

Ribble Valley Crossroads Care

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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

About the service

Ribble Valley Crossroads Care is a domiciliary care service providing personal care to adults with a range of support needs, in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks relating to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service was providing personal care to 20 people at the time of inspection.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

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. Where people lacked capacity to make specific decision, the service was following the best interest principles.

Needs were assessed, and care records developed with input from people and their relatives. Care records focused on desired outcomes and promoted choice and control, though some lacked detailed information relating to people's medication, conditions and potential risk. We saw evidence support was tailored to meet people's individual requirements and adjusted accordingly when care needs changed.

Staff offered positive encouragement to promote independence; and they knew how to protect people from abuse. People were actively supported to maintain links with family, friends and local community groups.

Right Care:

Staff were employed following robust recruitment processes. There was a good level of ongoing training and support, however staff competencies and supervisions had not always been carried out in line with the provider's own policies. There were enough staff to meet people's needs and keep them safe. Continuity of care enabled staff to build trusting working relationships with people. Staff treated people with dignity, respected people's unique characteristics and communicated with people in a way they could understand.

The service worked closely with a range of health and social care professionals to improve people's outcomes, and processes were in place to support people with their medication or eating and drinking if required.

We advised the provider to review incident, accident and safeguarding procedures to ensure appropriate action was taken and lessons could be learned to prevent re-occurrence.

Right Culture:

There was an in-depth staff induction which enabled the provider to share its ethos with new recruits, and good levels of communication and support helped instil positive values and behaviours. Staff told us they felt welcome to express concerns or seek help from office staff and managers at any time and spoke fondly about their experience working for Ribble Valley Crossroads Care.

People and their relatives had regular opportunities to give feedback about care received and commented positively about the service and staff. One relative said, "I feel confident. They know what they are doing. They are caring and very respectful." A person using the service added, "I think staff are excellent. A smiley face is always lovely. They are all so pleasant and always happy to chat. I am happy about everything."

Though audits and checks were in place, these were not fully embedded due to recent changes in management. The provider acknowledged areas of development within their monitoring systems and spoke about ongoing improvements and plans for the future.

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 the service under the previous provider was good, published on 4 July 2018.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

Recommendations

We have made a recommendation about documentation relating to risk and people's care, and improving auditing processes to ensure better oversight.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Ribble Valley Crossroads Care

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been identified and was planning to submit an application to register shortly.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on the 1 December 2023 and ended on the 12 December 2023. We attended the office on the 1 December 2023 and the 3 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection we visited 3 people in their own homes to discuss their experience of the care provided by Ribble Valley Crossroads Care. We reviewed documentation kept in people's homes in relation to their support.

We spent time at the office and looked at a range of records including 6 people's care records and risk assessments and recruitment files for 3 staff. We reviewed information about staff training and support, meetings and responses from questionnaires; and documentation relating to the management of the service such as incidents and accidents, audits and policies.

We spoke with the chairperson, the manager and a senior care worker. We spoke with 3 care staff and received email feedback from a further 3 staff. The Expert by Experience contacted 1 person who used the service and 7 relatives by telephone, asking about their views of the service.

We continued to seek clarification from the manager to validate evidence, by email.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had processes for assessing risks to people, but these did not always record detailed strategies to help staff provide appropriate support to those with more complex health or behavioural needs.
- One person could display verbal aggression but there were no details around potential triggers, signs or the likelihood of this behaviour in their care records. Staff were prompted to offer 'reassurance', but there was no information to explain what this meant to the individual. A review was organised following inspection and appropriate adjustments made to the person's care records.
- On 2 occasions, someone had left their front door open due to confusion. Consideration had not been given to addressing the potential safety risk. The manager has since liaised with relatives who agreed to improve security at the individual's home.
- People had varying health conditions noted in their care records such as Alzheimer's, Diabetes and abnormal heart rhythms. However, there was a lack of information around related risks, or signs of deterioration staff should be aware of.

We recommend the provider reviews people's care records and risk assessments to ensure staff can manage situations in an agreed, consistent, and person-centred way.

- There was a detailed health and safety policy which clearly identified responsibilities of the service and staff in relation to keeping people safe.
- Senior care workers undertook risk assessments for people's homes and staff carried out visual checks of the environment at each visit. We saw evidence environmental issues were shared with the team and escalated to housing providers to be actioned.
- One person required support with hoarding and the service worked closely with professionals involved, responding quickly when living standards started to decline.

