

British Red Cross Society

Community Crisis Support Service

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Community Crisis Support Service is a domiciliary service providing personal care to vulnerable older people and younger adults in their own homes. The service is run from an office located in the outskirts of Nottingham. At the time of our inspection 12 people were receiving personal care support. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were protected from the risk of abuse by trained staff who had been appropriately recruited. Prescribed medicines were safely managed and administered to those people who required them. Care staff understood how to reduce the potential spread of infections by using appropriate techniques and protective equipment. Incidents were reviewed to identify any themes from which lessons could be learned.

People's care needs were assessed, and support provided to meet those needs effectively. Staff received training, so they understood how people's varied needs should be met. Information, about other agencies, was also given to people so they could access other support if needed. People's ability to consent to receive support was assessed, and information could be provided to people in a range of different formats to meet their individual communication needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were kind, well organised, and friendly. The service was flexible and could be varied according to people's changing needs or preferences. Care was provided in ways which protected people's privacy and dignity. Care staff encouraged people to take part in care tasks so that they could retain as much independence as possible.

People received a service that was responsive to their needs and which could commence at short notice. The provider sought feedback from the people who used the service and the service received many compliments. The care staff often provided support to people who were at the final stages of their life. The support was provided with compassion and kindness. The provider also provided support to the care staff, as they recognised that end of life care can be difficult for some staff.

People received support from a service that was well managed. Care staff were supported by their managers and by each other. When incidents happened, the manager understood their responsibility to make the necessary notifications to the relevant authorities. The service worked in close partnership with other agencies to enable people to obtain the support needed to meet their care and individual needs. The provider had the necessary monitoring processes in place to ensure the service continued to provide good quality support for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 23 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Community Crisis Support Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector

Service and service type

This service is a domiciliary care agency, which provided personal care to people living in their own houses and flats. However, the service had been specifically commissioned to respond quickly to urgent requests from statutory agencies; and provided personal care support for people on a short-term basis until longer term support arrangements could be commissioned by the relevant authorities. Additionally, the service also provided palliative personal care support for people who were in the final stages of their lives. The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider, or one of the registered managers, would be in the office to support the inspection. Inspection activity started with the inspector visiting the provider's office on 19 December 2019. The inspector then made phone calls, to a sample of people who used the service, on 20 December 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, and one live-in carer, about their experience of the care provided. We spoke with four members of staff including a registered manager, service co-ordinator and two health care assistants.

We observed a staff handover session, at the start of a care shift, and reviewed a variety of records relating to the management of the service. We reviewed four people's care records and looked at three staff files in relation to recruitment and staff training.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and reviewed relevant samples of the provider's policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected. Care staff had received safeguarding training, were aware of safeguarding procedures, and knew how to use them.
- People were protected by the provider's system and processes. The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to relevant authorities. These arrangements ensured people were protected from the risk of abuse.

Staffing and recruitment

- Staff were recruited safely. The provider had an effective recruitment policy and procedure in place. Recruitment records confirmed appropriate checks were carried out prior to new staff starting work. This helped ensure people employed as staff were suitable to work with vulnerable people.
- People were supported by care staff recruited on the basis of their skills and ability to meet people's needs. The registered manager had recruited a consistent staff team. A person told us, "The staff have been absolutely fantastic, very professional."

Using medicines safely

- People received their medicines as required and medicine management systems were safe. The provider followed safe procedures for the administration of medicines. Medicine audits were carried out by the provider's management team. This helped ensure the likelihood of errors was reduced.
- Prescribed medicines were administered, to people who required them, by competent staff. Staff had received training, and the staff members' continued competency, to administer prescribed medication, was assessed annually.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training in infection prevention and control, had access to protective equipment, and understood how to maintain good infection control practices.

Learning lessons when things go wrong

- Lessons were learned from incidents. The registered manager reviewed incidents to identify themes. These reviews were shared with care staff, and relevant partner organisations.
- Learning was put into practice. For example, the registered manager had identified the categorisation of incidents, on the provider's data system, was not always accurate. That made it more difficult to identify potential recurring themes. The registered manager had begun raising this issue with care staff, so the recording of incident data would be more accurate in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received support which met their immediate personal needs. Care staff delivered support in line with best practice guidance received from external agencies. The registered manager monitored the effectiveness of the support and ensured the care team took a consistent approach.
- Comprehensive assessments were in place. Initial assessments informed the care plans which provided guidance for care staff to follow. The registered manager told us, "Every visit the staff make to a person is like a mini-case review. The staff spot if someone's needs have changed and they change the care plan then. We have the ability to increase or decrease the number of visits we give people, based on their changing needs." This meant the outcomes, which people expected from the support they received, were regularly reviewed and updated.
- People were provided with support to maintain their oral health. The provider had recently arranged for staff to receive this training, and people's oral health care needs were included in their support plans. This is an important aspect of supporting a person's physical wellbeing.

Staff support: induction, training, skills and experience

- People were supported by staff with the right competences, knowledge, and skills to carry out their roles. The provider's records demonstrated care staff received a wide variety of training which reflected the varied care needs of the people they supported. The provider had a training plan to ensure staff were kept up to date with training.
- Staff received suitable induction training. New care staff worked alongside experienced care staff. Care staff told us they received the induction training needed to meet people's needs.
- The registered manager supervised and supported the staff effectively. Care staff told us they had regular handover sessions, supervision meetings and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink safely. Care staff had received training in basic food hygiene, as well as how to support people to drink enough and eat safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access support from other relevant agencies. During the initial assessment visit, staff identified which other social care and health agencies could provide additional support to each person. The registered manager told us, "Signposting is a big part of what we do here. We find out what people need and make sure alternative support services are set up to take over when we finish our short-term support for

the person."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found that it was.

