

Dudley Crossroads

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Inspection report

6 Watt House
The Innovation Centre, The Pensnett Estate
Kingswinford
West Midlands
DY6 7YD

Tel: 01384298513

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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

The inspection took place on the 11 April 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to be sure that the manager and staff would be available. The last inspection was carried out on the 23 January 2014 and the provider met all the regulations inspected.

Dudley Crossroads is registered to provide personal care services to people in their own homes. People who use the services may have a physical disability or sensory impairment. On the day of the inspection there were 17 people receiving a sitting respite support service from in their home, this also involved providing personal care support where needed. There was a registered manager in post. 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 using the service told us they felt safe. Care staff we spoke with knew how to keep people safe and the actions they would take where people were at risk of harm. Care staff were only required to remind people to take their medicines and their relatives managed all their medicine requirements.

We found that while people all had capacity and did not fall within the Mental Capacity Act 2005 (MCA) requirements, the provider was aware to the act and its requirements and staff received training. People's consent was being sought by care staff. People's dignity, privacy and independence was being respected.

Care staff received the appropriate support to ensure they had the skills and knowledge to meet people's needs. There was sufficient care staff so people's needs could be met how they wanted.

The appropriate assessment of people's needs were being carried out and a care plan was in place which people were involved in devising. Where decisions needed to be made people were involved in the process and reviews were carried out in line with people's wishes.

People were able to share any concerns they had by way of the provider's complaints procedure.

The provider carried out quality assurance checks and audits to ensure the appropriate service standards were being met.

People were able to share their views on the service they received.

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.

People felt safe within the service.

The provider had a risk assessment process in place to identify and mitigate any risks.

The provider had an appropriate process in place to recruit care staff.

Is the service effective?

Good ●

The service was effective.

We found that care staff were able to get the support they needed to ensure they had the appropriate skills and knowledge.

People's consent was being sought and the provider worked within the principles of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People told us that care staff were kind, caring and compassionate.

People's privacy, dignity and independence was respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment and care planning process, which also involved regular reviews.

The provider had a complaints process in place so people were able to raise any concerns they had.

Is the service well-led?

Good ●

The service was well led.

People felt the service was well led.

People were able to share their views on the service provided.

The appropriate quality assurance checks and audits were being carried out by the provider.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection took place on 11 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. Due to the size of the service the manager is often out of the office supporting staff and we needed to be sure that someone would be in.

The Inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR) which they did. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out 16 questionnaires to people and 7 were returned, 16 to relatives and two were returned, 2 to other professionals and one was returned and no questionnaires were sent to care staff. The information we received was used to help us plan our inspection. We also reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority (LA). They have responsibility for funding and monitoring the quality of the service. They told us they had no concerns about the service and how it was being managed.

We visited the provider's main office location. We spoke with two people who used the service and two relatives by phone. We spoke to three members of staff and the care manager as the registered manager was on holiday. We reviewed four care records for people that used the service, reviewed the records for three members of the care staff and records related to the management of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe within the service. One person said, "I do feel safe with the staff". A relative we spoke with said, "I do feel [person's name] is safe". People told us, through the completed pre inspection questionnaires that they completed that they felt safe within the service. Care staff we spoke with showed a good understanding as to what they would do if they felt someone was at risk of abuse and gave us a number of examples as to what forms abuse could take. One member of the care staff said, "I would let the office staff know". The provider had arrangements in place to ensure staff received the appropriate training in keeping people safe which they told us in the information they provided us with in the provider information return (PIR). Care staff told us they had received training in safeguarding people. We saw evidence to confirm this.

The provider had a safeguarding policy in place to ensure where people were at risk of abuse they would ensure the appropriate actions were taken. Care staff we spoke with were aware of the policy and its purpose. The local authority told us that they had no concerns about people's safety within the service.

The provider told us in their PIR that they carried out risk assessments to ensure where there were potential risks that the appropriate adjustments could be made to mitigate the risk. Care staff we spoke with understood what a risk assessment was and where to locate them if they needed to know how someone's risks were to be managed. We saw that risk assessments were being used to identify risks and care staff were able to demonstrate an understanding of people's risks and the actions required to reduce them.

