East Midlands Crossroads-Caring For Carers

Crossroads Care East Midlands - Nottingham Office

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

We carried out an announced inspection of the service on 5 January 2017

Crossroads Care East Midlands - Nottingham provides personal care and support to people living in their own homes. There were 395 people receiving care at the time of our visit.

There was 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.

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 were received sufficient 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 and their families had a good relationship with the staff that cared and supported them. People were treated 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 as independently as possible.

People knew how to raise concerns or complaints and were encouraged to do so if needed. The provider followed their procedures to ensure any complaints or concerns were dealt with in a timely manner.

Staff spoke highly of the registered manager and the service provided. 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.

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.

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

Is the service effective?

Good

The service was effective.

People received care from staff who were trained, received regular supervision and felt well 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 understand how to meet the needs of the people they cared for.

Is the service caring?

Good

The service was caring.

People and their families had a good relationship with the staff that cared and supported them.

People were treated with respect 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 independent lives.

Is the service responsive?

Good

The service was responsive.

Peoples care and support was planned and centred on the individual. Records provided staff with the relevant information to respond to people's needs.

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

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.

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

People, staff and relatives to give their views about the service.

There was a clear emphasis on continued development and improvement to the service.

Crossroads Care East Midlands - Nottingham Office

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 5 January 2017 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 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 five people who used the service and three relatives for their feedback about the service provided. We spoke with six members of staff, the registered manager and the provider's representative.

We looked at all or parts of the care records for five people, the training and induction records for three 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

People and relatives we spoke with told us they and their families felt safe with the staff that provided their support. One person said, "I feel perfectly safe." One relative said, "Oh yes we are safe with the staff."

Staff had good understanding in how they should keep people safe and recognise the possibility of abuse. Records we saw and staff we spoke with confirmed safeguarding training had been completed. We saw safeguarding policies and procedures were in place. Staff described the process they would follow should they need to raise a safeguarding alert. One staff member said, "The policies and procedures are all accessible either in the office or via the provider's website."

The provider had systems in place to identify the possibility of avoidable harm and to reduce the risk of people experiencing harm. Where safeguarding referrals had been made to the local authority we found they were followed up and responded to in a timely manner by the provider.

The provider's representative told us the registered manager was responsible for making alerts to the local authority. However, all staff had access to the procedures and could make a referral should the need arise.

Assessments of the risks to people's safety were carried out and regularly reviewed. 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. The service would assess the environment of the person's home for trip hazards to ensure the person could move about safely. There was a system in place where staff could report changes and this would trigger a review of care and risks associated with a person's care. There was an on call team that was active 24/7 to ensure people were not at risk of missed calls. This told us the service identified and managed risks.

People's needs had been assessed for the equipment they required to meet their needs. Staff had received training to use the equipment. One person said, "There are so many different hoists, but staff listen and learn about the hoist I use, so they use it safely." Care plans identified if a person was at risk of falls, or had behaviours that may challenge others. The care plan recorded risks and triggers and how staff should de-escalate should issues occur.

We saw risk assessments had been completed for risks associated with social activities a person may encounter in their everyday life. If a staff member was supporting the person at the time the activity was taking place risk assessments were completed. For example, swimming, shopping or going to the gym.

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 registered manager to identify themes and trends.

People did not raise any concerns about the number of staff, but they did make comments about staff being late if there were any problems at the call before them.

Staff told us there was usually enough staff to run each shift. They said that any shortfalls were covered by other staff and the on call team at the service. Roster coordinators were responsible for ensuring there was sufficient staff to cover all calls. Staff were able to access their rotas electronically. There was a system to check staffing levels and this was monitored by the registered manager.

The provider had safe recruitment and selection processes which were followed. The staff files contained all relevant information and appropriate checks had been carried out 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 the provider followed safe recruitment procedures.

People received their medicines as identified on their care plans. People we spoke with confirmed this. One person said, "Staff leave my medicine for me to take myself."

Staff we spoke with and records we looked at told us 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, "I check the MAR for the required medicines. I then check the pharmacy label to ensure the dose and person prescribed for are correct." Another staff member said, "We have information leaflets supplied with the medicine that gives details of any side effects we need to look for."