- People's rights under the MCA were respected. Mental capacity assessments were in place, where required, and care plans included details of any best interest decisions that had been taken. This helped ensure any decisions taken on the person's behalf were in their best interest.
- People's capacity was considered as part of the initial assessment process prior to receiving support. Staff understood that, when people's capacity changed, further assessments would be needed to ensure decisions were being made in their best interests.
- People were supported by staff who had received training, in relation to the MCA and DoLS, and worked within the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with told us they were happy with the service they received. A person told us, "They [staff] are all lovely! When they arrive they always have a smile on their face and they have a laugh and a joke as they help me. They ring first to let me know they are coming. It's a wonderful service."
- People's equality and diversity support needs were identified. During the initial assessment process, staff identified how people preferred to be addressed; and whether they had any cultural needs, or preferences, that would affect how personal care support should be provided.
- People were also signposted to other agencies as part of meeting their equality and diversity needs. For example, people had been provided with contact information for local support groups and networks.

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about their own care. Staff identified how people wished to be supported as part of the initial assessment process. Support changed as people's needs changed. A person told us, "For the first few days they came at 7am, but I spoke with them and they changed it to 9am which was much better for me. I can't fault them at all."
- Another person told us, "They have been brilliant. They offered me evening support as well as mornings, but I only needed help in the mornings. But it was great they offered that as well." This demonstrated how people were involved in shaping the support they received.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence were respected. A staff member told us, "I ask people before doing personal care. I get them to take part in doing their own personal care if they can. It gives them the chance to keep doing things for themselves. I always explain what I am going to do so they understand what's happening. I try not to take over. I am just there to try and make things better for them, as far as I am able to."
- Staff cared about the people they supported. A staff member told us, "We are only a short-term service, but we are making a difference in people's lives and supporting them in the critical areas they need help in."
- Staff were proud to work at the service. One explained, "I am happy to be working here. It's a really good service. Coming here was like a breath of fresh air. I love my job."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was well planned. Care plans were kept in people's homes, and a copy maintained at the provider's office. Care plans were personalised and provided enough information to support staff in understanding how a person's care needs should be met.
- People's care plans were up to date. They were reviewed at the start of the service and updated following each support visit. This ensured the care plans always reflected the person's needs and how support should be provided.
- Support was provided responsively to people. A person told us, "They came really quickly. Once the referral went in they rang me the next day and came out to do an assessment and then the support started straight away. They have been wonderful." The registered manager told us support can be provided to a newly referred person at one hours' notice if it is critical.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication support needs were assessed and met. The registered manager told us documents could be produced in a variety of formats and languages if required, because the provider had access to a network of translators.

Improving care quality in response to complaints or concerns

- There had been no complaints received since the previous inspection. The provider had a complaints procedure which was given to people when they started to receive support.
- People gave the provider feedback on the service. The provider gave people a feedback form as part of the initial assessment process. People could then choose to return feedback if they wished. This demonstrated the provider actively sought feedback about their service.
- People complimented the service. The registered manager showed the inspector many compliment and thankyou cards received from people who had received a service, or from their relatives. This demonstrated the service was well liked by those who used it.

End of life care and support

- The service provided end of life support. Care plans contained details of how the person should be supported during their final days. This meant staff knew how to provide the necessary support.

- Staff received training in 'end of life support'. This meant they understood how support should be given and this was backed up by the provider's end of life policies and procedures.
- Care staff had access to counselling and support. The provider recognised supporting people at the end of their lives can be difficult for care staff. Care staff had access to individual and group counselling/support. Care staff also told us, "We support each other, especially when we are supporting people who are on end of life. It can be difficult, but we try and have a laugh as we do our work, we support each other through it."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service helped people achieve good outcomes. For example, a live-in carer told us, "The person I support had a sudden change in needs, and I just couldn't cope anymore. I just needed someone to help me to move the person, but the Red Cross sent two staff and that means they do all the moving themselves! It has been a real relief for me." This meant the person could continue to be supported by their live-in carer while other support arrangements were being commissioned by the relevant local authority.
- The registered manager, and all the staff we spoke with and observed, told us they were committed to providing person centred, high quality care. A care worker told us, "I have been here for a long time and things have changed over the years. But now it's a really good service."
- The registered manager provided supportive leadership. Care workers told us the registered manager was approachable and they felt supported by them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood, and acted on, their duty of candour responsibility by notifying the relevant people when incidents occurred. They had processes in place to investigate the causes of any incidents and shared those findings appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider ensured the necessary notifications had been made. The registered manager understood their responsibility for reporting incidents, injuries and other matters that affected the people using the service. Notifying the CQC of these events is important so we are kept informed and can check that appropriate action had been taken.
- All the staff we spoke with understood their roles within the service. The registered manager had a good understanding of regulatory requirements.
- An effective quality assurance system was in place. The provider carried out regular quality monitoring of the service and had a continuous improvement action plan in place. That ensured the service continued to be good quality.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider asked people, relatives and care staff, to contribute their views on the service through satisfaction surveys. Issues identified were acted on by the registered manager.
- People's equality and diversity characteristics were identified throughout their care plan. Care plans were available to guide care staff and were supported by the provider's policies.

Continuous learning and improving care

- The registered manager understood the importance of learning lessons, by reviewing incidents, to ensure the person received good quality care and support. They also looked for underlying causes and that was fed back to the whole staff team.

Working in partnership with others

- The registered manager and staff worked in partnership with other professionals and agencies, such as GPs and community health services to ensure people received the care and support they needed.