Carers Trust Lea Valley Crossroads Care Service Limited

# Carers Trust Lea Valley Crossroads Care Service Limited

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 27 November 2018 and was announced.

Carers Trust Lea Valley Crossroads Care Services Limited provides a respite and relief domiciliary care service to informal carers who have caring responsibilities for a child, young adult, their partners, their parents or other relatives in their own homes. The service aims to give a regular break to the carer and during this time provides care and support which includes the provision of the regulated activity of personal care where this is an identified need.

The service supports individuals of a varying age with wide ranging support needs which include learning disabilities, physical disabilities, mental health and people living with dementia. At the time of this inspection the service was supporting 22 people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Relatives felt assured and confident with the service they received which allowed them to take regular breaks with the confidence that their relative would be cared for safely in their absence.

Risk assessments in place identified people's individualised risks associated with their health and social care needs. Information and guidance available to care staff detailed how to minimise and reduce known risks to keep people safe.

The service followed appropriate medicine management and administration processes to ensure people received their medicines safely and as prescribed.

There were sufficient staff available to ensure people's needs were appropriately met. The service only recruited care staff that had been appropriately assessed and relevant checks completed to confirm their suitability to work with vulnerable adults.

Processes in place enabled the service to record all accidents and incidents so that further analysis of these would promote further learning and prevent re-occurrences.

Care staff were regularly supported through training, supervision and annual appraisals.

People's needs were assessed prior to a package of care being agreed so that the service could confirm that they were able to meet their needs effectively.

People were appropriately supported with their nutrition, hydration and health care needs where this was an assessed and identified need.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Relatives confirmed that their relatives were supported by a regular team of care staff. Caring and positive relationships had been established between people, their relatives and care staff that supported them.

Care plans were person centred and reflective of people's health and support needs. Staff knew people well and relatives told us that they were all treated with dignity and respect.

Relatives knew who to speak with if they had any concerns or complaints and were confident these would be dealt with appropriately.

Management oversight processes in place ensured that the service continuously monitored the quality of care provision so that issues could be identified and addressed. Quality assurance also promoted further learning and development of the service. However, checks and audits were not always recorded.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Carers Trust Lea Valley Crossroads Care Service Limited

**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 27 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to support the process.
The inspection was carried out by one adult social care inspector and one 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. The expert by experience supported this inspection by carrying out telephone calls to people and their relatives.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We also used information the provider sent to us on the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at six people's care records and risk assessments, five staff files, three people's medicines records and other documented information related to the management of the service. We spoke with the registered manager and five care staff. We also spoke with one person that used the service and eight relatives.

Good

# Is the service safe?

## Our findings

During this inspection we were only able to speak with one person, as other people were unable to speak with us due to their health condition or disability. Everyone that we spoke with felt safe and assured with the care and support they received from the service. The one person we spoke with told us, "Yes, I feel very safe." One relative explained, "Staff are aware of the risk and is experienced enough to care for her."

The registered manager and care staff that we spoke with clearly understood their responsibilities towards ensuring people were protected and kept safe from abuse. Care staff received annual safeguarding training and were able to explain the steps they would take to report their concerns. Care staff also knew of the term 'whistleblowing' and were able to list the external professionals that they could report their concerns to without fear of recrimination.

As part of a care needs assessment, the service assessed risks associated with each person's health and care needs. Risk assessments identified the risk and gave directions and guidance on how to manage and minimise the risk in order to keep people safe. Assessed risks included manual handling, infection control, the home environment, behaviours that challenged and risks associated with the use of Percutaneous Endoscopic Gastrostomy (PEG). A PEG a tube is a device that is passed into a person's stomach to provide a means of feeding when oral intake is not possible. Risk assessments were reviewed annually or sooner where people's needs had changed.

There were sufficient care staff available to meet people's needs. Relatives confirmed that they were supported by a regular team of care staff, which meant that people received support from familiar care staff that knew their needs. Relatives confirmed that care staff were generally always on time and if they were running late, the office phoned them to make them aware. Rotas allowed care staff sufficient travel time between care calls.

The service assessed and checked each care staff they recruited to ensure only those care staff confirmed as safe to work with vulnerable adults were employed. Checks included disclosure and barring criminal record checks, proof of identity, references confirming past conduct in previous employment and the right to work in the UK.