Using medicines safely

- Medicines were generally managed safely. However, we noted the provider's own procedures had not been followed when somebody had requested 'when required' medication to treat pain.
- Care records listed people's medication though lacked detail around possible side effects for staff to be aware of.
- Staff received 1 to 1 training and a period of shadowing before administering medication. Periodic competence checks were carried out, but we noted a small proportion had not been completed in line with national guidance. The manager sent evidence to show these were scheduled imminently.

- The provider had processes to manage people's medication if this was required. Medication administration records were completed during visits, spot checks were carried out by senior care workers and audits completed monthly.

Learning lessons when things go wrong

- Due to a recent change in management and a lack of information, we could not be assured that lessons were learnt from incidents or accidents. We spoke to the manager about this who told us systems to log concerns and identify themes and trends would be reviewed.
- Managers and office staff worked closely together and communicated about issues as and when they occurred, discussing required actions and implementing change.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities for keeping people safe. Staff told us they received safeguarding training for both adults and children and knew what to do if they suspected abuse. There were detailed safeguarding policies in place.
- We received positive feedback from people and their relatives. When asked if they had confidence in staff, a relative said, "Staff are dependable, on time, trustworthy and friendly."
- There were limited safeguarding referrals available for review during our visit. This made it difficult to check if appropriate processes had been followed around escalating concerns to appropriate authorities. The manager assured us they would confirm current guidance and ensure procedures were being followed.

Staffing and recruitment

- The provider had systems in place to schedule visits and create staff rotas. Staff confirmed they had enough time for travel between visits and to carry out agreed tasks. A staff member said, "Visit times are perfect, and I can get everything done I need to. If we need longer, the office helps us get more time."
- Whilst the manager acknowledged ongoing recruitment challenges within the sector, staff worked as a team so impact to people was minimal. The service had a pool of bank staff they could use, and office staff were on hand to assist. People and their relatives told us staff were usually on time and stayed for the full duration of the visit.
- People usually received support from a small, consistent team. This enabled staff to build up positive working relationships. One relative told us, "Sometimes staff come quite often then we get a change. They have always shadowed [other staff] before coming alone. Staff always know what to do and where everything is. They are so lovely, it's like a member of the family coming in."
- Recruitment procedures included appropriate checks and a system for exploring gaps in employment as per best practice. We checked 3 recruitment files; all included (DBS) and reference checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Staff helped promote good infection prevention and control (IPC) when commissioned to assist with meals, cleaning or personal care.
- The provider had an up-to-date IPC policy which reflected current guidance and staff received annual IPC training.
- Personal protective equipment (PPE) was provided. We saw a good stock of PPE available at the office and staff confirmed they wore PPE when carrying out personal care or supporting people with food.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Some supervisions and appraisals had not been carried out in-line with company policy, though staff confirmed they could call into the office and request support at any time. A staff member said, "I have never worked for a company like this. It's like a family. I am always made to feel welcome at the office and am supported with personal or work-related issues."
- There was a thorough induction process. All staff had to complete mandatory training subjects and undertake a period of shadowing more experienced staff before working alone.
- Staff told us they received a good level of training both in person and on-line and this was refreshed annually. Almost all responses to the 2023 employee satisfaction survey showed staff strongly agreed training was of a high standard. One staff member added, "Crossroads encourages all employee development within the organisation."
- Senior care workers carried out observations on staff to check their skills, knowledge and approach.

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

- Senior care workers worked closely with people and their relatives, to gather information prior to support being delivered. They visited people's homes to conduct thorough assessments and agree packages. Care records were developed and reviewed after 6 weeks to ensure people were happy with the level of care provided.
- People had personalised care records that reflected their current needs. Care records were reviewed annually or as and when people's needs changed.
- We reviewed care records for people with learning disabilities and/or autism. These were person-centred and in-depth, including details around 'what is important to me' and long-term goals.
- Staff had access to policies and procedures to support their knowledge and working practices. These were updated annually and reflected guidance and best practice.

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

- The level of support people needed with eating and drinking was documented in care records. Support was offered accordingly, for example: with shopping or meal preparation.
- Allergies, dietary needs and preferences were noted during the initial assessment and staff would offer a choice at each visit.
- Concerns around people's eating and drinking were communicated with relatives and escalated to the appropriate healthcare professionals when required. Changes to someone's diet, intake or support needs were shared with staff via a weekly email called, 'the Friday roundup'.