People we spoke with told us that care staff were always on time and if they were going to be late they were informed by the office. One person said, "Yes staff do arrive on time and stay for the allocated time". Relatives we spoke with confirmed this. One relative said, "She [care staff] is always on time". Staff we spoke with told us there was sufficient staff to ensure people received their service on time. One staff member said, "I have no concerns with staffing, there is more than enough staff". We found that the service being offered was to support carers. Care staff were required to stay with people for a period of three hours to allow the carer [relative] time to do whatever they needed to do. It was important to the carer that care staff were on time and stayed for the full allocation of time.

The care staff we spoke with told us that they had completed a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. These checks were carried out as part of the legal requirements to ensure care staff were able to work with people and any potential risk of harm could be reduced. The provider told us the process they went through as part of how they recruited care staff. We found that the provider was able to ensure all new recruits had the appropriate skills, knowledge and experience to be appointed. We found that references were being sought to check the character of potential care staff.

The provider told us in their PIR that care staff did not administer medicines they only reminded people to take their medicines. All medicines were prepared and managed by people's carers [relatives]. We found that the provider had a medicines procedure in place so care staff had the appropriate knowledge and

direction as to what they were able to do. One person said, "Staff only remind me to take my medicines, my mom manages all my medicines". Relatives we spoke with confirmed this and told us they prepared and managed all the medicines care staff only reminded people to take their medicines.

Is the service effective?

Our findings

People told us, through the completed pre inspection questionnaires that the support they received from care staff was consistent and that care staff had the appropriate skills and knowledge to support them. Relatives who completed questionnaires confirmed this.

People told us that the care staff knew them and they were able to meet their needs. One person said, "Staff do know what to do". A relative said, "Staff are skilful and knowledgeable and are able to do what is required". Staff we spoke with told us they were supported by the manager and office staff. One member of the care staff said, "I do feel supported by the office", another member of the care staff said, "I do get supervision and I am able to attend staff meetings". The provider told us in their PIR that staff were able to access on-going training and their development needs were constantly being checked as part of an appraisal system. We found that staff were able to access supervision, attend staff meetings and training as a way of improving their skills and knowledge. Care staff we spoke with confirmed they were able to access training as required.

We found that an induction process was part of how the provider ensured newly appointed staff were supported to gain some of the knowledge they needed about people they supported. One care staff member said, "I was able to shadow more experienced staff as part of my induction process". We found that the care manager was aware of the care certificate and told us they had not recruited staff for sometime but would use the standards when and if they recruited staff. The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction.

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. We checked whether the service was working within the principles of the MCA. We found that whilst care staff had some knowledge about the MCA they were unable to explain the DoLS. Care staff told us they received training in the MCA but not in the DoLS. We found that people were able to make decisions and give consent where needed and no one in the service was having their human rights or liberty restricted, which would require authorisation from the Court of protection. Where people needed assistance with personal care the care staff sought their consent before providing support. One person said, "Staff always ask before they do anything".

The provider told us that where people needed support with their meals this was done. One person said, "Staff are very patient when supporting me to eat". We found that apart from the person we spoke with care staff predominantly offered a sitting service which did not require them to support people with their meals. Where people were supported we were told that care staff supported people with meals that had been left by their relative.

Relatives told us that care staff did not need to monitor people's health as they did this. Care staff we spoke with confirmed they were not required to ensure people had access to health care professional as their relatives did all this for them. One person said, "My mom looks after all my health needs". The provider told us that as part of the service they offered care staff were not required to ensure people had access to health care professionals, but if people were not well when they were with them as part of the sitting service they would ensure a doctor was contacted or the emergency services.

Is the service caring?

Our findings

One person said, "The staff are caring, kind and compassionate". A relative said, "The staff are friendly, caring and trustworthy". Another relative said, "[Person's name] loves the staff that comes I couldn't cope without them". The provider told us that care staff were encouraged to build trusted long standing relationship with relatives and the people who received a service. The provider advised this contributed to people being cared for with compassion, kindness and respect at all times.

People we spoke with told us the care staff listened to whatever they wanted and the office staff were friendly. One person said, "The staff do listen to me". A relative said, "[Person's name] is able to make decisions and express himself". Care staff we spoke with were able to explain how they ensured people were able to make their own decisions. One care member of staff said, "People are able to share their views". We found that people were able to make decisions were needed and staff respected the decisions people made.

