

Oxfordshire Crossroads

Crossroads Care West Berkshire

Inspection report

Broadway House, 4-8 The Broadway
Northbrook Street
Newbury
Berkshire
RG14 1BA

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Tel: 0163530008

Website: www.oxfordshirecrossroads.org.uk

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

Crossroads Care West Berkshire is a domiciliary care agency that provides personal care to people in their own homes. It provides a service to different groups of people including older adults, people living with dementia, mental health, physical disability and sensory impairments. The Care Quality Commission (CQC) only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Not everyone using the service receives the regulated activity. Where they do we also take into account any wider social care provided.

This inspection took place on 11 December 2018 and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. At the time of our inspection the service was providing personal care to 43 people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People felt safe while supported by the staff team who made them feel reassured and relatives agreed with this. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The registered manager had the knowledge to identify safeguarding concerns and acted on these appropriately.

The registered manager and senior staff had planned and booked training when necessary to ensure all staff had the appropriate knowledge and skills to support people. Staff had ongoing support, supervision and appraisals. They felt really supported by the registered manager and senior staff, and maintained good team work.

People and relatives were complimentary of the staff and the support and care they provided. People received support that was individualised to their specific needs which were kept under review and amended as changes occurred. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with respect, and their privacy and dignity were promoted. People felt the staff supported them in the way they wanted. Staff were responsive to the needs of the people and enabled them to improve and maintain their independence with personal care. The staff monitored people's health and wellbeing and took appropriate action when required to address concerns. People felt confident they would be looked after well and relatives agreed with them.

Where possible, the registered manager scheduled visits so the same staff went to see people to maintain continuity of care and support. People were informed about the changes to their visits as necessary. The service assessed risks to people's personal safety, as well as staff, and plans were in place to minimise those risks. There were safe medicines administration systems in place and people received their medicines when required. The service had recruitment procedure that they followed before new staff were employed to work with people. This included ensuring staff were of good character and suitable for their role.

Staff felt the registered manager and senior staff were approachable and considerate. They had good communication, worked well together and supported each other, which benefitted the people who use the service. The registered manager had quality assurance systems in place to monitor the running of the service and the quality of the service being delivered. The registered manager and the senior team were able to identify issues and improvements necessary and took actions promptly to address these. They praised the staff team for their hard work and appreciated their contribution to ensure people received the best care and support.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Crossroads Care West Berkshire

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 11 December 2018. It was carried out by one inspector and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. An expert by experience made telephone calls to interview people or their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted 10 community professionals for feedback and received feedback from one.

During the inspection we spoke with four people who use the service and four relatives. In addition, we spoke with the registered manager and received feedback from seven staff. We looked at records relating to the management of the service including five people's care plans and associated records. We reviewed one recruitment record, staff training records, incident and accident records, quality assurance records, the compliments/complaints log and policies relating to the running of the service.

Is the service safe?

Our findings

People felt safe in their homes and liked the staff who supported them and relatives agreed. People could speak with staff if they were worried. Relatives and people said, "We are so pleased our relative is safe and someone is taking care of them and keeping them safe" and "I am well looked after – it's good to know that I can stay in my own home rather than having to go into full time care". Staff knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management. They were also aware they could contact outside agencies such as local authority or police should the need arise. The registered manager understood their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals accordingly.

People's support plans had detailed information and guidelines to help staff provide care in a safe and person-centred way, based on people's condition and the support they required. This included information about people's likes and dislikes, medical conditions and self-caring abilities. As part of the support plan, the service carried out a health and safety assessment of the person's home to ensure the person, and staff were safe while carrying on the regulated activity. The registered manager assessed the risks to people's personal safety and put plans in place to minimise these risks. Risk management plans had detailed guidance to ensure risk mitigation so that people continued to receive safe and effective support.

The registered manager had recruitment procedures in place to ensure suitable staff were employed. They included a health check and a Disclosure and Barring Service check to confirm candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, value-based interviews were designed to establish if candidates had the appropriate attitude and principles.