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

- People received effective and timely care. The local authority gave positive feedback about the provider. One professional said, "Good management who act quickly if a referral or review of needs is required."
- Healthcare needs were monitored and met. Care records included information about people's health conditions and the support they required, for example: with healthy eating or compression socks. A relative told us, "I know that one of the carers has taken [person] to see the GP and there's a nurse going today. I think all [person's] medical needs are taken care of."
- Staff had access to contact details for local services and raised concerns directly. Most people had relatives who would be consulted and kept informed. There were entries on the electronic recording system of recent communication with healthcare professionals and people's next of kin, in relation to people's health and well-being.
- The manager told us systems to monitor health conditions and incidents such as falls were to be reviewed, so action could be taken in response to new and emerging concerns and people's outcomes could be improved.

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 MCA 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

- Staff received appropriate training and could give us examples of how the MCA applied to their work day-to-day. A staff member said, "You must ask for consent always. I always provide as much relevant information as possible to help people make their decision."
- Mental capacity assessments had been completed where necessary and evidenced that appropriate parties had been included in assessments and best interest meetings. For example: social workers or the person's next of kin.
- People's capacity was documented, and care records prompted staff to seek consent and promote decision making. Consent to care and treatment forms had been completed and signed by appropriate parties. When asked if they were involved in discussions around their care, one person told us, "I can tell staff what I need, they always do it."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's individual characteristics were considered. There was information in people's care records around what was important to them, their likes and dislikes. People we spoke to said staff knew them well. A relative told us, "[Person] relates to staff well. I can hear [person] and staff talking and laughing. Staff are very reassuring and aware of [person's] needs."
- People who had a learning disability and/or autism had a list of positive attributes in their care records, giving staff insight into their individual strengths and personalities.
- Staff spoke about people with respect and exhibited their passion for caring. Staff made comments such as, "I adore my job, [caring] is in my nature."
- People were treated well and held staff in high regard. One relative said, "I think [staff] are very, very good. I am very pleased about their approach and how they manage [person]."

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

- People and their relatives were involved during the initial assessment process and any reviews. There was evidence on the electronic recording system of relatives being consulted and kept informed with various aspects of people's lives.
- People were spoken to about their day-to-day care and were involved in making decisions wherever possible. For example: people were asked what they would like to eat or what they wanted support with.
- There was a clear emphasis in care records to ensure people who had a learning disability and/or autism were fully involved in decisions about their care. Detailed information was available about how people expressed their views through actions or behaviours, and how staff should respond.
- The provider actively sought people's views. Spot checks were conducted by senior care workers, in which people were asked about their staff and the care provided.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. Care records outlined what people could do for themselves and what they needed support with. For example: some people only needed prompting with medication whilst others needed full support to administer.
- In the care records we reviewed for people with a learning disability and/or autism, there was a focus on encouraging and motivating people to do things for themselves. This helped promote independence and improve outcomes.
- Positive responses to the most recent survey confirmed staff were polite and courteous and treat people with dignity and respect.

- People and relatives we spoke to gave examples of how staff promoted people's privacy and dignity. One relative told us, "Staff take [person] into the bathroom. They wash where [person] can't reach and [person] does the rest. Staff close the bedroom door when they go in and don't come out until [person] is dressed."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care records evidenced personalised care and promoted choice and control. People and their relatives told us about the different levels of support provided to meet people's various needs.
- Staff received training in person centred care and were responsive to people's needs and preferences. When asked what they thought staff did well, 1 person responded, "It's their pleasant and accepting ways. Staff are friendly and offer the right sort of help. They are responsive to the things I mention."
- Staff told us there was an efficient on-call system and managers were responsive to issues raised. Throughout inspection, we observed staff telephoning or visiting the office to seek advice or raise concerns about people in their care. 'On-call' could also be accessed by people or their relatives if support was needed out of hours.
- A professional spoke positively about the responsiveness of the service stating, "If there are concerns raised at the home visit or by staff, they will contact me straight away. They respond quickly to requests and always attend meetings. They are a pleasure to work with."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported with a range of communication needs and staff adapted their approach accordingly. For example: using basic signs to communicate with people who were hard of hearing or learning to understand facial expressions and body language for those who were non-verbal.
- Staff received appropriate guidance and support to help them meet people's communication needs. One staff member told us, "I have had online training in communication barriers and how to overcome them." Another added, "We are told exactly how a person communicates before we go in."
- The provider advised us information was offered in a variety of formats to meet people's communication needs; such as voice recordings, large print, easy to read text and simplified language. A care plan we reviewed included pictorials to aid understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Welfare calls were provided to those who needed support to avoid social isolation. Staff confirmed they

had time to talk with people and engaged fully during visits. A staff member said, "It's amazing and lovely [we have time to chat]. I always chat to people whilst getting things done."

