

Carers Trust, Heart Of England Rugby Crossroads

Inspection report

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Date of inspection visit:
06 April 2016

Date of publication:
11 May 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 visit took place on 6 April 2016 and was announced. The provider was given two days' notice of our inspection visit to ensure the manager and care staff were available when we visited the agency's office.

The service was last inspected on 17 June 2014 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Rugby Crossroads is a domiciliary care agency providing care for people in their own homes in the Rugby area. People received support through several visits each day. On the day of our inspection the agency had 55 care staff providing support to 155 people.

The service had a registered manager. 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. We refer to the registered manager as the manager in the body of this report. In addition to the registered manager the service was also managed on a day to day basis by a care manager.

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. Care staff understood how to protect people from abuse and keep people safe. The character and suitability of care staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

There were enough care staff to deliver the care and support people required. Most people said care staff arrived around the time expected and stayed long enough to complete the care people required. People told us care staff were kind and knew how people liked to receive their care.

Care staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us care staff had the right skills to provide the care and support they required. Support plans and risk assessments contained relevant information for staff to help them provide the care people needed in a way they preferred.

Staff were supported by managers through regular meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff. The managers understood the principles of the Mental Capacity Act (MCA), and care staff respected people's decisions and gained people's consent before they provided personal care.

Staff, people and their relatives felt the manager was approachable. Communication was encouraged and

identified concerns were acted upon by the manager and provider. People knew how to complain and information about making a complaint was available for people. Care staff said they could raise any concerns or issues with the managers, knowing they would be listened to and acted on. The provider monitored complaints to identify any trends and patterns, and made changes to the service in response to complaints.

There were systems to monitor and review the quality of service people received and to understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care staff and a programme of other checks and audits. Where issues had been identified, the provider acted to make improvements.

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 felt safe with care staff. People received support from staff who understood the risks relating to people's care and supported people safely. Care staff understood their responsibility to keep people safe and to report any suspected abuse. There were enough care staff to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Is the service effective?

Good ●

The service was effective.

Care staff completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and care workers respected decisions people made about their care. People who required support with their nutritional needs received support to prepare food and drink during the day and people had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People were supported by care staff who they considered kind and who respected people's privacy and promoted their independence. People received care and support from consistent care staff that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were fully involved in decisions about their care and how they wanted to be supported. People's care needs were assessed and people received a service that was based on their personal preferences. Care staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint

and the management team analysed concerns and complaints, and acted to improve the service.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service and said they were able to contact the office and speak to management if they needed to. Managers supported staff to provide care which focused on the needs of the individual. Staff felt fully supported to do their work and felt able to raise any concerns with the management team. The managers provided good leadership and regularly reviewed the quality of service provided.

Rugby Crossroads

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 visit took place on 6 April 2016 and was announced. This service was inspected by one inspector and an expert-by-experience. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service. The provider was given two days' notice of our inspection because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with staff who worked for the agency.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the office visit we contacted people who used the service and their relatives to obtain their views of the service they received. We spoke by telephone with 14 people and seven relatives of people who used the service.

During our inspection visit we spoke with two care staff, a senior care worker, two care co-ordinators, the operations manager, the care manager and the registered manager. We also spoke with the chairman of the board of trustees.

We reviewed five people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the

service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe with staff who visited them at their homes. Comments included; "I feel very safe with the carers because I know them well. And, "I have the same carer for a while now and I certainly feel very safe and have no worries."

People were supported by staff who understood their needs and knew how to protect people from the risk of abuse. Staff attended safeguarding training regularly. This training included information on how staff could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone's safety. One staff member told us, "I would raise any issues of concern with the care manager. I'm sure concerns would be looked into. If I wasn't sure about this I wouldn't hesitate to escalate my concerns further."

The provider had notified us when they made referrals to the local authority safeguarding team where an investigation was required. They kept us informed of the outcome of the referral and any actions they had taken that ensured people were protected.

The provider's recruitment process ensured risks to people's safety were minimised. The provider's recruitment procedures ensured staff were of a suitable character to work with people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The provider had contingency plans for managing unforeseen circumstances which might impact on the delivery of the service. For example, emergencies such as fire or staff absences were planned for; and there was a daily procedure to backup records and files on the computer, so any disruption to people's care and support was minimised.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. One person told us about their initial assessment of care needs saying, "I was involved in my planning with social services and the manager. They came out to check I was happy with what was planned." Risk assessments were up to date, were reviewed regularly and included instructions for staff on how risks to people could be minimised or managed. For example, one person who was at risk of falling had a risk assessment in place for managing their mobility. Care records instructed staff on how they should be moved safely. Staff followed the instructions, which minimised the risk of harm to the person.