The registered manager determined the number of care packages according to the needs of the people using the service and staff numbers. The registered manager allocated the same staff to the same people as much as possible to ensure there was a continuity in meeting people's needs. It also helped in building stronger relationships between people and staff. If the staff were late to visit a person or a different staff had to cover the visit, then people and/or their relatives were informed. The staff confirmed they had time to visit and support people and helped each other to cover absences. People and relatives confirmed staff took time to support and care for them appropriately without rushing.

The registered manager ensured medicine was managed safely. Staff did not administer medicines to people unless they were trained to do so. Staff provided support to people with medicine according to the support plan. The registered manager reviewed medicine record information for any errors. We looked at medicine administration record (MAR) sheets for five people. We found gaps in three people's MAR sheets. We pointed this out to the registered manager to review. They noted some of the gaps were due to the service not needing to attend the people because it was not part of the support plan. They agreed it could have been recorded clearer. If there was an error, the registered manager explained how they would address it with staff to find out the reason for medicines error and investigate the matter. If necessary, the registered manager would book staff to attend medicine management refresher training.

There was a system for recording accidents and incidents. We saw information was recorded in detail and appropriate actions had been taken. The registered manager explained how they would address any accidents and incidents and the support that would be provided to the people who use the service. They would also discuss them with the team for ideas of improvements or if things could have been done differently. The registered manager said they had a "no blame culture" in the service. This meant if something happened, they would not look for blaming someone. They would rather reflect on the event and consider better ways of dealing with it in the future. The service had continuity plans to ensure the service could continue in the event of an emergency. There was an on-call system in place for staff should they need help and advice and staff confirmed this. Staff were provided with and used personal protective equipment to prevent the spread of infection. People and relatives confirmed this and said staff wore the protective equipment while supporting them.

Is the service effective?

Our findings

People and relatives spoke positively about staff and told us they were skilled and able to meet their needs. We received complimentary comments from people about the support they valued most. They said, "My care is second to none and I cannot fault any part of it", "My carers are exceptional –don't know about training but patience, care and kindness in abundance" and "As a relative I can only comment on my observations and I have only seen professionalism and quality care".

People stated they felt the staff had the skills to support them. We reviewed the latest training information provided to us which recorded mandatory training. Where training was out of date, the registered manager and senior staff would book staff to complete refresher training. Where necessary, the registered manager provided additional training to ensure staff maintained good knowledge and skills. Staff felt they received enough training to help them carry out their roles effectively.

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. In addition, the annual appraisals gave staff the chance to discuss their learning and development plan and raise concerns related to health and safety. Staff felt they could contact the registered manager or other senior staff at any time to discuss various topics or ask for advice. The registered manager and staff regularly kept in touch with each other which helped them work well as a team. They felt their good communication ensured people received good care and support at all times. The registered manager took appropriate disciplinary action if they needed to address poor performance. When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. Staff new to care work completed the Care Certificate as part of their role. This is a set of 15 standards that new health and social care workers need to complete during their induction period.

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. The registered manager demonstrated a good understanding of mental capacity considerations ensuring people could make their own decisions. It was evident people were involved in their care and support. However, we noted to the registered manager some consent forms were signed by the family members and it was not clear if they had a legal right to do that. We discussed this with the registered manager. After the inspection, the registered manager informed us this matter was reviewed with the operational policy framework lead at the organisational level to ensure and evidence people's consent was sought and recorded in line with the MCA legal framework.

People and relatives agreed staff respected people's wishes and sought consent before helping them. Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support. Staff said, "Yes, I do ask for permission - you cannot do anything if the client is not happy but I would not neglect them", "I always say hello and always ask first what they want to do" and "Oh yes, I always ask for permission and we do our best to make them happy".

Some people needed support with eating and drinking as part of their care package. The level of support each person needed was identified in their support plan. For example, if someone needed help with eating or encouragement with drinking and having a balanced diet, there was guidance available for staff. Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the registered manager, reporting any changes or issues. If needed, health or social care professionals were involved. Each person had an individual needs assessment that identified their health and care needs. The staff team were prompt to pick up any issues or concerns so they could prevent health and wellbeing deterioration.

