

Oxfordshire Crossroads

Crossroads Care (Oxford)

Inspection report

Crossroads Centre
Harberton Mead
Oxford
Oxfordshire
OX3 0EA

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Website: www.oxfordshirecrossroads.org.uk

Ratings

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

Summary of findings

Overall summary

We inspected Crossroads Care (Oxford) on 16 November 2016. Crossroads Care is registered to provide support and personal care to people living in their own homes. The support varies from shorter visits to around the clock care depending on people's needs. Since our last inspection the provider had relocated their Oxford office to Marston. The service covers Oxford, Kidlington and Bicester area. At the time of this inspection 62 people were supported by the service.

There was a registered manager in post at the service. 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 told us they were safe. Staff had received training to make sure they knew how to recognise and report any concerns. Risks to people's environment and well-being were assessed and recorded. Medication was managed well and people received their medicines as prescribed.

The provider followed safe recruitment procedures and staff received relevant training and supervision to ensure they were effective in their roles. There were sufficient staff to meet people's needs and people received their care as planned. People were supported to access health services and meet their nutritional needs.

Staff and the registered manager had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their daily work practices. People told us they felt involved in making decisions about the support they received.

People benefitted from caring relationships they were able to build with the staff and their dignity and privacy was respected. Feedback from people and their families reflected they felt staff were caring.

People had current care plans in place and their care records contained information on how to best support them. People told us they received support in a way they wanted. People had opportunities to attend support groups run by the provider to reduce social isolation. Crossroads Care had set up additional services such as access to emergency fund or food stock to support people with their changing needs and emergency circumstances.

The provider had a complaints procedure and people told us they knew how to make a complaint. The registered manager ensured people's feedback was sought and acted on where required.

People felt the agency was well run and complimented the team. The team promoted an open and transparent culture. The provider used a range of quality assurance tools to continually improve the service.

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.

Risks to people's environment and their well-being were assessed and recorded.

People received their medicines as prescribed.

Staff were aware how to keep people safe and how to recognise and act upon signs of abuse.

There were sufficient staff to meet people's needs and provider followed safe recruitment procedures.

Is the service effective?

Good ●

The service was effective.

People were cared for by knowledgeable and skilled staff that received training relevant to their roles.

Staff were aware and followed principles of the Mental Capacity Act (MCA).

People were assisted to access health services and meet their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People complimented staff and their caring attitude.

People's dignity and privacy was respected.

People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were involved in care planning process.

People told us they received appropriate support that responded well to their needs.

People knew how to complain and were confident any concerns would be appropriately responded to.

Is the service well-led?

Good ●

The service was well-led.

The management and the staff promoted a positive and open culture.

There was a clear staffing structure and staff were aware of their roles and responsibilities.

The provider had effective systems to monitor the quality of the service and drive improvement.

Staff knew how to raise concerns if needed.

Crossroads Care (Oxford)

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 and 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 16 November 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of one 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.

Before the inspection we looked at information we had about the service and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We also contacted the local authority commissioners of services to obtain their views on the service.

We contacted eight people and four relatives to obtain their feedback about the service received. We also spoke with three care workers, a care manager, the registered manager and the chief executive. We looked at five people's care records, six staff records including training and recruitment information and at a range of records about how the service was managed. After the inspection we contacted three external professionals to obtain their feedback about the service.

Is the service safe?

Our findings

People told us they felt safe. Comments included: "I feel confident to put my life in their hands if the time ever came that I could no longer care for myself at all. I cannot praise them enough they deliver excellent care, absolutely faultless" and "If I have a problem someone is always there". One relative told us, "Yes, [person] is safe". Another relative said, "Yes, (person is) safe, no issues".

