

North Notts Crossroads Caring For Carers

Crossroads Care North

Nottinghamshire

Inspection report

Intake Business Centre
Kirkland Avenue
Mansfield
Nottinghamshire
NG18 5QP

Tel: 01623658535

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection was carried out on 14 July 2016. Crossroads Care North Nottinghamshire provides support and personal care in Nottinghamshire. On the day of the inspection there were approximately 219 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who understood the risks of potential abuse people could face and knew how to make people feel safe. People might not receive their care and support in the safest and least restrictive way possible due to a lack of robust risk management.

People were supported by a regular individual or group of staff who they knew. People did not always receive the support they required to take their medicines safely.

People were provided with the care and support they wanted by staff who were trained and supported to do so and they provided consent to their care when needed. People's human and legal right to make decisions for themselves may be overlooked.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from staff who understood their health needs.

People were treated with respect by staff who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People's care plans did not contain all the required information to ensure their care and support was delivered as needed. People's concerns may not be recognised and acted upon.

People who used the service and care workers were able to express their views about the service which were acted upon. The management team provided leadership that gained the respect of care workers and motivated them as a team.

Systems used to monitor the quality of the service did not always identify where improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff were not always made aware of how to provide people with safe care and support.

People's medicines may not be managed safely.

People felt safe using the service because they were treated well by staff who understood their individual responsibilities to prevent, identify and report abuse.

People received their visits as planned because there were sufficient staff employed and there were contingency arrangements in place if needed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's right to give consent and make decisions for themselves were encouraged, but their right to be protected by the MCA may not be.

People were cared for by a staff team who were trained and supported to meet their varying needs.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by care workers visiting them in their homes in a way that suited them.

Is the service responsive?

The service was not always responsive.

People may not receive the care and support they require because their plan of care did not include all the information required to do so.

People's concerns and complaints about their care were not always acted upon.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Audits undertaken did not always identify where improvements were required.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency. People's views and experiences in using the service were used to identify and make improvements to the quality of the service they received.

People were supported by staff who were motivated, encouraged and supported to carry out their duties.

Requires Improvement ●

Crossroads Care North Nottinghamshire

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 14 July 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We sought feedback from some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with 16 people who used the service and 12 relatives. We also spoke with 10 care workers, an assessment officer, the training officer and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for five people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

The provider's systems for managing risk assessments and medicines did not assure us that risks to people were always managed safely. An assessment officer told us they carried out the assessments of all new people coming to use the service. However it was unclear how these assessments had been completed as there was no information recorded to show this. We found these assessments lacked detail of the risks people may face and how these could be reduced in the least restrictive way. For example one person needed support with a medical procedure. There was no risk assessment for this and the detail in the care plan did not advise staff on the practices they should follow to minimise the risk of infection when supporting the person. Additionally the guidance that was in the care plan included an incorrect term.

Another person was supported to take a medicine which had specific handling requirements due to potential risks. There was insufficient detail about the reason for this in the person's care plan. Additionally although there was reference to a 'no touch policy' for this medicine, there were no details about how this medicine should be managed. Staff told us they felt there were occasions when they required more detail about how to undertake a care activity safely. The registered manager agreed that more detail was needed about how risks should be managed and said they would be reviewing the way they assessed and recorded risks people faced.

People may not receive their medicines safely as staff were not provided with all the guidance they needed. This included the times when medicines should be administered and whether it should be administered before or after the person had something to eat. We identified one person's medicine administration record (MAR sheet) had been written incorrectly with the wrong dose of medicine having been entered on this. Another person was prescribed a medicine to be administered in certain situations. Some staff had been trained in the administration of this, however guidance about this medicine and details of when it should be administered were not included in the person's care plan.

Staff told us they crushed one person's tablets to make these easier for them to take. The person's medication care plan named one particular tablet that should be crushed but staff said they crushed other tablets the person took as well. There was a letter in the correspondence section of the person's care file from their doctor agreeing the crushing of the one named tablet, but this had not been included in the person's medicine's care plan, which would have made it clear that crushing had only been approved for the one named tablet. Staff told us they used a piece of equipment specifically designed for crushing tablets, however there was no reference to this piece of equipment and the procedures that should be followed in the care plan. This meant staff who were unfamiliar with supporting the person may not know how to do this.

