

Crossroads Caring for Carers Worcestershire

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Inspection report

Crossroads Caring for Carers (Worcestershire)
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Date of inspection visit:
01 March 2017

Date of publication:
25 April 2017

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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

This inspection took place on 1 March 2017 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because Crossroads provides personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

At the time of our inspection 121 people received personal care in their own homes.

At the last inspection on the 6 August 2014 the service was rated as good. There was a registered manager in place at the time of our inspection. 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.

Staff we spoke with knew how to protect people from harm. We found staff recognised the signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

People told us there were enough staff to help them when needed. Staff told us there were enough staff to provide safe care and support to people. Advanced planning meant that staffing levels were reviewed and reflected the needs of people who used the service. People's medicines were checked and managed in a safe way.

People received care and support which met their needs and preferences and in line with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and were supported with enough fluids to keep them healthy. We found staff supported people with access to healthcare professionals, such as their doctor or hospital appointments.

People told us they were involved in planning their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

We found people knew how to make a complaint and felt comfortable to do this should they feel they needed to. Where the provider had received complaints, these had been responded to. Learning had been taken from complaints received and actions were put into place to address these.

Staff felt supported by the registered manager to carry out their roles and responsibilities effectively, through training and staff meetings. We found checks the registered manager completed on the service provided focused upon the experiences of people. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve staff practice.

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 were cared for by staff who had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this. People were supported with their individual dietary requirements.

Is the service caring?

Good ●

The service was caring.

People were treated respectfully. People's privacy and dignity were maintained. People's decisions about their care were listened to and followed.

Is the service responsive?

Good ●

The service was responsive.

People received care that was in-line with their individual preferences and needs. People's concerns and complaints were listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and were listened too. Staff were supported by clear and visible leadership so people received quality care to a good standard.

Crossroads Caring for Carers

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.

This inspection took place on 1 March 2017 and was announced. We made telephone calls to people who used the service and relatives on 2 and 3 March 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority to understand if they had any relevant information to share with us.

We reviewed the provider information return (PIR) that the provider submitted to us. We also reviewed the questionnaire feedback that the CQC had sent to people who used the service prior to our inspection. We also spoke with the local authority about information that may be relevant prior to our inspection of the service.

We spoke with eight people who used the service and one relative. We also spoke with two care staff, two voluntary workers, one team leader and the registered manager. We looked at aspects of three people's care records and medication records. Prior to our inspection we sent a survey out to 22 people, where the responses overall were positive about the support people received. We also looked at staff schedules, complaints and compliments, satisfaction survey and two staff recruitment records.

Is the service safe?

Our findings

All the people we spoke with said they felt safe because the staff who supported them knew their needs well. They told us this gave them confidence that their care and support would be provided in the safest and best way for them. One person said, "They make me feel safe as they make sure I have what I need to hand, like my lifeline." Another person told us, "They always arrive at the same time every day, if they are late then they call me, so I don't have to worry." Another person told us how staff supported them to stay safe when using the shower, they said, "They are always very patient and let me go at my pace".

Staff told us how they supported people to feel safe. For example, one staff member told us that they received updates from staff who worked in the office if there was any change to a person's wellbeing. Another staff member said, "If ever there is a problem, such as someone has had an accident, there is always a person on-call who is always available to help us with the situation". Staff told us that if they had been concerned for people's safety in the past, with the person's permission they have contacted the person's doctor or the emergency services.

Staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. Staff told us about safeguarding training they had received and how it had made them more aware about the different types of abuse. Staff told us they had access to safeguarding information should they need this and went on to say that they would contact staff in the office or the registered manager without hesitation. We found that where there had been potential safeguarding incidents these were reported to the local authority and the provider had followed the correct procedures to ensure people were kept safe.