- Staff gave examples of how they supported people to maintain links with family and friends. For example: by helping people to write greetings cards or make telephone calls.
- The provider assisted people to access local dementia friendly activities; including a weekly lunch club run by Ribble Valley Crossroads Care, singing groups and a farm experience.
- We observed a conversation in the office in which a person had been supported to go for a drive to the local garden centre, despite them having been reluctant in the past. The staff member explained how a colleague had, "planted the seed." The person then agreed to the trip and had really enjoyed themselves. Staff were enthusiastic and planning how they could build on this going forward.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which included details of how to raise a complaint, who to contact and when to expect a response. The provider had not received any recent complaints, but people and their relatives could tell us how they would escalate any concerns. A relative said, "I would go round to the office and have a word with them. One of the nice things, it's a local company. The [office] staff are always friendly."
- Entries on the electronic recording system noted concerns raised by staff, people or relatives and the response provided. The 'Friday roundup' was circulated to the team so they were aware of concerns raised and actions needed to improve quality of care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Due to changes in management, oversight at the service was not fully embedded. A range of quality audits and checks took place to help monitor and improve standards. However, these had not been consistently completed and it was unclear if concerns had been actioned.

We recommend the provider reviews its auditing processes to ensure oversight is improved, and issues identified and addressed in a timely manner .

- The chairperson and manager spoke about plans to develop the service. Resources had been agreed to implement a new electronic recording system. This had better functionality which would make it more efficient to log, collate and view information; improving oversight of people's care.
- The provider invested in its' staff to enable continuity and improve care. Information about service rates included a statement, 'As a caring employer, we pay all our staff fairly and above market rates in recognition of their skill, dedication and professionalism.' Staff told us they were actively encouraged to develop and we saw evidence of this in supervisions, appraisals and staff satisfaction surveys.

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

- There was a positive culture which contributed to good outcomes for people. Each section of people's care records included a desired outcome to guide staff; longer-term aspirations were included in records for people with learning disabilities and/or autism. During the inspection, we observed conversations amongst staff in the office about improving people's experiences.
- The chairperson and manager were passionate about the people they cared for, and put people's needs and wishes at the heart of what they did. Staff we spoke to shared this ethos.
- People and relatives we spoke to said they would recommend the service to others. One relative told us, "Definitely. I feel confident they [staff] know what they are doing, they are caring and very respectful." Another added, "Absolutely, our experience has always been positive."
- Staff spoken to were positive about their colleagues and managers. They told us managers were approachable and supportive and they felt comfortable raising concerns. One staff member said, "It is a nice team, and we have a common goal [to care for people]."
- Staff spoke highly about Crossroads Care Ribble Valley and told us it was a good place to work. A staff member told us, "I like the way I am treated and the professionalism of the service. I am proud to wear the uniform, people approach me in the street and comment that it's a good service. I have finally found a job I

love."

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

- Staff at all levels understood their roles and regulatory requirement. The staff hierarchy had recently been reviewed, and the manager was in the process of transitioning from their current role to registered manager. The manager acknowledged the extra responsibilities and was keen to develop their skills and make the required changes.
- Staff confirmed they received a full induction, carried out ongoing training, and received regular communication to enable them to understand their roles and responsibilities well.
- Throughout the inspection we observed the chairperson, manager and office staff working closely together. This helped the provider oversee emerging risk and handle concerns efficiently.
- The chairperson told us about challenges in the sector. They advised of a recent contract they had opted out of so not to jeopardise the welfare of their staff or the quality of care they could provide.
- The manager engaged and was frank and cooperative throughout the inspection process. They planned to develop their knowledge of our statutory notification process imminently, which is something providers must follow to inform us about certain things such as a serious incident or suspected or actual abuse.

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

- People and their relatives were actively involved in the service. They were consulted and kept informed on a day-to-day basis, and via annual reviews and surveys. Feedback from the most recent survey was good and there was a positive response to the question, "When required, are your family and friends involved in decisions about your care?"
- Staff were given the opportunity to raise concerns or make suggestions during meetings, which had recently been re-introduced. Staff told us they always felt welcome to telephone or call into the office.
- Supervisions and appraisals actively engaged staff in a variety of topics relating to the service, their role and their personal and professional development.

Working in partnership with others

- Healthcare professionals were consulted as and when necessary. The manager advised the service worked closely with occupational therapists, district nurses and the frail and elderly nursing team (FENT) to support people with new or ongoing health conditions.
- The local authority was involved when agreeing or reviewing people's care packages.
- The provider worked closely with social services and housing providers to ensure people's living standards could be maintained.