People told us there were enough staff to meet their needs as staff always attended their scheduled calls. The manager confirmed the agency had a monitoring system which alerted them if care staff did not arrive for a scheduled call. This ensured people always received a visit from staff when they were supposed to. The

majority of the people we spoke with also told us staff generally arrived on time and stayed for the right amount of time. Comments from people included, "My carer always arrives on time and stays for the full half an hour." "They are always punctual, even in bad weather." Another person told us, "The timing of the staff in the morning is very good." They added, "The ones in the evening are less so. They sometimes go early if they have finished. I feel they should stay for the full time." The operations manager told us, "Staff do stay for the agreed amount of time unless they have finished all their tasks and the person does not want them to stay any longer." They added, "We monitor how long care staff stay with people, their arrival and leaving time to ensure people are receiving the support they need." We reviewed the monitoring log records which showed managers regularly checked staff times.

People told us they were notified by phone if staff were going to be late attending their call. Care staff told us they always contacted their manager or the office if they were running late for calls, so that people could be advised they would be late. One person said, "Sometimes they are held up at the previous call, but they always ring to let me know what is going on." Another person told us, "The regular carers always come on time. Other carers who are covering can vary their arrival times a bit though."

The managers, care staff, and care co-ordinators responsible for scheduling calls, confirmed there were enough care staff to cover all the calls people required. The manager confirmed there were no vacancies at the service. The manager stated, "We ensure we do not take on any new people unless we have the staff in place to support them." A care co-ordinator explained, "There are enough staff to cover all our scheduled calls. Sometimes when staff are off sick or an emergency occurs we need to change times or send a replacement carer, but we try to make sure people are supported by consistent staff wherever possible."

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped them with this." People who received support with medicines told us they received their prescribed medicines safely. One person said, "All my medication comes in a blister pack and my carer checks with me that I have taken them." And another said, "They give my first dose of tablets in the morning and always apply my cream."

We spoke with three members of staff who administered medicines to people in their own home. Staff told us they administered medicines to people as prescribed. They received training in the 'effective administration of medicines'. This included checks by the trainer on staff's competency to give medicines safely. Care staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by care staff during visits and by senior staff during spot checks. Completed MARs were returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively. Comments included, "The carers who come to me are really well trained and know what they are doing." And, "My carers are really well trained and know exactly how I need to be cared for." "

Care staff told us they received an induction to the job when they started work. This included working alongside an experienced member of staff, and training courses tailored to meet the needs of people they supported. One member of staff said, "My induction training covered all the things I needed to know." They added, "The manager was really good and didn't push me to support people on my own until I was really confident." The operations manager told us, "We don't place a time limit on care staff induction; staff are supported in their role until they are confident of their skills." The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care staff in the UK. This demonstrated the provider was following the latest guidance on the standard of induction care staff should receive.

Care staff told us in addition to completing the induction programme; they had a probationary period and were regularly assessed to check they had the right skills and attitudes required to support people. Records confirmed care staff received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults. Care staff told us they were encouraged to complete a qualification in care and had training to support people's specific health needs. One member of staff told us, "I work mainly with older people and have had training in dementia to support how I work. This helps us communicate with people in the right way and understand their needs."

Care staff told us they had regular supervision meetings to make sure they understood their role and spot checks (unannounced visits) to make sure they put this into practice safely. We were told, "We have regular spot checks. They [the managers] give you feedback about your practice and it's discussed in a supervision meeting." People who used the service confirmed senior staff checked on care staff during care calls. One person told us, "They come round and check them to make sure they're doing everything right."

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The managers understood their responsibilities under the MCA. They told us there was no one using the

service at the time of our inspection that lacked the capacity to make all of their own decisions about how they lived their daily lives. We were told some people lacked capacity to make certain complex decisions, for example how they managed their finances. These people had somebody who could support them to make these decisions in their best interest, for example a relative or advocate. Where people lacked the capacity to make complex decisions we saw 'best interests' decisions had been made following a mental capacity assessment, in conjunction with health professionals and people's representatives.

Care staff we spoke with had completed training in the MCA and knew they should assume people had the capacity to make their own decisions, unless it was established they could not. Staff knew they should seek people's consent before providing care and support. Care staff told us, "We ask people before we do things for them and gain their agreement." Care staff said the people they supported could generally make everyday decisions for themselves. We asked people if care staff asked for their consent before they provided care, comments included, "They [staff] always ask me if it's OK to do things for me." And, "The staff ask for my consent before they deliver any support to me."