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines as prescribed. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently. People who required support told us this was provided in the way they wished it to be. Some people said staff got their medicines ready for them to take and others said they were reminded when it was time to take them.

Staff told us they had received training on how to support people with their medicines safely and they had been observed to ensure they followed the correct procedures. There was a file kept of any incidents and these included any errors made in supporting people with their medicines. There was a record made of the action taken following the error which included what support was provided to the care worker to reduce the likelihood of any further errors.

People told us they felt safe using the service and they were treated well by the staff who visited them. A person who used the service told us, "I was very worried at the beginning having to have strangers come into my house, but I have told them I have felt comfortable with everyone they have sent me." Another person said, "I do feel safe with them, they always lock the door that's important." Other people told us things that made them feel safe using the service included, having regular staff and new workers showing them their identification badge on arrival.

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. They told us they would raise any concerns about people's safety with one of the management team. Staff said they received training on safeguarding and followed these procedures when working. One care worker told us about a concern they had reported to a manager which had been investigated. The care worker told us they had been told the outcome of this, which had led to action being taken to prevent the person from accidental harm.

The registered manager told us there were regular discussions about safeguarding in team meetings. They also told us they sought advice from the local authority when needed, and that they had made a recent safeguarding referral.

People we spoke with told us they received their care and support safely. One person said, "If I have trouble standing up they stand by me and steady me. It helps me feel confident." People also told us staff who visited them knew how to use any equipment safely. One relative told us that care workers, "Know how to use it (moving and handling equipment) safely, [name] trusts them." Another person described how they felt safe when staff helped them to use equipment that assisted them to have a bath. People also confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely.

People spoke of staff encouraging their freedom through reducing risks they may face. They told us they were encouraged to do things for themselves. One person who used the service told us, "I feel encouraged to do things." Another person said they were able to do things independently and the staff made sure they did so, "Cautiously and carefully." A different person said, "They are helpful and let me do things I can, and on bad mornings when I can't do them they don't push me."

There were sufficient staff employed to provide people with consistent care and support which met their needs at the time it was planned for. People told us their personal care visits usually took place at the time planned. They appreciated that there could occasionally be a delay because their care worker had run into some unforeseen circumstances, such as needing to extend their time at a previous call or unexpected traffic problems.

People told us they normally received their care and support from the same individual or group of regular care workers. They said when a care worker who regularly visited them was absent from work another care worker attended their call. One person who told us they usually had the same care workers visit them said, "I like it that way, but I understand when they can't." Another person said, "They very occasionally ring up and say there will be a (staff) change, usually due to staff sickness. They sort it out, but normally they are regular

and turn up at the right time." Relatives also told us their relations were usually visited by the same care workers. One relative said, "It is not always the same one but most of them we see regularly."

Staff told us when there were any staffing shortages they would ensure people had their visits by working additional hours. Staff also said they normally visited the same people, one care worker said, "We try to keep things as regular as possible so people see regular ones (care workers)." Staff also said there was enough travel time allowed between appointments so they arrived on time. A care worker said if ever there was not enough time allowed they only had to mention it to one of the managers and this would be adjusted. The provider informed us on their PIR that they kept their workforce plan under review so they knew the number of staff they required to provide the services they planned. The registered manager told us they continually recruited new staff to replace other staff who had left, and as the number of people who used the service increased.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

Is the service effective?

Our findings

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.

Staff told us they had attended training on the MCA and some were able to demonstrate an understanding of the principles of this legislation, however other staff were not clear about this. We checked whether the service was working within the principles of the MCA. One staff member who was responsible for completing assessments, which included whether a person had the capacity to make a specific decision, told us they did not feel they had the knowledge on how to complete these. We saw there was conflicting information about one person's capacity to make a decision in their care documentation. When we shared our findings with the registered manager they agreed they were not following the MCA when a person may not have capacity. They said they would implement a system to assess a person's capacity to make a decision if they did not appear to be able to make this independently.