People were cared for by sufficient numbers of staff. People commented positively on the continuity of care received. One person said, "I may have had one, maybe two carers that come every now and then, but majority of the time I'm cared for by regular carers and they really are excellent carers". Another person told us, "I have a plan every week which tells me who and when is coming and what time and I am contacted to be made aware of any absences or when staff are going to be late by the office". One relative commented, "Many of them (staff) [person] have known for a while". The staff told us they were able to deliver continuity of care. One staff member said, "Pretty good stable rotas and can see same people on regular basis".

The service used an electronic system to monitor the time and length of care visits. An allocated staff member monitored staff logging in and out of people's homes using their telephones in real time. Additionally an alert system was set up that would flag up a message to the office or to the on call person if over the weekend if a member of staff failed to log in within 30 minutes of the scheduled time. The registered manager informed us the staff were very good with using the login system and they achieved expected compliance threshold. People confirmed staff used the system promptly. One person said, "The carers use a 'ring in message' to let the office know when they arrive and when they are leaving".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included past employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people.

People were cared for by staff that understood their responsibilities in safeguarding people from harm. One staff member told us, "I'd inform the manager and let them know if any concerns". Another member of staff said, "I'd contact the manager if a safeguarding alert was needed". The registered manager was aware of the processes required to follow if any abuse was suspected. They kept a log where they recorded all safeguarding concerns so they were able to identify any trends or patterns.

People's individual risks in relation to their environment and individual conditions were assessed and recorded. Risk assessments included people's mobility, skin integrity or manual handling needs. People's daily records of care received confirmed staff followed the guidance outlined in risk assessments. For example, one person had been assessed as suffering from swallowing difficulties and they were referred to Speech and Language Therapist (SALT) for an assessment. The advice from the specialist was incorporated into person's care planning and read the person required the food to be of a certain consistency. The daily logs evidenced the person received their food as required. We noted entries such as 'had blended porridge' or 'had shepherd's pie blended' were recorded.

People received their medicines as prescribed. People's files contained details of medicines prescribed for them. People told us the staff assisted them to take their medicines when required. One person said, "My carers help me with my medication". Another person told us, "The carers always ask if I have taken my medicine with my breakfast". Records confirmed staff had been appropriately trained to support people with taking their medicines. This included specialist training delivered by a health professional, when required. For example, how to assist people with taking Warfarin (blood thinning medication) which required ability to follow strict instructions. We viewed a sample of Medicines Administration Records (MAR) and noted these were completed fully. Medicines records were monitored on regular basis so any issues could be addressed with the staff.

The provider had a system of recording accidents and incidents. There was a policy in place which clearly outlined the steps required to follow when a person suffered an accident. The registered manager told us no people suffered any accidents this year. Staff told us they knew what to do when a person suffered an accident. One member of staff said, "I would record in log sheet, call 999 and make sure they're safe, inform care manager, they would cover next visit and inform people. You're never worried as you look after your client and next one is looked after, never rushed".

Is the service effective?

Our findings

People were cared for by staff that had the right skills to meet people's needs. People complimented the staff. One person said, "One of the things I like about Crossroads Care is I like to feel looked after by an organization that look after you for the sake of charity instead of profit and they take considerable care in choosing their staff. I feel they are well trained". Another person said, "When they come to me on their own they are very competent" and I'm very pleased with the younger ones as well as the older care staff ". One relative told us, "They (staff) do what they are supposed to do".

The records confirmed and staff told us they received training relevant to their roles. The training included areas such as safeguarding, continence management, moving and handling, risk assessments, dignity in care and promoting independence. The training was mapped to Care Certificate's requirements. The Care Certificate is an identified set of 15 standards that care workers complete during their induction and adhere to in their daily working life. When required the staff received training relevant to people's individual needs. We noted some staff received training delivered by a health professional on how to provide stoma care, assist a person to use an inhaler or put pressure relieving stockings on. Senior staff received training relevant to their roles such as 'managing and supporting staff'. Staff were supported to achieve their qualifications such as Diploma in Health and Social Care.