We found the provider had a medicine policy in place. 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. We found three medication errors had been identified in the last 12 months. The provider had taken appropriate action to follow up and address these issues. Where necessary they took disciplinary action to ensure staff followed and adhered to the provider's policy and procedures.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the way staff supported them or their family members. Another person said, "I feel the staff are trained to meet my needs." One relative when asked if they felt staff were trained to support them said, "Yes definitely, I feel the staff are trained especially when using specific equipment."

Staff told us they had received adequate training to do their job. One staff member said, "We get regular e-learning and face to face training. We have an allocated learning and development advisor, who carries out observation to ensure we have put into practice what we have learned."
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.

Records also showed that staff received an induction, and training designed to equip them with the skills needed to support people safely and effectively. 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. 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. Where needed staff received specialist training. For example, one care plan stated staff must be trained to administer a specific medicine that prevented seizures, as the person was living with a conditions that my cause them to have a seizure.

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.

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. One person told us they had written their own care plan with the support of their family member. 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 said, "We promote independence where possible and give people as much choice and input about their day to day lives." Staff gave us examples of how the mental capacity act was relevant and related to people they cared for. One staff member said, "Many of the people we care for live with dementia, therefore require the understanding and protection that the MCA act relates to."

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 support 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.

People were supported to maintain a balanced diet. People were encouraged to eat and drink. One person told us they choose the food staff prepared for them. Another person told us their family prepare their food, but the staff reheats it for them. A third person said, "They [staff] make me a sandwich, I decide on what I am going to have though."

Staff told us they always ensured people had enough to eat and drink. One staff member said, "I ask people about their appetites and what they like to eat and drink. I also talk to them about quantity and regularity of their meals." Staff told us they checked people's food stocks and replenish where needed if requested to by the person or family. Another member of staff told us there was a nutrition care plan for each person and a nutritional guide if required for people who lived with diabetes or needed extra support. We saw care plans in place for people's nutritional needs. Where concerns had been identified, for example, a person at risk of choking or malnutrition referrals had been made to other professionals.

Care plans identified action taken to ensure people were kept in good health. The service worked well with other professionals and feedback from other professionals was positive. Training had been provided for prevention of pressure ulcers and end of life care, which included when to get other professionals involved. Healthcare professionals had received positive feedback from people they were responsible for. This told us people were supported to maintain good health.

Good

Is the service caring?

Our findings

People and their families told us they had a good relationship with the staff that cared and supported them. One relative said, "We [I and my family] both love the staff. The staff have made a huge difference to my family member. They are not able to leave the house, so it is important that the staff are good, as they become the eyes of the world for [name]." Another relative talked about their own needs and how important it was to have the support of the service to help with their family member.

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. We saw people and their family had been involved with these discussions. This provided staff with the information needed to support them to form meaningful relationships with people.

Staff told us about the people they cared for. They spoke with passion about the people they supported and showed a genuine empathy and understanding of each person's individual needs. One staff said they had worked with a person for a number of years and that people benefited from the consistency of care.

The provider's representative told us staff had a good relationship with people. They said one family wanted to focus on the person's religion and required a member of staff with good knowledge of their culture as the person required to be showered in a specific way. People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if a person wished to incorporate these into their life. Where a person's first language was not English then they were supported by staff that could speak the families' language.

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. The provider told us they worked closely with other that provided advocacy services, for example, Macmillan and volunteer services. We saw information leaflets and guidance were made available in the main entrance of the agency office for people and families to access.

People's dignity and privacy was respected at all times. One person said, "The staff are very respectful and treat me with dignity." Another person told us they felt the staff were pretty good. They told us they were old fashioned and like things done a certain way. They said that most of the time this was accommodated and this depended on the staff. They said, "I do ask them to do it my way."

Staff told us they ensured each individual was treated with dignity and respect by making sure they make their own choices and decisions about their care and support. One staff member said, "I am polite, compassionate and understand people's ways and needs." Another staff member said, "I talk to people and discuss their options, it's what is best for them and their needs." Staff described how they put this into practice. They gave examples of how they respected people's wishes and choices, such as, what clothes they wanted to wear or how they wanted to be cared for.

Care plans were person centred and contained clear details of how a person wanted to receive their care. We could see staff had listened to what people wanted and how they wanted to receive their care and support. The provider's representative told us they wanted to improve the standard of dignity in care for people who used the service by empowering a member of staff to be a dignity champion.