Most people told us, they, or their relative provided their meals and drinks. However, those people who were reliant on care staff to assist them with meal preparation were satisfied with how this was provided. Comments included, "They are very good. I prepare my lunch before they arrive and they then cook for me." And, "They always make my breakfast, lunch and tea and always ask what I would like. They always make sure I have plenty of drink available before they leave each time."

Care staff told us they had an opportunity to read care records at the start of each visit. People told us that staff kept up to date records in their home. One person said, "They put everything down in my care records when they come." The care records included 'handover' information from the previous member of staff which updated the following member of staff with any changes since they were last in the person's home. One member of staff said, "We always check the daily records, as these are our handover notes." Another member of staff commented, "I make sure I put as much detail as I can in the care records so other staff members know exactly what's been done." Care staff explained the daily records supported them to provide effective care for people because the information kept them up to date with any changes to people's health or care needs.

Care staff and people told us Rugby Crossroads worked well with other health and social care professionals to support people. Most of the people we spoke with managed their own health care appointments. However, they described staff helping them to contact health professionals where this was required. One person commented, "I make all my own appointments usually, but they have rung the doctor for me a couple of times when I needed them to." Other comments included, "They will contact the GP for me if I ask." And, "The carer rang the surgery once when I had difficulty breathing. She was a real Godsend then. I was really grateful."

Is the service caring?

Our findings

All of the people and their relatives told us staff treated them with kindness, and staff had a caring attitude. Comments included, "They are like part of the family and I love every one of them." And, "They are always polite and we always have a laugh and a joke and they make me laugh."

People told us they were involved in making decisions about their care through meetings with the manager and regular reviews around their care needs. One person said, "It's so long ago I can't remember the original planning meeting, but the manager comes around regularly to check if everything is alright and if I want to change anything." Another person told us, "My care was organised by myself with Crossroads. I see the Manager every three months, who comes to check that everything is fine for me."

People told us staff treated them with respect and dignity. People said care staff asked them how they wanted to be supported, and respected their decisions. One person said, "They always ask if it is OK to do things for me, particularly when they are doing my personal care." A relative confirmed, "They are very polite and always ask if it's alright to do things for my wife." A staff member told us, "When I'm providing support to people I try to make people feel at ease, I explain what I'm intending to do, and ask permission."

People told us care staff listened to them, and supported them to maintain their independence. A member of staff explained how they supported someone by making sure the person was encouraged to do what they could themselves, "I will encourage people to have a walk around to get some exercise and keep mobile. I also encourage people to make their sandwich and a cup of tea if they can." People confirmed staff encouraged them to maintain their independence for as long as possible. Comments included, "They are very caring and very obliging. They will always do what I ask but they help me to be as independent as possible because that is what I want." And "They are very respectful and I respect them for what they do. I can't get out but the carers do help me to get about my house and keep me doing things for myself where I can."

Care staff told us how they upheld people's privacy. They said, "I try to put people at their ease by speaking to them during personal care." And, "I make sure they are covered during personal care to maintain people's privacy."

Care staff had a good understanding of people's care and support needs. They told us they supported the same people regularly so they knew people's likes and preferences. One staff member said, "I have the same people so I get to know them." Another told us, "We are usually allocated the same people to care for. This helps us build relationships with people; get to know their likes and dislikes. This also reduces people's anxiety as they have familiar carers." We looked at the call schedules for four people who used the service. These showed people were allocated the same care staff where possible. The care co-ordinators told us they tried schedule calls to make sure people were supported by the same team of care staff.

Is the service responsive?

Our findings

People told us the staff at Rugby Crossroads, were responsive to their individual needs and wishes. This was because care staff listened to what people wanted and acted in response. Comments we received included, "Nothing is too much trouble for them when I ask." And, "The care I get is excellent. Nothing is too much for my carers and they always think of what I need to lead a full life. They help me to walk around my home which helps me to keep mobile."

People told us their support needs had been discussed and agreed with them when the service started and the service they received met their needs, choices and preferences. One person said, "The carers really know what I like and what I don't like. Things like how I like the bed made and how things should be in their place." Another person told us, "My carers certainly know what I like and what I don't like."

We looked at five care records. Care plans provided care staff with information about the person's individual preferences and how they wanted to receive their care and support. Records showed people were seen as individuals and their individual needs were listened to and supported. There were instructions for staff about how to provide the care people required. For example; how staff should support people who required assistance or equipment to move around. Records of calls completed by staff confirmed these instructions had been followed.