People's individual risks had been assessed in ways which protected people and promoted their independence. For example, one person had been assessed to have their medicines administered to them by staff so they took these safely. During one visit staff had noticed a box of medicines that the person did not usually take and that had not been stored safely. Staff raised this with the senior team leader, who was able to liaise with the person's relative and doctor to understand where these medicines had come from and why they were needed. Staff were able to safely store these medicines and administer them as required, which reduced the risk of the person taking their medicines incorrectly.

People told us they had regular staff who supported them. One person said, "They are always the same [staff]". Another person told us, "They [office staff] send out the rota's every week so I know who is coming". People told us that if there was a new member of staff, they worked alongside a more experienced staff member before they worked alone. All people we spoke with raised no concerns about staffing levels.

Staff told us that they had the opportunity to raise any concerns about travel time, or length of time at a call. They told us that the care co-ordinators listened to them should changes to the rota be required. Staff we spoke with confirmed that they had suitable travel time between their calls and they did not feel rushed while they were supporting people. One staff member said, "I do not need to rush, if the time wasn't working for the person, I would call the office to let them know, to see if they could allow us more time".

The registered manager told us they managed staffing levels by ensuring they had the time to support people. They told us that they did not accept new people if they did not have the staff to support them. The registered manager told us that they were always recruiting more staff, and once the staff had received their full training were they counted in the staffing numbers.

We looked at two staff recruitment records and saw checks were completed by the provider to ensure staff were suitable to deliver care and support before they started work. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

All the people we spoke with managed their own medicines. People who did require prescribed creams told us staff applied these and did not raise any concerns about this. People who responded to our survey did not raise any concerns regarding the way in which staff managed their medication.

Staff we spoke with told us they had received medication training and their practices were checked before they begun working alone, staff told us that continued checks, by the process of spot checks, were also carried out. Staff had a good understanding about the medication they gave people and the possible side effects. Staff told us that if they arrived to a person's home and saw the medication chart had not been completed properly this would be reported to the registered manager. Staff we spoke with had not had this scenario happen to them; however staff felt confident that the registered manager would take action to address shortfalls.

Medication chart audits were completed monthly; the monthly checks looked at areas such as missed signatures. From the checks we reviewed there were shortfalls that had been identified by the provider, which had been followed up with individual staff for their learning. For example, where there was a missed signature, checks were made to ensure the person had received their medicine and the incident was reported back to the staff member for future learning.

Is the service effective?

Our findings

All the people we spoke with felt that staff knew how to look after them well and in the right way. One person said, "They never let me down". Another person said, "I get a good service from Crossroads, the [staff] are good at what they do". A further person said, "If [staff] are running late, I always get a phone call to let me know, [office staff] are good at that". All people we spoke with felt staff were competent in their role and listened to them.

Staff told us they had received training that was appropriate for the people they cared for, such as moving and handling and safeguarding. Two staff members told us the training they received before they began their role was in-depth and not rushed. They both told us it had given them time to understand topics and ask further questions before they began working alongside a more experienced member of staff. Staff told us that this shadowing experience enabled them to spend time talking with people they would care for and get to know their care needs. Staff gave examples of how learning and sharing experiences amongst their peers helped them to understand how to provide the right care for people.

A team leader, who was also an in-house staff trainer, told us how they supported staff into their role and how they developed their knowledge. They told us that staff received mandatory training initially before shadowing an experienced staff member. They said that the staff member would only work alone when they and the staff member felt they were confident to do so. They explained how they were aware of people's learning requirements before they began the training and gave examples of the different ways they may support a staff member. They told us that the training was also tailored to the service; ensuring people had the right skills in food hygiene and manual handling, for example. They told us that where they had identified a member of staff needed more time in a particular topic, the registered manager agreed this and extended the training time so that it was not rushed.

The registered manager told us they took the training of their staff seriously. The provider had invested time in newly recruited staff to ensure they received a full induction into the service. The in-house staff trainer told us, "I raised with the [name of registered manager] that I needed more time to teach one particular area and she agreed to it. So now I get a half a day to do this".