Is the service caring?

Our findings

People felt they were treated with compassion and kindness by the staff team and the registered manager. People praised staff members' effort and care when supporting them. Staff delivered care and support that was caring and person-centred and which had a positive effect on people. People and relatives said, "What can I say - they are so good all the time", "Sometimes if I feel ok I make some tea when the carers are with me and it feels good to do something useful" and "My carers are very kind". People agreed staff respected their dignity and privacy, and made them feel comfortable at all times.

The registered manager placed importance on ensuring continuous support to people from regular staff. People and staff knew each other well and had well established relationships. The registered manager and senior staff regularly checked people were happy with their support and listened to any issues or questions. Staff made sure people were comfortable and relaxed in their own homes and able to share any concerns. People and relatives said, "The carers always explain what they are going to do before they do it and ensure I am OK with that", "The carers understand the need for privacy and avoiding any awkward moments" and "The best thing is knowing that if we cannot be there then the carers will do their best for our relative. They all have our total trust and confidence". People's care was not rushed, enabling staff to spend quality time with them. People and relatives felt staff took their time to complete all the tasks and provide the support that was needed.

The registered manager was complimentary of the staff's conduct towards people. Staff were able to give examples of how dignity and privacy was respected. They understood the importance of treating people respectfully and showing their choices and wishes mattered to the staff. They said, "We are here for them [service users] to keep them safe and happy", "We offer them choices and we respect it" and "I care for them and be kind – I treat them how I would want to be treated". Staff knew people's individual communication skills, abilities and preferences. People's records included detailed information about their personal circumstances and how they wished to be supported. People and relatives felt the staff tried to help people maintain their independence by supporting them with tasks such as showering or getting a drink. Staff ensured people were fully involved with their care, promoting independence whenever possible. Staff understood people's independence was an important aspect of their lives, for example, taking part in their own personal care or helping with some activities and they encouraged it. Staff were aware when to help if someone needed assistance.

Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office. Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family with people's permission.

Is the service responsive?

Our findings

People received individualised care and support they needed which supported their cultural identities and preferences at the time specified in the support plan. People continued to have their needs assessed after they started using the service. Information had been sought from the person, their relatives and other professionals involved in their care. This information was then used to compile the plan of care and support. Each person had an individual support plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. Staff recorded care and support provided at each visit, and people and relatives confirmed this. The information recorded about people helped staff monitor their health and welfare, responding to any changes and enabling them to make timely referrals to appropriate professionals. People and relatives confirmed they were involved in the care planning process. The service was flexible to adjust to people's needs when necessary, which they felt was a big help.

People who use the service were able to attend additional activities such as day centre and social groups that helped with avoiding isolation and gaining friends. The service provided a safe atmosphere for people with group activities to enjoy, tailored for each individual attending and a meal was provided. The service also provided additional services to carers. A carer is someone who looks after their relative or someone close to them but they are not paid for the job. Crossroads Care West Berkshire provided two respite services called "Rapid response" and "The Swift service" to the carers so they could have a break and some rest while the staff looked after the person. This meant people who use the service benefited from the respite service provided by Crossroads Care West Berkshire because their main carers were able to have a break and some rest.

We looked at whether the service was compliant with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records indicated whether people had disabilities or sensory impairments. There was some guidance in communicating with people in a manner they could understand. For example, when staff speak to the person to ensure they speak clearly, or ensure face to face communication. We discussed the five steps of AIS with the registered manager. They said they would review people's communication needs to ensure the information was highlighted and in line with the guidance when applicable. This would ensure all information presented was in a format people would be able to receive and understand.

There had been no formal complaints in the last 12 months. The registered manager was aware how to handle them and took complaints and concerns seriously. They said they would use any complaint as an opportunity to improve the service. We saw the registered manager addressed issues and concerns promptly to ensure people were happy and safe. They encouraged people, their relatives and staff to always share any issues or concerns so they could be addressed in a timely manner to avoid further negative impact.