Medicines management and administration systems ensured people received their medicines safely and as prescribed. Care staff recorded administration of medicines where this was an assessed need. Care plans recorded people's health and medical needs which included a full list of the medicines and directions on how these were to be administered. Medicine Administration Records (MAR's) were completed as and when care staff supported people with the administration of their medicines. Care staff received training in medicines management and administration which included a competency assessment to ensure they were able to administer medicines safely.

The registered manager checked completed MAR's when they were returned to the office to ensure care staff were completing them correctly. Any issues or concerns identified were discussed with the care staff and

additional medicines training was given to staff when necessary to prevent future errors. However, checks of MAR's were not always formally recorded. We have referred to this further under 'Well-led'.

Accidents and incidents were documented and included details of the occurrence and the actions taken as a result. The registered manager told us that all accidents and incidents were reviewed by the registered manager and the board of directors to explore what could have been done differently and learning outcomes. Specific discussions also took place with care staff directly involved with a particular person as well as the wider team where appropriate to share practises and learn from experiences

The service protected people from the risk of infection. Staff received infection control training and had access to a range Personal Protective Equipment (PPE) and could collect supplies from the office when needed. Supplies were also made available at training sessions and meetings.

Good

# Is the service effective?

## Our findings

One person and relatives confirmed that care staff were appropriately trained and skilled to carry out their role. One person said, "Yes they are. They are very good." Feedback from relatives included, "Yes, they are very knowledgeable" and "They are suitably skilled to care for my wife."

People's needs were comprehensively assessed prior to the service confirming they were to be able to meet their needs effectively. The referral and needs assessment covered areas including health conditions, care needs, mobility and communication needs. Based on the information gathered a care plan was compiled which gave information and guidance to care staff on how to support the person. Care plans were reviewed and updated on an annual basis or sooner where a change in people's needs had been identified.

Records confirmed that all care staff received regular training to enable them to carry out their role effectively. The registered manager confirmed that newly recruited care staff were required to complete the Care Certificate induction programme if they were new to working in care. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver quality care. Where care staff were more experienced and held specific qualifications in care, they were required to refresh their training in topics which included safeguarding, first aid, manual handling, Mental Capacity Act 2005 (MCA) and infection control. Training in specialist topics was also provided in response to people's specific needs.

Care staff told us and records confirmed that alongside regular training they were also supported through regular supervision and annual appraisals which allowed them to discuss their concerns, training and development.

People were supported with their nutrition and hydration needs where this was an identified and assessed need. Where people had specialised dietary requirements and associated risks these were clearly recorded with guidance on how they were to be supported. People's likes and dislikes in relation to their meals were also documented.

The service worked effectively as a team and in partnership with a variety of health care professionals to ensure that people received holistic care and support to meet their needs. Care staff recorded their daily visits with details of the visit and any significant events so that effective information exchange took place with other members of the team, visiting health care professionals and relatives. We saw communication between the service and other healthcare professionals which included occupational therapists, children's services, the local carers centre, GP's and district nurses.

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.

The registered manager and care staff understood the principles of the MCA and how these were to be applied when supporting people. Care plans documented relative's involvement as most people were unable to sign their care plan to consent to the care they received.

Good

# Is the service caring?

## Our findings

One person told us that they found the care staff that supported them to be "Very good" and "I could not manage without them." Relatives also confirmed that care staff were kind, caring and always respectful of people's privacy and dignity. Comments from relatives included, "Yes, they are very caring" and "Yes, they are very caring. They help us get through the day."

Care staff that we spoke with knew the people they supported well. Some care staff had been caring for the person for a long time and had established caring relationships with the individual and their family. One care staff told us, "I do try and keep boundaries but I have established
relationships with people. We are human and not a robot. The job is done well when done from the heart."

Care plans detailed the level of involvement people and their relatives had with the planning and delivery of care and support. Detailed information within the care plan defined how people wished to be supported with their care and support needs which reflected their likes, dislikes, choices and preferences.

One person and their relatives confirmed that care staff always ensured that their and their relatives privacy and dignity was respected and upheld. Care staff gave various examples of how they ensured people's privacy and dignity was always upheld. These included, "If I am doing personal care I would make sure all doors and curtains are closed, cover them with a towel and also make sure paperwork is kept confidential" and "I always talk through things with them, shut the door when doing personal care, cover them up at each movement, keep them as comfortable as possible."