Staff told us how communication was key to ensuring people received the right care. For example, they would spend time talking with people to get to know them and also ensure they received detailed information about people's care needs from the registered manager and office staff. They told us they had regular one to one conversations with their team leader which was a good opportunity for them to discuss their learning and development. Training was encouraged for further development. A staff member told us they were well supported by the team leader and their peers and felt confident to ask questions.

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 we spoke with told us that staff sought their agreement before carrying out any personal care and staff respected their wishes. One person told us, "They listen to me and do as I ask". Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant and how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. One staff member told us that they always sought consent from the person first and would not do anything that the person was not comfortable with. They continued to tell us they would encourage the person if they were reluctant, but finished by saying, "It is up to them, I'm not there to force them to do something they don't want to do". Staff we spoke with told us they had a useful pocket guide for understanding the MCA and found this useful to refresh their knowledge. The registered manager had a good understanding of this process and how the assessments were to be completed.

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. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

The registered manager had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

People we spoke with had different levels of need for support with meal preparation and cooking. People said they were supported according to their individual needs. One person said, "They always make me breakfast and prepare my lunch for me". Another person told us how staff ensured they always had plenty of drinks to hand before they left. One member of staff said, "We do check to see if people are eating and drinking enough, if we feel they are not then this is reported to the team leader". Staff we spoke with knew what level of support each person they cared for needed. Staff told us they always offered a choice of meals.

People we spoke with felt confident that staff would support them with their health care when they needed it. People told us that staff ensured they provided them with their personal care needs so they were ready in time for their appointments. We found and staff told us that where people required further support from other health care services appointments were made. For example, a staff member told us that when they found a person's skin was becoming sore, with their consent and agreement, they contacted the district nurses to seek advice.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said staff were, "Always polite". Another person said, "They are always very courteous. Our regular carer [staff member's name] is very caring and a pleasure to have around." A further person told us, "[Staff] are always happy, they never let me down".

Staff spoke about people with compassion and felt they knew people well because they had time to get to know them. Staff told us caring for the same people on a regular basis meant they got to know people and their families well. One relative we spoke with told us, "[Staff] are like an extended family, the whole family get on well with them".

Staff spoke about people as individuals and told us about how people's independence was promoted, for example, making their own drinks. One staff member said, "We support people to do certain things, but we encourage them to keep as much independence as possible". Staff gave examples of supporting people's independence, such as meal preparation, or supporting a person safely into the shower and then returning when they were ready to be supported out of the shower.

People told us staff supported them to make their own decisions about their care and support and that they felt involved and listened to. We saw examples where people had raised with the registered manager their preference for certain staff to support them. We saw that this had been respected by the registered manager and people received care from the staff they preferred.

People told us that staff were flexible and worked with them to ensure they received support when they required it. One person spoke about how staff supported them and told us, "I don't know how I would manage without them".

Staff told us they were not only there to provide personal care, but to also provide a social aspect for people, to help maintain a positive well-being. They told us that they wanted to make their time with people meaningful and would spend any extra time talking with them. One staff member told us how they had suggested they support the person to the gym. They told us that it helped their mental well-being as well as their physical, as the person was able to meet different people and interact socially with them.

All people we spoke with told us that staff respected their privacy and dignity. One person told us, "My carer is as good as gold, easy to approach, makes me feel at ease". All people we spoke with told us that staff never rushed or hurried them and always took their time. People told us that staff maintained their dignity and ensured the doors and curtains were closed when providing them with personal care. One relative told us, "They treat (family member's name) very well". Staff spoke respectfully at all times about people when they were talking to us or when talking with other staff members.

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care. One person told us how they could talk to staff at any time, or ring staff in the office if they needed to. People told us that they had an initial assessment before they began using the service. Following this, they had checks to see if they were happy or wanted to change any aspects of their care plan. People told us they felt staff understood their needs and provided appropriate support in response to them.

