

East Midlands Crossroads-Caring For Carers

Crossroads Care East Midlands - Nottingham Office

Inspection report

19 Pelham Road
Sherwood
Nottingham
Nottinghamshire
NG5 1AP

Tel: 01159628920
Website: www.emcrossroads.co.uk

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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

Crossroad East Midlands – Nottingham Office is a service providing personal care to people living in their own homes. It provides long term, short term, palliative and respite to people within the community. At the time of our inspection, the service support a total number of 344 people.

Not everyone who used the service received personal care. 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

The care and support people received was safe. Staff had good knowledge of how to apply the provider's safeguarding protocols. Risks management practices were safe and encouraged people to be as independent as possible. Medicines were managed well and people were protected from the risk of contracting or spreading infection.

Staff had the skills and experience they required to care for people effectively. They supported people to have consistent support with their health needs. Where required, they supported people to eat and drink well.

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.

Staff were kind and compassionate. They treated people with dignity and respect, and supported them to be involved in decisions about their care. The service promoted people's independence and supported people to develop or maintain relevant skills where possible.

Care plans were comprehensive and provided guidance to staff on how to provide support which met people's individual needs. Staff supported people to maintain relationships that were important to them. They supported people to access social and educational opportunities. The service responded to complaints they received in a timely manner.

Staff were supported to fulfil the responsibilities of their role. The registered manager maintained good oversight of the service. The provider had systems in place to monitor the quality of care people received.

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 12 May 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.

Crossroads Care East Midlands - Nottingham Office

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 and two assistant inspectors.

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.

The service had a manager 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 December 2019 and ended on 9 December 2019. We visited the office location on 5 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 nine people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, a learning and development advisor, a team leader, care support worker and end of life support worker.

We reviewed a range of records. This included three people's care records and a medication record. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 safe when they received care and support from Crossroads Care East Midlands. People were confident in staff's ability to look after them and keep them safe.
- Staff had good knowledge of the provider's safeguarding policies and applied this in their practice.
- The provider had protocols in place for reporting, investigating and dealing with concerns regarding people's safety and wellbeing.

Assessing risk, safety monitoring and management

- Staff were skilled in identifying risks that may be associated with people's care. They maintained records of identified risks, put plans in place to minimise the occurrence and took steps to keep people safe.
- The service had a positive approach to risk management. The measures staff put in place to manage risks did not restrict people's freedom or independence.
- Staff had the skills to safely support people with specialist aids, equipment and adaptations.

Staffing and recruitment

- People did not always feel the care visit were timely. They did not always know when there was a change to their regular staff team. We found this had not impacted on the care people received. The provider was undergoing a period of change, which included improvement to staffing and timeliness. The registered manager told us changes would bring about improvements in people's experience of care.
- There were enough staff to meet people's needs. Staff told us staff numbers were sufficient to allow them to meet people's needs in a personalised manner.
- The provider was in the process of making further improvements to staffing. This was to recruit more staff to ensure calls were more timely and people could be assured of regular staff teams where possible. They had employed a national recruitment officer to support them to improve recruitment in the required areas.
- The service followed safe staff recruitment practices. They completed relevant pre-employment checks. This supported them to ensure they employed staff who were suited to work with people who use services.

Using medicines safely

- Where people required support with their medicines, the support they received was safe. Staff received training in medicines administration. They completed relevant records which showed they safely supported people with their medicines.

Preventing and controlling infection

- People were protected from the risk of contracting or spreading an infection. The provider had an

infection prevention and control policy which guided staff practice.

- Staff wore protective equipment when they supported people with relevant tasks.

Learning lessons when things go wrong

- The provider had systems in place to manage incidents and accidents that occurred at the service. They investigated causes of incidents and took actions to prevent a reoccurrence. They shared information with relevant professionals where required.

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's needs were assessed before they received care and support from the service.
- Staff completed an assessment which they did in collaboration with other people such as relatives and professionals who may be involved in looking after the person being assessed. This allowed them to have a holistic view of people's requirements to enable them to meet their needs.
- Information from assessments were used to develop people's care plans. As staff delivered care to people, they understood they needs better and made any relevant changes to update people's care needs.

Staff support: induction, training, skills and experience

- Staff had the skills and experience they required to care for people. Staff told us they had access to regular training which equipped them to fulfil the responsibilities of their role. This included training to meet specific mental health needs such as dementia.
- New staff received a comprehensive induction into the service and their role. All staff received support through supervision. Care and support staff received regular support and guidance from a dedicated team of learning and development advisors.

