Bexley Crossroads Care Limited

# Crossroads Care South East London

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

This inspection took place on 25 October and 4 November 2016. At the last inspection on 17 May 2013 the provider was meeting all the legal requirements we inspected.

Crossroads Care South East London is a specialist voluntary organisation and registered charity, providing a diverse range of support services throughout the year to family carers and people with support needs within their own home or on outside activities. The aim of the service is on encouraging people's well- being, independence and involvement in their community as much as possible, as well as providing some respite for families. For some people and their family carers, this support includes the regulated activity of personal care which is regulated by The Care Quality Commission. At the time of the inspection there were approximately 46 adults and children and their families who received personal care and support from the service.

There was a registered manager in post, who had been registered manager at the service, for several years. 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.

At this inspection we found that people received good quality personalised care and support from the same consistent staff but there were three breaches of regulations in respect of records. Records related to possible risks to people were not always completed which could pose a possible risk to any staff that might be unfamiliar with people's needs. Medicines records were not always accurately maintained or audited and staff recruitment records were not adequately maintained or audited. There was no system to audit support plans on a regular basis. We did not find these issues impacted people's care but there were possible risks to people as a result. The registered manager told us they had lost some key staff members earlier in the year and some systems had suffered as a result. However they were now able to address these issues.

People, family carers and staff told us the service was well led and all the staff were approachable, flexible and supportive. We found there was room for improvement in the management of the service as some aspects had not been consistently monitored. The new head of operations had identified these issues prior to our inspection and had produced an action plan to address them which the staff team had started to work on.

People and their relatives told us they felt safe and well cared for using the service. They said staff were reliable and did not rush their care. Staff had received training on safeguarding adults. They knew the signs of possible abuse and were aware of how to raise any concerns. Risks to people were identified and there were some plans recorded to reduce risk. There were arrangements to deal with emergencies and there were enough staff to meet people's needs.

People and their relatives were complimentary about the service. People told us that staff were warm, caring and reliable and that their dignity and individuality were respected. Care was taken to match staff to the people and family carers they supported to build supportive relationships. This enabled staff to get to know people's needs fully and for people to feel relaxed with them. People and their family carers told us the service was flexible and responsive to their needs. Staff knew people and their family carers very well and this maintained consistency in the support provided. Staff received training to meet people's needs and told us they were well supported to carry out their work.

People were asked for their consent before care was provided. They were involved in making decisions about their care wherever possible and were supported to be as independent as they could. Where people were supported to eat and drink they were consulted about their food and drink choices and any cultural or health needs were addressed. Health care professionals were consulted when needed. Care plans reflected people's individual needs and wishes, and guided staff on the care and support to be provided. People and their relatives knew how to make a complaint if they needed to.

The provider sought the views of people about the service through frequent contact. People and their family carers told us any issues they raised were acted on to improve the quality of the care provided.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Staff were aware of possible risks to people and knew what to do to reduce risk but this was not always recorded. Medicines were not consistently safely managed as records were not well maintained.

People told us they felt safe from abuse and discrimination and staff knew how to report any concerns.

People and their carers told us there were enough staff to meet people's needs.

### Is the service effective?

**Good**

The service was effective.

Staff told us they received adequate training and support to safely meet people's needs. Plans were in place to ensure this was fully up to date.

People told us staff asked their consent before they provided care. Staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported to have enough to eat and drink where this was part of their support plan. The service worked effectively with health professionals where this was appropriate.

### Is the service caring?

**Good**

The service was caring.

People and their family carers spoke warmly and positively about the care and support provided. Some people had used the service for a number of years and told us the staff were consistently caring and kind. People said they were treated with dignity and respect.

People and their family carers told us they were involved in making decisions about their care and support. They said they

were asked for their views about any changes to the care provided.

## Is the service responsive?

**Good**

The service was responsive.

People had a written plan for their care and support. They told us these were reviewed and reflected people's needs and preferences. The plans were personalised to reflect people's individual needs.

People and their family carers told us that the staff were able to meet their needs and respected their preferences.

People and their relatives told us they had not needed to raise any formal complaints but knew how to do so if required. There had been no formal complaints in the past year.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Aspects of the service were not consistently monitored for quality and safety. Recruitment records were not adequately maintained and medicines audits had not been completed although these were started during the inspection.

There were some processes to monitor the quality of the service and make improvements if this was needed. There were spot checks on staff to ensure They were carrying out their planned roles.

People and their relatives were complimentary about all aspects of the service and were consulted for their views about the service.