Staff spoke positively about the training received. One member of staff said, "Good training as information is given in pockets". Another member of staff said, "They gave all the training we need and it's well organised, I came to care for people and learned even more about caring for people. They helped me with my NVQ (National Vocational Qualification)". Another member of staff complimented the induction they received. They said, "Induction was good, and 2.5 weeks shadowing and I started working solo when I was ready. If they don't think you're ready they will keep you shadowing".

Staff told us they felt well supported by the management. Comments included, "I had a couple of supervisions, I visit the office weekly and can raise anything at any time", "I can say if I need to speak to someone. I've rang (the office) before to raise issues about clients and management gone out to clients the same day, resolved it and came back to me (with feedback)".

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 told us staff respected their decisions and choices. One person told us, "I have never been made to feel unsafe or uncomfortable by my carers". Another person said, "It's my choice to look after meals and they respect my decision as they know I'm perfectly competent". A relative told us, "They (staff) do ask [person] what she's like to wear".

Staff had received training on MCA and they were aware how to ensure people's rights were respected. One member of staff said, "It's about assuming people have capacity and if any concerns follow the right procedures to assess their capacity". Another staff member said, "I give people choices, what they want to wear, eat or go out to the garden or stay in". The registered manager was aware of the process required to be followed if people's liberty needed to be restricted and the procedures when referring a person to Court of Protection. Court of Protection makes decisions on different matters for people who can't make decisions at the time they need to be made. This applies when people's rights to live in their own home may be limited.

People's care files contained information about their medical diagnosis and people were supported to meet their health needs and access external health professionals when required. For example, one person's care file reflected the person had developed a pressure area on their skin and a referral to the district nurses was done. One person told us, "I have one or two sore spots and my carers have notified the district nurse and I now have ointments to use for those areas of my body affected". One relative told us, "[Person] gets accompanied to any appointments, e.g. a dentist". The records confirmed any advice received from an external professional was incorporated into care planning.

People were supported to meet their dietary needs and their preferences were documented. People's care plans gave direction to staff on how to support them. One person's care plan's stated, "See if [person] would like lunch, offer a drink". Staff were aware to report any concerns about people's nutrition. One person's care file showed they lost their appetite and this was raised by the staff during the person's most recent review so the appropriate steps could be taken to support the person with their nutrition. People complimented the way staff supported them with making meals. One person said, "They always leave everywhere clean and spotless after they've made my breakfast".

Is the service caring?

Our findings

People complimented the staff and their approach. One person said, "They (Crossroads) looked after [person] two years ago and were completely sensitive and had an honest approach to care and respect for their needs. When I needed ongoing care I rang Crossroads for help, spoke to (manager's name) and he said yes and I haven't looked back since". Another person told us, "My care I get is absolutely fantastic, exceptional. I've never had a carer that I have thought didn't know what they were doing or didn't understand my needs". People's relatives were also positive when speaking about care provided. One relative said, "[Person] seems very well looked after".

People and their relatives were complimentary about the relationships they were able to build with staff. Comments included, "[Person] is happy when carers are coming and interacts with them", "Agency has been quite good over the years, the staff are very good" and "I have two carers three times a day and they are absolutely brilliant, I have a positive relationship with my carers and the management at Crossroads".

The staff we spoke with were enthusiastic about working with people and committed to providing compassionate support. One member of staff told us, "It's not just about washing (a person), need to know clients, their likes and dislikes, their routines and find out about them and life history. I love this job, it's good to think 'I made someone happy today', to be able to keep people in their own homes safe is so rewarding". Another member of staff said, "I find this (job) very rewarding and feel I am giving something back".

People's dignity and privacy was respected. One person told us, "I have been really lucky to be cared for by Crossroads rather than another organization. They really respect me and my home". Another person told us, "I have regular carers and they are familiar with me and what I like and they are really pleasant. When they come in, in the morning they always ask how I have been in the night and if it's ok for them what I would like to wear they show me a lot of respect and respect for my home". Another person said, "I trust my carers to respect my privacy, vulnerability and safety". Staff received training around dignity and knew how to use this in their working life. One member of staff told us, "You're going to their homes so you've got to respect it".