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

- Most people were independent or supported by their family to eat and drink.
- Where people required support, staff effectively met their nutritional needs. Staff had the training and skills to support people with specialist requirements such as peg feeding. Peg feeding is where a person's nutritional needs are met through a tube in their abdomen.

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

- Staff worked collaboratively with other professionals to meet people's needs. They followed recommendations by professionals to support people effectively. This supported staff to help people manage their health and wellbeing.
- Staff were proactive to refer people to healthcare services when required. They supported people to access these services where required.

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.

- At the time of our inspection, the service did not support anyone who was deprived of their liberty.
- Staff had good knowledge of the principles and requirements of the MCA and supported people accordingly.
- They sought people's consent regarding their care and support, and supported them to independently make decisions about their care where possible.
- Staff supported people and their relatives to make important advance decisions to ensure their care is as they would want should they not be able to make their own decisions in the future.

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

- People were supported by kind and compassionate staff. People gave us positive feedback about the caring attitudes of staff. A relative said, "They [staff] couldn't treat [person] any better than they do. They are extremely courteous."
- Staff treated people like they mattered. People told us staff took time to communicate with them and understand their needs and specific preferences.
- The provider had policies and systems in place which promoted non-discriminatory practices. This ensured that people had access to a good standard of care regardless of the race, culture, disability or beliefs.

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

- Staff supported people to be involved in decisions about their care. A member of staff told us how they supported people to express their wishes through the assessment and care planning process.
- Each person's care plan stated the level of support they may require to communicate their views and wishes. Staff supported them as stated in their care plan.
- Where required, people had access to an advocate to support them with decision making. Advocates are independent persons who support people to express the views and rights.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. They told us staff respected them and treated their home and belongings with respect.
- The service promoted care delivery which supported people to be as independent as possible. Care records provided guidance on how staff who promote people's independence and ensure they supported people to maintain any life skills they may have.

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

- Staff delivered care and support according to people's individual needs. Care records were comprehensive and showed each person's needs, history and preferences. This supported staff to provide care as preferred by people and their relatives.
- People could express their choices regarding their care. The service had protocols in place to support people to be part of their care planning and reviews. Care delivery was updated to reflect any changes in people's choices and needs. A relative told us, "They [staff] normally respond to what [person] wants."

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 received information in accessible formats.
- Care records included information and guidance to staff on how to effectively communicate and understand people. This included what people's non-verbal communication styles meant, and how to engage and convey information to people.

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

- People were supported to maintain relationships and contact with those who mattered to them. One person's records showed staff supported them to visit a family member regularly.
- Where required, staff supported people to be part of the community they lived in. They did this by supporting them to access a variety of social, educational and employment opportunities of their choice.

Improving care quality in response to complaints or concerns

- The provider had a complaint policy. People were aware of how they would raise any concerns or complaints they may have about their care.
- Complaints received at the service were investigated and dealt with according to the provider's policy. The provider made improvements to the service to address issues raised by complaints.

End of life care and support

- The service had robust protocols in place to support people's end of life needs. They employed and trained specialist staff to support people and their relatives through dignified and compassionate care.

- People's records included comprehensive details of their wishes and preference, and any advance decisions they or their loved ones made. This guided staff to fulfil people's wishes.

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 had an enabling and inclusive culture which sought to improve outcomes for people who used the service. We saw that staff supported people to live as full a life as possible. For example, we saw staff supported a person to fulfil roles within their family unit.
- Staff were happy to work within the service. They told us they felt valued and supported in their role.

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

- There were clear tiers of accountability and support within the service. Staff were clear about the expectations of their role and were supported at all levels to fulfil them.
- The registered manager demonstrated a good knowledge of their role including their regulatory responsibilities. They told us they received a good level of support from their team and managers which supported them to run the service effectively.

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 provider demonstrated a good understanding of the duty of candour. Their complaints protocols and records showed they were honest about any failings within the service and sought to make improvements to address them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people in service planning through collecting their feedback about their experience of care. Records of recent feedback received showed people had a generally good experience.
- Staff felt engaged with the service aims and objectives. They felt supported to fulfil the responsibilities of their role. They had access to regular supervision and were supported to give feedback on ways to improve the quality of care people received.
- The provider recognised and celebrated staff for good service and positive contribution.
- The service worked collaboratively with other professionals to ensure the care people received consistently met people's needs.

Continuous learning and improving care

- The provider had systems in place to monitor the quality of care they provided. This included checks of various aspect of people's care. These were regularly analysed, and areas of improvement were identified and acted on.
- The service had made changes which improved care and ensured staff had consistent support at all times. Staff told us this improved access to support and guidance at weekends and night time.