# Crossroads Care South East London

**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.

The inspection took place on 26 October and 4 November 2016 and was announced. We told the provider before our visit that we would be coming. We did this because we needed to be sure that the registered manager would be there when we inspected.

The inspection team visiting the office consisted of one inspector and an inspection manager, who was observing on the first day. They were assisted by two experts by experience that made phone calls to people and their family carers to gather their views. An expert by experience is a person with personal experience of using or caring for someone who uses this type of care service. A single inspector returned to the office for a second day to complete the inspection.

Before our inspection we reviewed the information we held about the service which included any enquiries and the Provider Information Return (PIR). 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 asked the local authority commissioners and the safeguarding team for their views of the service.

During our inspection we spoke with 16 people or family carers that used the service. At the office inspection we spoke with the registered manager, the head of operations, the allocations administrator, a care manager and other office staff. We spoke with eight support workers. We looked at eight support plans and eight staff files as well as records related to the running of the service such as the staff guide and policies and procedures and daily records. Following the inspection we contacted a healthcare professional to obtain their views about the service.

Requires Improvement

# Is the service safe?

## Our findings

People and their family carers told us they felt safe using the service. One person said, "Yes, very much so. I like Crossroads very much. It's the type of people they send. They are mature and trustworthy." Another person told us; "They are very good, I have three regular carers and have complete trust in them." A family carer said, "We definitely feel safe." However we found that some aspects of safety with regard to possible risks for some people required improvement as records related to possible risks to people were not always maintained.

Risk assessments were in place to identify and assess any possible risks before people started to use the service. These included individual health risks to people who used the service such as manual handling risk assessments to ensure people were safely supported to mobilise. However, risk assessments did not always include written guidance on the actions to be taken to minimise the chance of harm occurring; for example guidance to reduce the risk of falls or in relation to epilepsy or diabetes. Risk assessments were not always recorded for some risks for example in relation to activities in the community or some health needs. People had the same staff member or small group of staff and staff were aware of the possible risks for the people they cared for and demonstrated that they knew what actions to take to reduce risk. However, as risks or guidance about risks were not always recorded, people's safety could not be assured if support needed to be provided by an unfamiliar staff member.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The head of operations had identified these issues prior to our inspection and showed us an action plan they had completed. They had begun an audit of the risk assessments to ensure there was clearer guidance for staff and that all possible risks were identified and plans were in place to reduce them.

Other risk assessments did record the identified risks and provided guidance on how to mitigate risks. For example one risk assessment provided guidance to staff about the safe position for a chair and foot rest. The office had a call monitoring system in place used to monitor the support calls being made. Any changes to people's needs or plans were communicated to the staff by text and email to ensure they had up to date information.

Medicines were not always safely managed as accurate records were not always maintained. The head of operations told us that only five people required the assistance of staff with regard to their medicines on a regular basis. We found that some of the records in relation to the safe management of medicines were not always consistently updated and while staff knew people and their needs well there was a risk that unfamiliar staff may not be aware of what people's needs were. For example 'as required' (PRN) medicines information was not always clearly recorded in the care plan or risk assessments. We found references to PRN medicines for epilepsy in two care plans but it was unclear if each person concerned was prescribed this medicine or not, or, if they needed it with them when they left the house with staff. We found that it was not always clearly recorded which medicines needed to be administered by staff and which medicines were

administered by a family carer. These issues had not directly impacted people's care but there was a possible risk that unfamiliar staff might be unaware of people's prescribed medicines.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the head of operations and the registered manager about our concerns with regard to the epilepsy medicines and they took action to resolve these immediately. Where people were supported with their medicines they or their family carers told us that this was well managed and that they received their medicines as prescribed. One family carer said; "It works smoothly, when they administer they log it on a chart." Another family carer said "I have no concerns about the medicines. They are very reliable."

Other risks to people were assessed and guidance provided for staff. There were systems to manage emergencies. Staff knew what to do if there was a fire or medical emergency. Assessments and review visits were made to people's homes to check for environmental risks. There was a business continuity plan to cover a range of emergencies. There were processes available to report, manage and investigate any accidents or incidents. Staff were aware of the lone workers policy to make sure they kept themselves safe as well as the people they supported. Staff had an ID badge so it was clear that they worked for the service. Staff told us there was an on call system for advice and that there was always someone available if they needed support.