Good

Is the service responsive?

Our findings

People's support was planned and arranged, so they were actively involved in making decisions about their care and support. People told us the staff assisted them various lengths of time each day. One person said, "The agency was sending different members of staff, but I told the manager I wanted the same staff each day." Another person said, "I have three calls per day and the staff support me, depending on what I need." We looked at rotas and where possible people received the same member of staff. Satisfaction surveys sent out by the provider told us care calls were timely and efficient.

Staff had a good understanding of what personalised care should be. They told us care is planned and centred on the individual person. One staff member said, "It is about giving people choices about the type of care they require and how this can be achieved."

The provider's representative told us of the systems they had in place to support how care packages were reviewed. They gave us an example of a person who had improved, as staff had provided good support. Staff had been commended by a District Nurse on how the person had responded to this care and support. We saw a copy of the annual care review that highlighted the improvements that had occurred. The person's nutrition had improved, as food and fluid charts were being completed at every visit and the person had put on weight. The person's mobility had improved, as the person was confine to bed when they first started with the service. Staff supported the person to sit out of bed while staff were present and returned the person back to bed before they left. This meant the person was becoming more mobile.

People's needs were assessed and the support was tailored for that person. From the sample of care records we looked at we found people had participated in review meetings regularly throughout the year. Where people had requested a change to their care package we saw that this had been responded to and changes made.

Feedback we received from other professionals told us the service was extremely responsive to referrals made by them. The service provided same day assessments or the following day. There was evidence that staff went the extra mile. Records showed staff had stayed with a person (who had dementia) whose family member had died until family / services could attend. This showed us the service was responsive.

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. People felt if they raised concerns the management would listen.

People and their relatives were provided with the information they needed if they wished to make a complaint. Information was available for people in their service user guide about how to make a complaint.

Staff were aware of the complaints procedure and what their role and responsibilities were. One staff member told us staff encourage people to raise their concerns with the office, if they have any complaints

with the care and support they received. They said they were confident the complaints would be investigated and responded to.

The provider's representative told us they had a customer service team in place. This enabled one point of contact for concerns and complaints. People had a named member of staff to contact and complete the investigation. Themes and trends for complaints were monitored and identified where improvements could be made. This told us the service managed concerns and complaints appropriately.

The complaints log showed that 17 complaints had been received in the last 12 months. These had been responded to in a timely manner and all resolved. This told us 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.

Good

Is the service well-led?

Our findings

People did not comment on the care and support they received, but their family members told us that the service was good and that they would recommend it to others. One relative said, "I would recommend this service to anyone." Another relative told us they would not change a thing about the service."

Staff told us they felt the leadership of the service was good and made positive comments about the management team. One staff member said, "They [management team] are always willing to listen and discuss any problems or concerns that are put to them, no matter if it is personal or work related." Another staff member said, "Support is readily available when needed." All staff spoke with felt the registered manager was open and approachable.

Staff told us and records we looked at confirmed staff were fully supported with their performance and development. Staff told us they received regular supervision and appraisals where they had discussions about training, working lives and feedback they had received from people who used the service.

A registered manager was in post. 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.

The provider told us the vision and values of the service were shared with staff at their induction. Staff felt the service provided good care and were not required to limit the time spent with people. This ensured the carer of people and their family'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. Staff told us the service provided support to people and prevent them going into hospital. One staff said, "People tend to recover far quicker at home and they are much happier in their own surroundings."

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns. One staff member said, "I would be confident to raise a concern if I needed to."

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 provider's representative told us they promoted person centred care to ensure people and their families support was effective. The registered manager monitored the quality of the service by speaking with people, reviewing their care, one to one discussions with staff and monthly meetings. 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.

There was a clear emphasis on continued development and improvement to the service. The provider's representative said they were constantly trying to increase the growth of the service. They did this by ensuring other services offered at the location were flexible and continued to meet people's needs.

There were effective and robust systems in place to monitor and improve the quality of the service provided. Regular service audits were completed, such as care records, medication records and reviews of the individual support people received. We also saw that audits had been carried out to seek feedback from people and how the service was run. We saw the feedback received was positive. Improvements had been implemented. Systems were monitored 24/7 to reduce the possibility of missed calls. A new on-call phone number had been implemented.