People had their right to make decisions for themselves promoted and respected and people were asked for their consent. A person who used the service told us they had agreed to their care plan and had signed to confirm this. People told us they were asked for their consent prior to any support being provided. One person said, "They always ask me, even though they know what I will say." Other people told us care workers, "Always listen to what I say" and that they "Are very good in asking if I want to do something."

Staff knew people consented to their care by signing their care documentation. Staff also told us they obtained people's verbal consent prior to undertaking any care activity. One care worker told us, "It doesn't matter what it is, we ask first." Staff gave examples of obtaining people's consent before providing any personal care or throwing any out of date food away. Staff said people may not be able to give verbal consent but they understood how they communicated this in other ways. One care worker gave an example that a person would make a thumbs up sign if they were consenting. We saw people had signed consent forms in their care files.

People were cared for and supported by staff who had the skills and knowledge to meet their needs. During conversations with people they told us they felt staff had been suitably trained to meet their needs. One person we asked said, "Very much so, to be perfectly honest I can't fault them. The front line staff are amazing." A relative told us, "They are well trained and do their job extremely well."

Staff said they had regular training opportunities and they could request any additional training they needed. Recently appointed care workers told us they had an induction when they started and then undertook 'shadow' shifts where they observed an experienced member of staff. One recently started care worker told us they had worked for different agencies in the past. They said, "It was the best induction I have ever had, It was more personal. It made me feel more confident." Some staff told us they were enrolled onto

the care certificate and others said they already had a professional qualification. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

The training manager told us they worked to a set training programme and staff were monitored to ensure they had completed this along with the required updates each year. The registered manager said that staff could request any additional training they felt they needed. During our discussions with staff some told us of two additional areas of training they would like to attend. The training officer said they were already in the process of arranging training for one of these areas. They told us they would do so for the second area, which they said had not been requested to them previously. There were good training facilities based at the office where training took place.

Staff told us they had opportunities to discuss their work individually with a senior staff member who was assigned to be their supervisor. A care worker said, "We are supported, I feel supported." Staff also told us they had an annual appraisal where they discussed their work performance over the previous year.

People were provided with the support they required to ensure they had enough to eat and drink to maintain their health and wellbeing. People told us staff supported them by preparing meals and drinks during their visit. One person said care workers, "Cook my meals on the premises, which I think is great." Most people said they did not need any support or encouragement to eat their meals, but one person said, "They would give me support if I needed it." Another person told us although they didn't want anything at breakfast time staff always asked and encouraged them to have something to eat.

Staff told us they provided some people a meal during their visit. They told us how some people did not always want to have something to eat and described how they encouraged them to do so. Staff told us they would inform office based staff and people's families if they were concerned a person was not having sufficient to eat. The provider informed us on their PIR that people were supported with their diet and fluids to meet their desired outcome, and that they would monitor someone's food and fluid intake if needed. The registered manager said they tried to ensure people had a variety of meals to make mealtimes more interesting for them.

People's healthcare needs were known and they received support with their health and wellbeing. People who used the service and their relatives told us they felt staff understood their healthcare needs. One person told us care workers, "Understand what I need. They have to be very sensitive how they help me. They take time and have patience, they are marvellous." Another person said, "They always check how I am and spot anything that is not right. They tell me if I have any sore spots I can't see."

Staff told us they always asked people how they were feeling and looked for any indications that a person may not be feeling well. They said their knowledge of people helped them recognise any signs of this. Staff said they made a record of any concerns they noted and where appropriate ensured these were passed on to other family members. Staff said they liaised with healthcare professionals when required to pass on information or to seek advice. One care worker told us they had contacted the emergency services when they were concerned about one person's health.

Is the service caring?

Our findings

People spoke positively about the staff, describing them as brilliant, friendly, sensitive and caring. One person told us staff were, "Very professional, pleasant and nice people. They seem to care." Other comments included, "It's obvious they care about what they do" and "I think they are all very nice and caring." Relatives also commented positively about the suitability of the staff who visited their relations. One relative said, "The staff are super."

