sure an audit was put in place to record that they were checking MAR's for any potential errors when these had been returned to the office.

When explaining to us about how Crossroads helped them with their medicines one person said that the staff member noted down what they had taken in their records and that they were happy with how things

worked in this respect. Whilst staff were appropriately trained to help people take their medicines, the registered manager did not routinely check that staff remained competent after training. The registered manager assured us that they would review their supervision practice to make sure that they observed staff safely administering people's medicines.

Recruitment processes were in place for the safe employment of staff. The service requested detailed application forms; they checked references and completed a comprehensive employment interview. Office staff checked applicants had the right to work in the UK and carried out disclosure and barring checks (DBS) this was to make sure that new staff were safe to work with vulnerable adults. Staff told us they had only started working once all the necessary checks had been carried out.

# Is the service effective?

## Our findings

We received overwhelmingly positive feedback from the people we spoke with. People told us that staff provided good care and were conscientious. One family member explained the challenges they had faced now they were caring for a family member with dementia, "I am really happy with Crossroads, without them mum would have to go into a home which is not what we want. I have full confidence in them. Crossroads have not only supported mum but they have helped me as well."

All the staff received an induction when they first started working for the service and went on to complete the mandatory training sessions. One staff member told us, "The training is on-going and very good. We have a blended approach to help people with different ways of learning. I am looking to carry out advanced training and they are very supportive of me doing this." We saw training certificates within staff files that showed us training courses had been completed. Specialist training was also given to staff. One staff member said, "I needed to know more about autism and how to care for people with a learning disability. They arranged some fantastic training for me."

Staff felt their skills were valued and they were listened to when decisions were made about people's care. For example, one staff member said, "Crossroads is a really good company to work for, actually it's been the best care company I have worked for, and I have worked in this industry for many years. They are really supportive and encourage the best from you as an employee." Staff told us they were well supported and received supervision meetings with their line manager and had an annual appraisal carried out.

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 be as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Staff had a good awareness of issues around capacity and consent. Staff had been on Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff could describe a person's capacity and their ability to make some decisions. They explained how the person may react to our visit, and how their memory may fluctuate. They also told us about the way the person's health condition may affect their speech.

When people had limited capacity in certain areas there was detailed advice for staff. People signed their care plans to consent to care and to agree they had been involved in drawing up the plans. When we visited people in their homes, we observed staff offering choice and seeking consent before providing care throughout the visit. A member of staff described how they supported a person make choices. They said, "Some of the people I support have hallucinations, and think they can see people who are not there. It's really important to go into their world." We observed the staff member using this approach. The person kept asking, "Is that my uncle [Name] is he over there" The carer simply responded with, "Maybe he is around the corner, but I can't see him." This person then moved on to talk about chocolate.

One family member told us the care their relative had received from the service was very good due to the relationship the carer had developed with the person. They explained, "We have developed a really good rapport with [Name] they really know how we like things to be done." Another person said, "The staff are so good, some even pop in on their days off."

We observed a person being offered choice at breakfast and they were unable to make a decision about what they wanted; the staff member had the skills to gently support them to make their choice by offering gentle encouragement and prompting. We observed this member of staff being very patient when helping someone to drink for themselves. They crouched down besides the person and gently encouraged the person drink at their own pace.

Care plans were specific regarding people's preferences. For example, one care plan stated exactly how a person liked their tea to be made. This meant when new staff visited they were prepared to provide a consistent service. A family member explained about the help Crossroads offered around meal times. They said, "[Name] is so good. They prepare fantastic food for mum, they even cook with the flavours she likes to make sure that she enjoys what she is eating, and mum loves garlic and ginger. I really can't fault them, or their cooking." At the time of the inspection, the service did not support anyone who was at risk of choking, but the manager was able to describe the correct levels of support that would be offered and how they would monitor what the person had consumed and why.

Most people told us that they could manage routine health care checks themselves and had relatives to assist them. Staff told us about the importance of observing how people were and recording this each day so that they could check for any changes, which may indicate people needed support to access health services. Referrals were made to other professionals when this was required. One family member told us about the help they received, "It can be very difficult getting mum to see the doctor, but we both tackle it together. I wouldn't be able to do it without their help."

## Is the service caring?

### Our findings

People told us that the staff were caring and treated them with respect. People described the staff as being easy to talk to. One person said, "They treat me like I am still a person."