A person said, "My independence, dignity and privacy is respected by the staff". A relative told us that the care staff sit and talked the person through what it was they were going to do, so they felt involved. Care staff we spoke with were able to explain how they ensured people were able to live independently and their dignity and privacy respected. A care member of staff said, "I would always knock before entering any room", while another care member of staff told us that while the commode was being used they would always ensure the person was appropriately covered. We found that a number of staff were trained to be dignity champions. This gave care staff the understanding to ensure they respected people's dignity at all times. We saw from a recent care staff meeting minutes that respecting people's dignity was a standard item on the agenda as a way of ensuring care staff knew how to and did respect people's dignity.

We found from the pre inspection questionnaires that people were happy with the support they received and that they felt care staff were 'Kind' and 'Caring'. Relatives also told us through their questionnaire that people were always supported with dignity.

Is the service responsive?

Our findings

A person said, "I was involved in my assessment and care plan and I have a copy". A relative we spoke with told us that before the service started an assessment was completed with a care plan and a copy was in their home. Care staff we spoke with told us they were able to access the assessment and care plan when needed. We found that an assessment and care plan was in place to identify the support people needed. One person said, "I have had a review" and relatives confirmed that reviews were taking place.

We found that people's preferences, likes and dislikes were identified so care staff knew what people like to do. A relative told us that their relative like to be read to and care staff who sat with them would do this. Care staff we spoke with confirmed they were able to access information on what people liked to do and this was used as part of how they supported people when they were with them. We saw that this information was being identified within the care planning process.

One person said, "I do know how to complain, but I have never had to". A relative said, "I was given a copy of the complaints process, but I have never had to use it". Care staff we spoke with were able to explain the actions they would take if someone had a complaint. A care member of staff said, "I would inform the office". The provider told us that complaints and concerns were always taken seriously and every body was issued with a copy of the provider's own complaints process. We found that the provider had a complaints process in place. We saw that the provider had received a number of compliments about the quality of the service, but did not have a logging process to show when complaints were received, how they were dealt with and any actions that resulted. We were told by the care manager that this would be implemented.

People told us, through the completed pre inspection questionnaires that they completed that they were involved in the assessment of the service and that they knew how to complain. Relatives confirmed this through the questionnaire they completed.

Is the service well-led?

Our findings

People, relatives and care staff told us that the service provided was well led. The local authority told us they had no concerns with how the service was managed or run. A person said, "The service is excellent", a relative said, "The service is well led and invaluable". A care staff member said, "The service is well led, unique and amazing". We saw that the culture in the office amongst the staff was friendly and care staff told us they were able to come to the office whenever they needed and the culture was one of openness.

We found that most people knew who the registered manager was by name. Some people told us they had not met the registered manager and did not know their name. Some people told us the registered manager had visited them at their home and other people told us they had never visited them. A relative told us that if they had any concerns they would be happy to speak with the office staff or manager. We discussed this with the care manager who told us this would be raised with the registered manager. We found that there was a management structure in place so care staff knew who to contact in an emergency or when the office was closed.

The provider told us in their PIR that quality assurance checks were being carried on at the service. A person said, "Office staff do visit me at home to check on the quality of the service". We found that audits and checks were taking place. Care staff we spoke with told us that spot checks were carried out to check that they were doing what they should be. We found that the provider carried out these checks to ensure people received the service they expected, care staff followed the appropriate service procedures and to ensure the appropriate standards were being maintained.

A person said, "I do get a questionnaire to complete". A relative said, "I have had a questionnaire in the past". We saw that a questionnaire was being used to gather people's views on the service and the information gathered was being analysed.

People told us, through the completed pre inspection questionnaires that they completed that they knew who to contact if they needed to and that they were being asked their views on the service. Relatives who completed questionnaires also confirmed that their views were being sought on the service provided.

We found that the provider had an accident and incident process in place. This ensured where accidents happened the appropriate information was noted. Care staff we spoke with were able to explain how they would handle accidents and how these situations would be noted. We saw evidence of how accidents were logged and that the information was being analysed to identify trends.

The provider had a whistleblowing policy in place. The care staff we spoke with knew about the policy and how they could use it to raise concerns about the service anonymously.

We found that the provider had completed and returned the Provider Information Return (PIR) as we had requested.

The provider understood and knew their responsibilities to notify us of events and understood the requirement for reporting any concerns to the appropriate external agency.