People were involved in their care. People told us they were able to decide for themselves. One person said, "They always ask me what I would like or want and respect my decisions". Staff we spoke with were aware of the importance of involving people. One staff member said, "Never discuss 'over the client', always explain what you're doing, like, 'I am going to take your covers off' or 'move your pillow'".

People's independence was promoted and their feedback confirmed this. One person said, "My carers do what they can to encourage my independence even though I have got limited mobility they let me try to do for myself with their help". People's care files showed an emphasis was put on making sure people were involved as much as possible. One person had limited communication skills and their care plan read, "[Person] will choose what she wants" and "Able to give consent on task by task basis".

People were cared for by staff that were aware how to maintain confidentiality. A member of staff told us,

"We don't talk about staff or other clients". Another one added, "We keep (people's) files secure". People's care files were stored securely in the office.

Is the service responsive?

Our findings

The registered manager ensured people's needs were assessed prior to commencement of care to make sure these could be met. Where applicable people had a copy of the assessment received from the local authority on file. This information was used to develop people's care plans.

Care records contained details of people's personal information, such as preferred name, their likes, dislikes and how to best support them. For example one person's care records read, "Will need to be spoken to loudly when not wearing hearing aids". Another person's care file said, "Speaker should be clear and at eye level". The care plans were current and regularly reviewed. The files gave clear instruction and guidance for staff about the level of assistance required on each of their care visits. Staff were aware of people's needs. One person was blind in one eye and staff told us how they would support them to ensure effective communication. A member of staff said, "We need to be clearer, come close, the person needs to see us, can't be mumbling or have your hair all over your face".

The service responded to changing people's needs well. For example, one person recently returned home following a hospital stay. Following a reassessment it had been identified they required an additional double handed evening visit due to deteriorated mobility. This was put in place so the person could be assisted safely with their transfers. People told us the care plans were updated when their needs changed. One person said, "My care has been updated twice in three years since my mobility limitations have changed and moved everything around to make more room for me to move about without the risk of obstacles".

People told us the support they received was as they wanted. One person told us, "There is a booklet on my cupboard on the way out to the front door that has all the important information about the service etc. they sign it when they come and go and fill in what they have done and need to do". Another person commented how the staff assisted them in keeping their environment the way it was important to them. They said, "I get looked after by two brilliant ladies, my [person] isn't with me anymore and she was always tidy and liked the home to be certain way so I try to keep it the way she would have".

The provider had developed a number of additional services to support people with their changing needs and circumstances. For example, they worked with Oxford Food Bank and they stored food and household goods that can be distributed to both vulnerable people and those in financial hardship. An emergency fund was set up that could be used to help people with daily costs or emergency needs such as funding overnight care during times of family carer crisis. Additionally they subsidised a handyman's service that could be offered to assist people with household or gardening tasks.

Crossroads Care also run support groups available to people using the service. Two music groups were run by professional musicians one for children and young people and another one for people living with dementia. Additionally there was a Dementia Service that provided social activities such as a gardening club for people living with dementia and their informal carers.

The service also offered adapted vans that could be used by service users to get to any events or for

holidays. They also had two caravans based at a holiday park site. These were used by people to give carers a break from their caring role with holidays, weekend breaks or day trips. The registered manager told us any of the vehicles were available to hire at a reduced rate or were often offered to people free of charge.

People we spoke with knew how to raise concerns and they were confident action would be taken, although they had not had a reason to complain. One person said, "I haven't really looked to see the information about complaints as I've never needed to so it never crossed my mind. I know who to call if I need to. I'll call the office and talk to (staff name) should I need to". Another person told us, "If I had anything to complain about I would contact (name) my carer or Crossroads". Records showed there had been four complaints received this year. These had been investigated and resolved in line with the provider's policy.