People and relatives felt they had not had a cause to make an official complaint about anything. They said,

"Yes, we know how to complain, it's not been necessary to call yet", "I would speak to the carer before escalating anything" and "It was resolved immediately and I got a call from the manager to ensure everything was ok". People and relatives felt they could contact the office staff or the registered manager should they needed to complain and it would be taken seriously. Staff knew how to report concerns or issues to the registered manager to be addressed and keep people informed of action taken. We also saw the service received a lot of compliments. Thank you cards from patients and their relatives was consistently positive about the way staff treated them with one stating, "Crossroads has been a lifeline to me these last few months and I must thank the staff for the comfort and support they have given my wife and me". People who use the service praised the effectiveness of their staff team.

Is the service well-led?

Our findings

The service had a registered manager as required. 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. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The registered manager had a quality assurance system in place to assess and monitor the service delivered. The registered manager and senior staff continued to carry out visits to people, review their care and seek feedback from people and their relatives to help them monitor the quality of service. Documents showed the senior staff were responsible for monitoring the performance and competency of care staff by carrying out spot checks. These checks involved getting feedback from the people who use the service. It also included checking the timing of visits, attitude of staff and whether the staff were wearing their uniforms and identification badges. Any issues or gaps picked up were analysed and addressed with the staff. The management team also carried out various audits including medicine information, daily notes, care plans, falls information and staffing. The information was entered and clearly presented so any shortfalls or issues would be picked up promptly. The provider's online system helped monitor and assess the quality of the service more effectively.

Where we identified some gaps in medicine records and daily notes, the registered manager reviewed this part of the auditing and made some changes including assigning one staff member to do the audit. This would be completed on a monthly basis. All errors or missed signatures would be recorded and passed on to the registered manager to organise supervision with the relevant staff member. If the visits had been cancelled for any reason, the staff recorded the reason for not giving medicines clearly and accurately on the paperwork and the auditing form. The registered manager also arranged further training to ensure paperwork was completed correctly.

The provider worked hard to maintain a well-led service by having carers, people who use the service and local community members making up their board of trustees. This way the provider ensured all parties could have input into making a service that benefited both those using it and the wider community. The trustees met regularly with the chief executive to discuss the direction and vision of the service, ensuring it remained relevant and in keeping with legal requirements. The service also worked with health and social care professionals to achieve the best care for people they supported. One professional said, "[The registered manager] is responsive and willing to work to develop good practice and processes". People said, "I think the office people are helpful, they take my call and someone usually gets back to me" and "Communication is good, e.g. if change of staff on the rota they just give me a call". Relatives said, "If there are any problems, they [the family member] get a call and this is peace of mind for the whole family – the carers see our relative every day and can spot changes and problems" and "We trust the management and staff totally. We would recommend the agency to anyone".

The service held two monthly staff meetings where open discussions took place related to service operation. We saw minutes of four staff meetings that took place this year and the discussions included feedback from training, communication and medicine administration record sheets, feedback from people and staff attendance. In addition, we also saw minutes of two office meetings which included discussions around the running of the service including risk assessments, staffing and care hours. Staff shared any information about people with each other and the registered manager on a need to know basis. This helped them take prompt actions that would help manage risks associated with people's care and support. Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people.

Staff and the registered manager worked together as a team to provide people with the support and care they wanted. Staff understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. Staff felt there were opportunities to discuss issues or ask for advice. Staff felt they were supported and listened to by the registered manager or senior staff when they approached them. They said, "I am very happy with Crossroads and we have a good team. [The management team] are always available, they are very very good", "The service is well run and the people are ever so happy with the service. It's a really good company" and "We have a backup 24/7, we can speak to [management team] anytime. I love it – I love working for Crossroads!" The registered manager encouraged open and transparent communication in the service. They valued how staff worked well together as a team to ensure people received the care and support they needed. They said, "The team is brilliant. I can give them the tools and they do it – we have an amazing team work. We support our staff and make them feel valued. We are a really brilliant team!"