Staff told us they found their work rewarding and they enjoyed helping people. They spoke of being able to make a difference to people's lives and providing people with social interaction. One care worker said, "I may be the only other person they see that day." Staff also told us they got job satisfaction from their work by helping people be able to remain in their own homes. A care worker said, "You can't be a care worker and not care."

We received positive feedback about the service being caring from other professionals who worked with them. This included comments about staff being helpful and providing a caring and respectful service. The registered manager told us all staff they employed had, "The right attitude." The provider informed us on their PIR, "We have a diverse workforce who are adaptable to provide the care and support for the diverse needs of our service users and those important to them." The registered manager told us they supported some families with younger and teenage children as well as younger adults and older people. They also supported people with age related needs, physical disabilities and mental health issues. Staff told us they were supported to meet people's diverse needs through training, supervision and attending support groups. Staff also spoke of undertaking individual research about people's needs.

People told us they were involved in planning their care and support and making decisions about this. One person told us they were asked for their views on their care, and they were involved when their care was reviewed. Another person said, "Every so often they come and check-up that everything is all right for me with my care." People also told us they were able to express their views on how their care was provided on a day by day basis. A person said care workers, "Listen to me, they know my likes and dislikes, I tell them." Another person said care workers, "Do things how I want them to be done." Relatives also felt their relations were involved in making decisions about their care. One relative told us their relation, "Expresses what they want." They added that, "Staff communicate well with them, they know how to do so."

Staff told us they sought people's individual preferences on how they wished their care to be provided. One care worker told us, "People like things to be done in different ways, even down to how they like to get dressed." The provider informed us on their PIR that they always involved people in the planning and review of their care. The assessment officer confirmed this to be the case. They said they made an appointment to visit people so they could express their views and make comments about the service they received.

People were provided with information on how they could access an advocacy service which would support and enable them to speak up about issues they were affected by. The provider informed us on their PIR, "If applicable we will work with an advocate to support service users to ensure their best interest." The

registered manager told us they provided information about advocacy services to people as part of the assessment process and we saw information about these services displayed in the office. They said that if needed they would liaise with the advocacy service on the person's behalf, and told us that currently one person who used the service was being supported by an advocate.

People who used the service said they felt staff treated them with respect. We asked people if they found staff polite and respectful when visiting them in their homes. One person said, "They always show respect. They knock on the door and say good morning. They are very polite to my [relative]." Another person said, "They are the best professional people I have ever dealt with."

Staff described the practices they followed to enable people to have privacy and dignity when they supported them. Staff told us of ways they showed respect when visiting people's homes. These included entering these in the way the each person preferred and finding out how they preferred to be addressed.

Is the service responsive?

Our findings

People told us their needs had been assessed when they started to use the service and they had been provided with a copy of their care plan. One person said, "I have got a care plan, we went through this at the beginning." Another person said, "My care plan describes what my needs are." However we found people's care plans did not provide sufficient detail of their individual needs and how they should receive personalised care. For example we saw one person's care plan stated the person was at risk of self-neglect without prompts. There was no detail of what the person was at risk of neglecting and what prompts were needed. Another person had some time allocated each week for staff to, "Sit and socialise." The person was not able to express suggestions of what they would like to do, yet there were no prompts in their care plan for staff to follow.

We also found care plans did not contain sufficient detail about the support people required to ensure this was provided correctly. There were references to some support people required during their care visit, such as, "Give suction as and when required throughout the night." There were no details about what "as and when" meant or any instructions about how to carry out the suction. Staff told us about challenges they faced in providing another person with their planned care. We looked at the person's care plan and found there was insufficient guidance provided for staff to follow in order to provide the person with their support. Staff told us that although the care plans did give them some guidance they felt more information was needed when they had to deal with any complexities.

We discussed the care plans with the assessment officer, the training officer and the registered manager who all agreed these did not contain the detail needed to provide staff with clear instruction about people's needs and how these should be met. They also agreed the care plans did not promote personalised care. The registered manager told us they would be carrying out a review of all care plans.