People and their family carers told us they felt safe from abuse, neglect or bullying. One person told us; "Nothing has ever gone missing so my possessions must be safe." A family carer commented; "The carers all know what they are doing and I feel like we are safe with them looking after us." There were arrangements to protect people who used the service. Staff understood the signs of abuse or neglect and their role in relation to safeguarding adults; they were aware of the whistleblowing policy and where they could go if they felt their concerns were not being addressed. There had been no safeguarding alerts for the service in the last year and the registered manager and operations manager knew how to raise a safeguarding alert if needed.

People told us there were sufficient numbers of staff to meet their needs. They told us that staff were reliable, punctual and stayed for the full length of time. One person told us, "They never appear to be rushed." A family carer said, "They are always on time. It's never an issue with them being late." Another family carer remarked, "If anything they stay longer than the allocated time." The minimum visit length provided was an hour which the registered manager told us gave staff time to meet people's needs without rushing. The registered manager told us there were enough staff to cover sickness and holidays and they were holding a recruitment event following the inspection to meet any increased demand for care or support.

The provider had a recruitment system that required recruitment checks to be carried out to reduce the risks of employing unsuitable staff. These included identity checks, up to date criminal records checks, two satisfactory references from previous employers, a completed job application form and proof of their eligibility to work in the UK, where applicable.

Good

# Is the service effective?

## Our findings

People's rights in respect of any decision making were respected. People and their family carers told us that staff asked their permission before they supported them. Staff were aware of the importance of gaining consent to the support they offered people and gave examples to demonstrate how they did this.

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 so that they can receive care and treatment when this is in their best interests and legally authorised. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had been made to the Court of Protection as required and were being met.

Staff had received training on the Mental Capacity Act 2005 (MCA) which protects people who may be unable to make specific decisions about their care. They discussed with us the ways they supported people to make their own choices and decisions and manage their lives as far as possible. They understood that people's capacity to make some decisions could vary. They told us that if the person could not make a particular decision then they might wait a while and ask again or they could consider what was in the person's 'best interests'. This meant they asked relatives or representatives close to the person as well as other professionals, where relevant, for their views.

Staff told us people currently using the service had the capacity to make any specific decisions in relation to the day to day support provided by the service. Family carers told us they thought staff were well trained and competent in their work. One family carer said, "They are well trained-excellent carers. The previous care provider was not a patch on Crossroads." Another family carer said, "All [the staff] who come are introduced to [family member], when a new person comes she shadows a more experienced [staff member]." Staff told us they received plenty of training to meet people's needs. Training records showed staff received regular training on a range of areas to meet people's needs. This included for example, manual handling, eating and drinking, personal care and safeguarding vulnerable adults. Where staff training was not fully up to date this had been identified and we saw staff due for refresher training were booked on relevant courses over the next few months. Role specific training was also provided to meet people's assessed needs such as epilepsy awareness or specialist feeding techniques. This ensured staff had the necessary skills to be able to offer appropriate support to meet a range of different needs.

Induction training was provided for new staff to help them learn about their roles and the needs of the people they supported. The induction followed the Care Certificate, a nationally recognised training programme for health and social care workers. There was a specific service induction to familiarise new staff with policies and processes at the service. There was also a period of shadowing with an experienced member of staff before new staff would be permitted to work on their own.

Staff told us they felt well supported in their roles, and that they received supervision and appraisal. Formal staff supervision sessions were not always recorded in line with the provider's requirements but staff told us that informal support was always available if they needed it and that they would discuss issues on the phone with senior staff or call into the office. The operations manager had identified this issue and supervision times were being organised for those staff who had not received recent formal supervision.

People were supported to receive enough to eat and drink where this was part of their assessed needs for support. A family carer told us, "They [staff] prepare and cook the meals. [My family member] always has potatoes and three vegetables… The food staff prepare is tasty and nutritious." Another family carer said; "They will make her a sandwich and encourage [my family member] to eat. Staff told us they encouraged the people they supported to be as independent as possible with their eating and drinking. Staff were aware of people's food preferences and any allergies or risks in relation to eating. Care plans included people's nutritional requirements and any preferences they had about their food.

We looked at care records and found changes in people's health needs were identified and discussed with them and their relatives. Family carers told us they were kept informed about any changes in the health of their family member. The service made referrals to health care professionals, such as the occupational therapist in discussion with people and where appropriate their families. The health professional we contacted following the inspection told us that staff had worked proactively with them and followed any advice they gave.