People we spoke with told us staff always respected their decisions about their care and their individual needs were met. Staff we spoke with knew about the needs of the people they cared for. Staff told us they would always speak with the person to ensure they were providing care to them the way in which they preferred. We looked at care records for two people and could see people's likes and dislikes were recorded for staff to be aware of.

We found staff were aware of people's changing needs and ensured other staff were informed of any changes. For example, one person's mobility had begun to vary and staff had reported this to their team leader. The staff member told us that the person now had a hoist in place. The staff member told us that this had meant at times where the person's mobility had reduced they were able to support them safely.

Staff told us they worked alongside a more experienced staff member first, or, for example, when a new person began receiving support, staff received detailed information of the person's care needs. Staff we spoke with told us that the paperwork and verbal handover of information was useful. Staff continued to say that where there were any changes needed as they began to support the person, the team leader was prompt to update the paperwork to ensure everything was in place.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had given information to people about how to raise a complaint. People we spoke with confirmed they had this information available to them and felt that if they had any concerns they could raise them. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies who would support them if were they not satisfied with the outcome.

People and staff felt confident that something would be done about their concerns if they raised a complaint. One person we spoke with said, "I would if I have to, but there isn't anything I could complain about". All people and staff we spoke with were confident the registered manager would resolve a complaint should they have to raise one.

We looked at the provider's complaints over the last twelve months and saw that all written and verbal complaints were recorded with patterns of complaints considered. We found all of the complaints had been responded to with satisfactory outcomes for the person who had raised the complaint. We saw lessons were learnt through these complaints and this information was shared with staff members to improve practice. For example, we found some concerns regarding staffs interactions with people had been a concern. We found that the registered manager had discussed this with the staff member for future learning, or where

mutually agreed with the complainant the staff member removed from supporting the person.

Is the service well-led?

Our findings

The registered manager knew people who used the service and staff well. All people who we spoke with told us they had met staff who worked in a management role, for example the registered manager, team leaders and staff who worked in the office. They told us that all management staff were approachable and responsive to their requests. All people we spoke with felt confident that any questions they may have would be answered by staff who worked in the office or the registered manager.

We spoke with staff about the service they worked for. One staff member said, "The [registered manager's name] is excellent, very supportive". Another staff member said, "We have staff meetings and one to one meetings with our team leader. The meetings are very useful for sharing information". Two university students who were on placement with Crossroads, told us that all the staff had been very supportive towards them.

Staff told us the registered manager knew people's needs well and were able to listen and help should staff have any questions. One staff member said, "I can talk to them (the registered manager), or my team leader at any time, they are both very approachable".

We saw that where people had given written or verbal compliments regarding individual staff these were reported back to the staff member. The registered manager told us that this was always sent to staff to share with them people's appreciation for the good work they had done.

The registered manager shared with us ideas that they had put into practice to further enhance the service provided to people. They told us how they had implemented new paperwork which prepared staff for adverse weather or emergency conditions. They told us this meant that during such an event, they would be able to quickly respond to those people who were high priority first, and ensure that other people who had relatives or friends to help in an emergency were contacted appropriately.

The registered manager shared examples with us of how they worked with other agencies to improve their practices. For example, they had worked with the police to write procedures for actions that staff are to take should a person go missing. The registered manager told us about how they had sought information to ensure that when people left hospital with a change in their usual medicine, that proper checks were in place to ensure the new prescriptions were correct. The registered manager showed us they had shared this learning with the local authority, with the view that the local authority could share this with other home care services. We saw the email response from the local authority, where they had thanked the registered manager for the helpful information.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. The registered manager told us they and senior staff visited people to check the service was meeting their needs. People we spoke with confirmed that staff visited them to make sure everything was going as planned. We found that staff also checked people's care records, where shortfalls had been identified these were worked through with the staff member who had completed the records for future learning. For example, where there had been errors written in a person's care record, the individual staff

member is informed so they can improve their future record keeping.