People were encouraged to give their views about the service received. The management told us they identified when they previously had sent out satisfaction surveys many people did not return the questionnaires. To address this, the post of a liaison officer was introduced. They were responsible for contacting people twice per year to obtain their views. The management told us this gave people an "opportunity to raise any, even the smallest things".

The registered manager shared with us the evaluation summary that compared the results from the most recent calls carried out in June to last year's results from September. The comparison showed the number of concerns raised by people was significantly lower. The management told us this was because individual issues were followed with people or where required with the staff.

Is the service well-led?

Our findings

The registered manager was new in post and had only just registered with the Care Quality Commission but he had worked at the service for many years. There was a clear staffing structure within the team. Designated care managers and senior carers supervised staff working in certain geographical areas and they were clear about their roles and responsibilities.

People complimented the organisation and how the service was run. Comments included; "I have the most faith in Crossroads", "Crossroads is very well managed organization indeed" and "I can't say enough for Crossroads, the carers do so much. Excellent just excellent". One external professional told us, "I found them extremely professional and focused on how to improve patients' care".

Staff we spoke with were also positive about the service. Staff felt their views were important and considered by the management. One staff member said, "Management listen and take on board staff opinions and views". Staff were encouraged to attend staff meetings. The minutes from the meetings viewed reflected staff were involved in the day to day running of the service. For example, one local area meeting minutes showed staff raised concerns about travelling time in one of the areas. The minutes read the supervisor asked staff for their advice and input with route planning.

There was a good communication within the service, the manager operated an open door policy and staff complimented their availability. Staff told us they could ring the management at any time. The registered manager used technology to maintain good communication within the team. Staff used a designated chat group created on one of the communicators platforms. This meant they could send an instant message to a group of staff at the same time. There was a regular newsletter sent to staff and people. The newsletter gave a number of updates, advices and important reminders. For example, the staff newsletter read 'please report any changes in your clients' care needs to the office immediately. You are the frontline observing our clients daily and you help to shape care plans by reporting accurately to the office. Thank you'.

The management and the staff promoted a positive, open culture with no place for blame. One staff member told us, "There is no culture of blame, you can't brush things under the carpet here, you act on things quickly, it's about improving practices and learning from mistakes". Another staff said, "Any mistakes are reported so the lesson can be learnt". The registered manager told us 'quality care and safe care' were of their priorities. The staff meeting minutes showed the staff were encouraged to reflect on their practices. For example, staff reflected on a positive outcome of sourcing a new piece of equipment for a person. The positive impact was discussed and staff identified ways in which improved communication between the team could have meant quicker referral.

The provider had a whistle blowing policy in place that was available to staff across the service. Staff we spoke with were aware of the whistle blowing policy. Staff said they would not hesitate to report any concerns if they saw or suspected any abuse. That included reporting to external agencies if required. Staff comments included: "If any concerns I could go to social services, I got a pack with numbers to ring, they (management) told me if I felt I need to (report) I should" and "I'd go to GP, social worker or the Police".

The provider had effective tools to monitor the quality of service. There was a system to ensure people's care plans were regularly reviewed and updated when required. Staff were subject to spot checks during which their practices were observed. The registered manager compiled a monthly summary of data such as a number of complaints, recruitment status and any issues so appropriate action can be taken. These were reported to the senior management on monthly basis and discussed during quarterly board meetings. People's feedback was regularly obtained and acted on where required. For example, one person raised some concerns about a member of staff. The records showed the registered manager held a supervision session with the staff concerned to address the issues raised.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The provider worked with other professionals including local health and social care teams. The registered manager was actively involved in key organisations. They were a member of the United Kingdom Homecare Association and Oxfordshire Association of Care Providers. They also attended the Registered Managers' forum.