Good

# Is the service caring?

## Our findings

People who received care and support told us they felt well cared for by staff that treated them with kindness. One person told us, "We chat, we can talk about my problems and staff are quite sympathetic and listen to me." People's family carers told us they were happy with the care and support provided. Family carers told us their family members had developed positive relationships with the staff some of whom had supported them over a long period and that they were caring and compassionate. One family carer told us, "They are very good, very caring." Another family carer said, "They are always very sympathetic and try and help the best they can." A third family carer commented; "They are so caring, marvellous, will do anything and they are all very kind."

People and their family carers confirmed that the service provided continuity of care to people and tried to ensure they had the same staff or small group of staff to care for them. This helped to familiarise people with staff and for staff to understand people's changing need and preferences. One person told us, "They are very good. I have three regular carers and have complete trust in them." Staff were brought in to shadow and become familiar with other people if there was a period of planned absence. This helped them to understand people more before they provided care to them and allowed people an opportunity to become familiar with them. The service used a matching process to try and ensure that people and their family carers had support from someone they could relate to well. Family carers told us that the service had changed the staff if the matching process was unsuccessful. One family carer told us, "Staff have to get to know [my family member] and they don't get on with everyone. The office has changed the staff when I've asked."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. Family carers told us that staff worked well with them in understanding any changes to people's behaviour, preferences or routines. This enabled them to provide a personalised service and family carers told us that staff tried to be flexible to suit people's needs. One family carer said, "They are understanding and caring towards [my family member]. They make them feel human." People were supported and cared for at their own pace. People and their family carers confirmed this. One person told us, "It feels like they have all the time in the world. Whatever I need doing is done. I just have to ask." A health professional commented, "I have always found them [staff] to be friendly, polite and very caring."

People were involved in making decisions about their care for example about their routine or where they wanted to go if this was relevant. People and their family carers told us staff consulted them about their care and support needs. One person told us, "I choose what I do." A family carer said, "Oh yes- They will always talk her through and explain what they are doing." People and their family carers told us they were encouraged to be as independent as possible and staff gave examples of how they tried to ensure people managed as much of their personal care as they could. One person commented; "They encourage me to do things for myself as much as I can."

People's privacy and dignity was respected. One person said, "They treat me with respect and are mindful of

my privacy." A family carer told us, "Oh yes- [my family members] privacy is respected when needed and they judge their moods well." Care plans recorded people's preferences in respect of areas of personal care. Staff explained through discussion how they maintained people's dignity and privacy while they were with them. Staff also understood the importance of confidentiality about the people they cared for. One person commented, "They never ask personal questions and always treat me with respect."

Consideration was given to people's disability, gender, race, religion and beliefs and how to support them effectively. A family carer told us how their family members needs with regard to their culture was discussed with them and taken into account during personal care and at meal times. They told us the staff "were very respectful and aware of the cultural issues with regard to [my family member's] clothes." People's care records gave an outline of people's mobility needs, any sensory impairment or other factors such as cultural background and religion, to guide staff to support them where needed to meet these needs; for example on the use of any specialised equipment or communication tools to meet their needs. There was information about people's personal life histories to help new staff understand people's backgrounds. Some people were supported to attend their place of spiritual worship as part of their care.

Good

# Is the service responsive?

## Our findings

People and their relatives told us they thought the service was flexible and responsive to their individual needs. One person told us, "I am really happy with everything." A family carer commented; "They look after [my family member] very well- send cards on their birthday and do their best when they get into a mood."

People's support needs were assessed, before they started to use the service, to ensure their needs could be safely met. Their needs were discussed with the family carers, where relevant, to ensure they were understood. One person remarked; "In the beginning I had a complete assessment and my care needs were discussed." People and their family carers told us there was a written plan of the support or care to be provided at their homes, to guide staff about how they could best meet these needs. A family carer told us, "It was updated two weeks ago- it's filled in at each visit." There were copies of the care and support plans held at the office to ensure office staff were familiar with people's needs. They included, for example, plans around people's mobility, skin care any activities they were involved in and their eating and drinking. Care plans were reviewed annually or if there were other changes. One family carer told us, "We have an annual review when we discuss any changes and how things are going. Yes everything is well explained and documented."

People and family carers told us they felt the service offered was individualised to their needs. For example one family carer explained staff supported their family member with crosswords and name games. Another family carer told us how the staff had responded to changes in their family member's preferences; "They used to take my [family member] out for a cup of tea-but they no longer want to go. They like to colour in the colouring books with [the staff}, they watch TV and sing songs together. They keep [my family member] entertained."

A health professional told us that staff at the supported living service knew people they supported well and had worked with them on the development of a communication method using important objects where people usually communicated non-verbally.