Care staff had good understanding of people's care and support needs. We were told, "We have time to read care plans and sit and talk with people so you get to know what they need and what they like," and, "We know about our regular clients, we have time to read care records and they are always up to date." Care staff told us they referred any changes to people's care to the office staff or managers, and plans were reviewed and updated so they had the required information to continue to meet people's needs.

People told us that they were supported to go out of their home if this was part of their care plan. Staff encouraged and supported people to follow their interests and take part in social activities where this had been identified as a specific need. This helped people maintain links with their local community.

Care staff knew how to support people if they wanted to complain, we were told, "There is complaints information in the folders in people's homes. It tells them exactly who to complain to." Several people said they had contacted the office to raise minor concerns and these had been resolved to their satisfaction. One person said, "I did complain in the past about getting so many different carers but now I get just two, I am much happier." Other people told us they had never needed to make a complaint, comments included, "I have never had a reason to complain, they are excellent at their job." And, "I have never had to complain and I get regular questionnaires to ask for my feedback."

One person expressed concerns regarding the timings of their scheduled calls. We spoke with the manager and a care co-ordinator regarding scheduled call times and their response to the feedback. They explained, "People are allocated a specific time when they join our service. If they want an earlier call we try our best to meet this need. Often we can do the earlier time on an informal basis, but sometimes when we are busy

their time reverts back to the original agreement." They added, "We try to be as flexible as we can and listen to people's feedback."

We reviewed people's care records to see whether the agreed times for their calls was clearly documented in their care plans. We found the agreed call times were not always recorded. We spoke with the manager regarding this, as we were concerned that this might cause confusion with people about when their agreed call times were allocated. The manager agreed to review care records to ensure agreed call times were recorded.

The manager kept a log of complaints they had received. Where complaints had been recorded in the complaint's log we saw these were investigated and responded to in a timely way. Staff had visited people to discuss their complaint and tried to resolve the person's concerns.

Is the service well-led?

Our findings

Most of the people we spoke with told us the care they received from Rugby Crossroads was excellent and the management team and staff were responsive to their feedback. Comments from people included, "I am very satisfied with the service I get. The office is very helpful and does what I ask for. They came and changed some food for me when the supermarket sent the wrong thing. That is going the extra mile." And, "I am very happy with the service. I have no reason to contact the office and the manager comes on a regular basis to see if I am happy."

The registered manager was supported each day by the care manager. Care staff said they enjoyed working for Rugby Crossroads and it was managed well. None of the care staff we spoke with could think of anything that could be improved and said the service worked well. Comments included, "I love working at Crossroads, the managers really listen to you and are accommodating." And, "It's a good place to work, I'm happy to get paid travelling time and a living wage."

Staff told us they received regular support and advice from managers and care co-ordinators via the telephone and face to face meetings. Care staff were able to access support and information from managers at all times as the service operated an out of office hours' advice and support telephone line, which supported staff in delivering consistent and safe care to people. One staff member said, "The 24 hour on call support is really helpful. I know there would be someone there to support me in an emergency or with advice." Care staff knew who to report concerns to and were aware of the provider's whistle blowing procedure. They were confident about reporting any concerns or poor practice to the managers.

Care staff told us the care manager supported them by giving them the time they needed to complete their work. We saw staff were allocated sufficient time to provide care for each person, and time was allowed for staff to travel from one call to the next. Most of the people we spoke with told us staff visited them at the right times, and for the correct period of time, in accordance with their care plans.

Care staff said they had group staff meetings as well as individual meetings with their manager. Meetings allowed them to share their views and opinions and kept them up to date with any changes. One member of staff told us, "We recently discussed the new uniforms. These have now been changed as staff didn't like the lack of pockets. The managers really do listen to your views."

People, their relatives and staff were asked to give feedback about the quality of the service they received through a range of different routes. This included regular quality assurance questionnaires as confirmed in the PIR. People were also invited to attend the provider's annual general meeting which was an open meeting for all to attend. Records confirmed people were asked for their opinions of the service through spot checks, surveys, and care plan reviews. One person commented, "The manager comes every so often to review the care and the whole operation is well managed." Another person said, "I have had questionnaires which I send back on a regular basis."

The provider and registered manager used a range of quality checks to make sure the service was meeting

people's needs. For example, the manager completed audits in care records, and timekeeping. Where issues had been identified action plans were put in place to make improvements. The provider told us, "The organisation is overseen by a chief executive and the organisation is managed by a board of trustees/directors who receive regular reports of the charity's activities." We found the managers played an active role in quality assurance and ensured the service continuously improved.

The registered manager understood their responsibilities and the requirements of their registration. For example they knew what statutory notifications they were required to submit and had completed the PIR which are required by Regulations. We found the information in the PIR reflected how the service operated.