People told us their care was provided in a way that was flexible and responsive to their needs. One person said, "They (care workers) are all good. I can't do things myself, I feel a lot better when they have done everything." Another person said staff also made sure they had, or could reach, anything they would need after they had gone. A relative said, "[Relation] is very comfortable with them." Staff told us they felt they had a good understanding of people's needs and they discussed these amongst themselves to share ideas and good practices.

People received their care and support at the time it was planned for. They told us staff arrived when planned and stayed the full length of their call. A person told us, "They are not late unless they have had a hold up. I accept that can't be avoided." Another person said care workers, "Turn up on time, stay for the right length. It is perfect." People also told us they were contacted by telephone if their care visit was going to be delayed due to unforeseen circumstances. Staff told us they were usually punctual for visits and stayed for the allotted time.

People were given opportunities to raise any concerns and they were told how they could make a complaint. People told us they had been provided with a copy of the complaints procedure when they were

given their care plan documentation. A person who used the service told us, "It (information on how to complain) is all in the care plan, set out for me to know how if I wanted to complain." Another person said, "I can ring the office or send a letter, they told me that." A relative told us, "[Name] has got a folder full of papers and it tells me in there how to make a complaint."

During our visit to the office we found two occasions where complaints had been made but these had not been dealt with by following the provider's complaints procedure. One occasion had been responded to and resolved, but had not been recorded in the complaints record. The second occasion had been recorded in a person's care file but there was no evidence any action had been taken about this. The registered manager was unaware this complaint had been made and said it had been taken by a member of staff who left the organisation shortly after this was dated. The registered manager said they would now investigate the concern raised and respond to the complainant.

Is the service well-led?

Our findings

People felt the service was well run and addressed issues when needed. People told us they were happy with how the service was run and felt they were communicated with well. A person said they had regular contact with office based staff and found them obliging. Another person told us their experience of the service had been, "Excellent. When I need extra cover they manage to get it for me. A relative told us it was a, "Very good service. We can phone up at any time and they are very helpful." One person said they had experienced some problems with messages being passed on. We mentioned this to the registered manager who said there had been a few occasions where messages had not been passed on, but they had reorganised the office layout and this seemed to have improved this.

Staff spoke positively about the service and felt able to make comments and suggestions. They told us they felt there was good communication between the office staff and care workers. Staff said they were able to discuss issues in team meetings and individual supervision sessions. We saw an agenda displayed of matters to be discussed at the next team meeting. One care worker told us they could add to the agenda if they wished. The registered manager said staff were able to raise any health and safety concerns in meetings and they were a good way of sharing ideas of the best way to support people. Staff said they felt welcomed when they came to the office and any resources they needed, such as personal protective equipment (PPE), were always available.

People were confident in the way the service was managed and had confidence in the management team. People told us they had spoken with different members of the management team and said their issues had been addressed when they did so. One relative told us, "Once I have raised something it is sorted out."

Staff told us the management team were approachable and supportive. Staff said they were able to approach the managers directly if they wanted to discuss anything. One care worker told us how much they appreciated the support they had received over a personal issue. Another said the managers, "Steer the service well." We received positive feedback about how the service was led from other professionals who worked with them. This included comments about the service having a positive ethos, nothing being too much trouble and the management team being dedicated, skilled and experienced. There was an out of hours service which people who used the service and staff could contact directly when the office was closed.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about.

There were systems in place to identify where improvements could be made to the service. People who used the service were asked to comment on the service they received. One person told us, "They send out a questionnaire once a year." There was information showing the outcome of the annual questionnaire displayed on the office noticeboard.

The registered manager told us of the regular internal audits that were carried out in the service including reviewing records made in people's homes and the management of medicines. They were unable to explain why these had not identified the issues we found during our visit. Following our visit the registered manager informed us they had reviewed their quality auditing processes and made a number of changes to these. These included the way audits were undertaken and the frequency at which they took place. In addition they had arranged for additional training in the areas we identified as requiring improvement.

There was an external audit carried out by the provider's external management team which had identified some areas where improvements were needed. An example was that records should be signed and dated to show when they had been audited. Additionally there was an annual report produced on the quality of the service.