Where relevant to their identified care and support people were supported to maintain links with the community. Family carers described how their family members were encouraged to maintain links in the community through using the service. One family carer told us their family member was taken out twice a week to familiar activities and, "Although they may not remember being out when you ask, you can tell they have been as they are more settled and calm." People and their relatives also had access to other schemes run by the provider, but, not regulated by CQC, to help them lead a more fulfilling life such as memory cafés.

There was a complaints guide available to help people understand how they could make a complaint. It was also available in an easy read version to make it more accessible. People and their relatives told us they had not needed to make any official complaints but would speak with the care manager or office staff if they were unhappy first. We saw informal complaints were logged and responded to promptly. The complaints policy explained the process and timescales for response, as well as what to do if people were unhappy with the response they received from the service. The head of operations told us there had been no formal

complaints about the service in the last twelve months. The service had received a number of thank you cards and compliments in the last year. One recent comment said, "I am blown away with your staff. [The staff] going into [my family member] do a superb job in extra care and support."

Requires Improvement

# Is the service well-led?

## Our findings

People and their family carers spoke positively about the management of the service. They told us they thought the scheme was well run and responsive to their needs. However we found aspects of the service had not been consistently monitored for quality and safety.

Staff records were not monitored adequately. For example, where staff had transferred from other organisations records in relation to staff recruitment had not been effectively maintained. Two staff members had one missing reference and for a third staff member both references were missing from the records although it was clear they had been requested. Staff had not always been asked to provide their full employment history and although the provider changed the application form to request this in future there were gaps in three staff records we looked at. Care plans and medicines records had not been audited on a regular basis to check for any problems. We also found that while staff received detailed medicines training and testing on the training; observations of staff competency to administer medicines had not been completed to ensure they were able to administer medicines safely in line with best practice.

These issues were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found some documentation could be improved to ensure records were clear. For example there were no appropriate documents to record mental capacity assessments and best interests meetings should this need arise. There were no appropriate documents to record mental capacity assessments and best interests meetings should this need arise.

There was an established registered manager in place who understood the requirements as the registered manager. A new head of operations had recently been appointed to provide additional support to the service. The registered manager explained that the service had lost some key members of senior staff in the last year that had affected their ability to stay on top of their record keeping. The roles had now been fully recruited to and senior staff were aware of the issues they needed to address. The operations manager showed us an action plan they had written when they first started at the service, which had identified many of the issues we found, with time scales to address them and we saw they had started work to address the issues found.

People and their family carers told us they were very happy with the support provided. One person said, "Crossroads including the staff in the office do a grand job." Another person remarked; "They give a reliable and excellent service." A family carer told us, "It's very well run- much more efficient than the previous service." Another family carer explained; "It is very well run and they have been a great help to me- I often need to change times at short notice."

People and their families told us they were frequently consulted about the scheme informally and asked if there were any improvements needed. A family carer said, "We had a small issue in the beginning, staff listened and the whole situation was handled very well and resolved." Questionnaires were also sent out to

seek the views of people and family carers using the service. We saw responses were being analysed for learning at the time of the inspection.

There were some systems in place to monitor the quality of the service and identify possible risks. Staff observations were completed as part of the supervision process to ensure staff were aware of their roles and to identify any further training needs. There were systems to manage and oversee the service. Crossroads Care South East London was over seen through the Chief Executive and trustees some of whom had experience of a caring role. The registered manager told us all trustees received an induction when they joined and were all actively interested and supportive of the service. They monitored the service through regular reports from the registered manager and through regular meetings. Crossroads Care South East London produced an annual report on all its schemes to update people about progress and future plans. An external audit was due to be carried out by the Carer's Trust as part of the Carer's trust award scheme.

Staff told us they felt the service was well organised. They said they felt valued and encouraged to give their views about the service and the family carers and people they supported. They said they thought the service was distinctive with its focus on offering a person centred and flexible service.
Senior staff and office staff were described as, "very supportive," "willing to listen" and "go that extra mile for carers and the people we support." Staff told us they were kept fully up to date with any changes through good communication from the office. Staff meetings were held at intervals and the head of operations had started to organise team meetings for senior staff to tackle the issues identified.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Systems for the proper and safe management of medicines were not always effectively followed.<br>Regulation 12 (1)(2)(g) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems to assess, monitor and improve the quality and safety of the service and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users were not always effective.<br><br>Accurate records of service users care were not always maintained.<br><br>Regulation 17 (1)(2)(a)(b)(c) |