Staff spoke with affection about the people they cared for and we saw they had developed good relationships with the people they supported. When staff spoke with people, they bent down to eye level and spoke in a way which the person could understand. One person's face lit up when the staff member gently woke them to offer them a cup of tea. The person asked the member of staff to come closer to them and whispered something in their ear, which made them both laugh together.

A member of staff told us the company ethos had an impact on the way they treated people. They explained, "It's such a good company to work for they are really supportive. You get to work with regular people and have enough time to genuinely build up relationships and give people the support they need. I worked in the care industry for years, and I can honestly say that this is the best company I have worked for. I am so glad I applied for the job."

People were involved in decisions about their care and staff were skilled at making sure people were in control, they realised that this took time. One staff member explained, "I have worked for other providers where you have so little time with people you just burn out. The support I give looks at the social aspect of someone's life as well. I have the time to really get to know the people I work with. I love this aspect of my job." Everybody we spoke with told us that staff stayed for the duration of the visit.

Staff were provided with information to support people with communicating. For example, one person's care plan said to, "Look at the person when speaking and speak slowly and clearly." Another person's communication support plan reminded staff to make sure a person was wearing their glasses and that these were clean. We observed staff carrying out the instructions in the care plan.

Where people could become anxious, staff had guidance on how to minimise anxiety. For example, one member of staff explained how a person may react to our presence and could tell exactly how they would divert the person's behaviour if it was displayed. Staff told us the rota provided continuity so that people would be supported by a small group of staff who knew them well. A family member told us, "I don't know what I would do if I didn't get this support. They have enabled me to change things in my life."

Care plan contained detail of people's personal preferences which helped staff provide person centred care. Within the care plans we saw that personal interests, hobbies, likes and dislikes, religious and cultural needs were documented.

People's privacy and dignity was respected by the staff working with them. Everyone we spoke with told us that their family members were supported in a respectful manner.

## Is the service responsive?

### Our findings

People told us staff met their individual needs. One person said, "The staff most definitely meets my needs."

Detailed assessments were carried out and outlined the support to be provided to the person. Assessment meetings were used as an opportunity to discuss and record people's needs and wishes about their care. A support plan was then developed from the conversation. People had support plans in their homes and a copy was held in the office. We saw where people required social interaction to reduce their feelings of isolation; this was included in their support plans. Staff confirmed there was always a plan in place before they started caring for people.

The records we inspected demonstrated that people's care had been reviewed. When we asked people and their family members about this aspect they told us that they had been involved in an annual review of their care and felt involved in this process.

Daily records were well written by staff and contained a good level of detail about the care that should be provided. It also contained details of any other issues staff needed to be aware of. Staff could outline the needs of the people they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit.

One staff member explained, "The quality of care and the time we are given is fantastic. I have the time to blow dry someone's hair, or help them to put on their make and have a cup of tea."

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints and information about this was left in their homes. We were told by one person, "I know how to complain but I have never had the need to." Another person said, "I would speak to office if I needed to complain." People told us that they had information to enable them to make a complaint if this was needed and that this had been given to them when their service began. We looked at the way the service recorded complaints and noticed that when a complaint had been made this had been dealt with appropriately. We also noted the service had received a number of compliments.

## Is the service well-led?

### Our findings

Everyone we spoke with told us that the service was managed well and people were positive about both the registered manager and the care staff. They told us staff worked well together.

The service had a clear management structure in place. The registered manager had three members of staff who supported them with the day to day running of the service. They were able to demonstrate a good understanding and knowledge of the people who received a service as well as the staff team. All of the staff told us that morale was high within the team, and were pleased they worked for the service. One staff member said, "This is such a good company. It's a good team, and we all get on really well."

Staff told us the service was well organised and that the manager had a visible presence in the daily running of the service. One member of staff described the manager to us as being, "Such a nice person to work for. [Name] works with you and they are respectful of you as a staff member."

The service used a range of ways to seek the views of people who used the service. As well as talking to people, relatives and professionals on a regular basis, they sent surveys out to seek their views and opinions. We saw the latest questionnaires that had been sent out which showed that people were satisfied with the care they received. The manager told us they talked to people on a regular basis and looked at ways they could make improvements. One person told us, "We've had phone calls and they ask at the review. We've also had a questionnaire which we filled in."

Audits were carried out to look at ways in which the service could improve and plans were put in place when shortfalls had been identified. Staff meetings took place and staff told us they had team meetings which enabled them to get together to discuss any issues or concerns. This was confirmed by the records we looked at. Care files and other confidential information about people kept in the main office and were stored securely. This made sure people's private information was only accessible to the necessary people.