People's cultural and religious needs were documented within their care plan so that care staff had an awareness of their needs and requirements in order to deliver care support that met those needs. Care staff explained why people should be supported with their diverse needs and understood the importance of this and that supporting people accordingly was their basic human right. One care staff explained, "I have worked with a variety of people. I ask people questions about their religion and celebrations just so that I can get to know them and understand their religion. I love it."

Good

# Is the service responsive?

## Our findings

Care plans were detailed and person centred and gave a profile of the person with a snap shot of their life and significant events. Information collated included personal care needs, eating and drinking, health and safety, behaviours and mobility concerns. Care plans were current and reflective of people's needs. Where any sort of change was noted, a review of the care plan was undertaken and required updates implemented. Care staff told us that they found care plans very informative and gave the clear directives on how people wanted to be supported.

Where people presented with behaviours that challenged a behaviour management plan was available which detailed the behaviours that the person may present with, possible triggers and how care staff were to support the person to de-escalate the behaviours bringing the person back into positive well-being.

People's communication needs were clearly documented so that care staff had the required information to enable positive communication between them and the people they supported. People and their relatives were given a copy of their care plan. The registered manager told us that care plans could also be provided in a variety of accessible reading formats where requested.

The service provided respite and relief breaks to relatives who had taken on a caring role for their relative. As part of the care and support that the service provided, people were also supported to access the wider community, participate in activities, attend important appointments and providing companionship. We saw records confirming that people had been supported to go swimming, visit museums, ten pin bowling and shopping.

Care staff explained the importance of promoting people's independence where practicably possible and that they always encouraged and supported people to do as much as they could for themselves. Examples given by care staff included, "If a person tries to make their own cup of tea, I let them manage by themselves but if they can't I will help them, encourage them" and "You encourage them to do as much for themselves and empower them. I let them try for themselves and encourage them. It makes them feel better emotionally."

The registered manager told us that currently they do not support anyone with end of life care. However, care and support would be provided where this was an identified need. The registered manager confirmed that they would ensure that care staff received the required training to support a person who was at the end of their life and have positive working links with the local hospice where required.

The one person and relatives that we spoke with confirmed that they knew who to speak with if they had any complaints or concerns to raise. Everyone told us that they were re-assured that their concerns and complaints would be responded to appropriately. The service had not received any formal complaints since the last inspection. However, the registered manager did explain that where relatives called up with minor concerns these were addressed immediately. The service had a complaints policy which was available to everyone who used the service and outlined the processes that would be followed if a complaint was

received.

Good

# Is the service well-led?

## Our findings

A registered manager was 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.

One person and relatives were complementary of the registered manager and the way in which the service was managed. Relatives feedback included, "They [management] are very nice" and "Yes I know who the managers are and they are helpful."

Care staff were very positive of their working experience with the service and told us that they felt valued and appropriately supported in their role. Care staff told us that the registered manager and other senior staff were always available and approachable to deal with their queries or concerns.

Regular staff meetings gave care staff the opportunity to discuss various topics, share experiences, learn and develop. Where care staff were unable attend, the minutes of the meeting were always sent to them. Topics of discussion included rota updates, learning and development, client discussions and CQC inspection. Care staff also received weekly updates from the service which gave significant information and changes to people's support needs as well as organisational updates.

The registered manager told us that she regularly checked and audited various areas of the service to monitor the overall quality of the care and support people and their relatives received. Checks included medicine management and administration checks and spot checks of care staff whilst they were delivering care. Where issues were identified these were addressed immediately with the relevant care staff to support continuous improvement and development of the service.

However, these checks were not always formally recorded. The registered manager told us, "We carry out spot checks as and when and if we have any concerns. We do spot phone calls ad-hoc or if I am passing through somewhere I might drop in to someone to check on them. We have become a bit complacent in recording as our care staff have been with us for so long and we are assured they are doing what they should be." The registered manager assured us that going forward all checks and audits would be recorded with details of actions taken where necessary.

People and their relatives were encouraged to engage with the service by giving feedback about the quality of service. Relatives of people receiving a service were also asked to participate in regular organisational meetings and represent carers overall in the ongoing development of the service. People and relatives had last completed a satisfaction survey in 2017. Feedback was positive.

The registered manager and care staff worked in partnership with other services and agencies which included the local carers centre, children's services, the local authority and other service providers. This supported information exchange and learning and development of the service. Information was shared

appropriately within the service so that people received the support they required from other agencies and staff followed any professional guidance provided.