

Crossroads Care South Central Ltd

Crossroads Care South Central

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

The inspection took place on the 10 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a support care service. We wanted to be sure that someone would be in to speak with us.

Crossroads Care South Central is a charity providing home and emergency respite care services for carers in West Sussex. This included children and adults with various conditions. Including older people living with dementia, autism and people with a physical disability. At the time of our inspection 85 people were receiving a care service, with an age range between 6 to 102 years old.

The service had a registered manager. 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 told us they felt safe, that staff were kind and the care they received was good. One person told us "Yes, I do feel safe. Because when my carer comes around I have someone to talk to". There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People's needs were assessed and regularly reviewed and they received support based upon their needs and preferences. Staff were proactive in recognising and supporting changes in people's needs. We found the support plans to be person centred and details recorded were consistent.

Staff felt fully supported by the registered manager to undertake their roles. They were given training updates, supervision and development opportunities. New staff trained alongside experienced staff on support calls. Competency checks were completed to ensure staff were delivering the correct care and support for people. One member of staff told us "I shadowed the existing staff for a few weeks, I was keen to get started but it was important that I got to know people and their routines".

People told us that staff were kind and caring. Comments included "All of them are wonderful and easy to talk to" and "They are all nice people. They will help you whenever you need and are very caring". People

confirmed staff respected their privacy and dignity. Staff had an understanding of respecting people within their own home and providing them with choice and control. People were supported at mealtimes to access food and drink of their choice if required.

People said they were happy with the management of the service. There were clear lines of accountability. The service had good leadership and direction from the registered manager and the provider. Staff felt supported in their roles and felt the management team were approachable. Staff comments included "I would highly recommend to my family and friends if ever needed" and "They always let us know what's going on and any changes. They tell us of updates and changes in people's support".

The registered manager monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought through surveys which were sent to people and their carers. Survey results were positive and any issues identified acted upon. People we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. Comments from people included "I can talk to anyone if I had a concern. But I have never made a complaint" and "I have not made a complaint before. Yes they would help me if I needed anything".

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.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people.

People were supported to receive their medicines safely when required. There were appropriate staffing levels to meet the needs of people who used the service.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Is the service effective?

Good ●

The service was effective.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005.

Staff had the skills and knowledge to meet people's needs. Staff received an induction and regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice in their homes if required.

Is the service caring?

Good ●

The service was caring.

People and their carers told us the care staff were caring and friendly.

People's privacy and dignity were respected and their independence was promoted.

People and their carers were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken and support plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were knowledgeable and aware of people's preferences and how best to meet those needs.

Is the service well-led?

Good ●

The service was well- led

The values of the service were embedded and staff were committed to providing good quality care.

The service was well managed by the registered manager who actively led and supported the staff team.

There was good oversight of the service and processes in place for monitoring the quality of care provision and for seeking feedback in order to continuously improve.

Crossroads Care South Central

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 the 10 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a support care service. We wanted to be sure that someone would be in the office to speak with us. The inspection team consisted of two inspectors and an 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 provider had completed a 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with ten people who use the service over the telephone, five care staff, two co-ordinators, the chief executive officer (CEO) and the registered manager. We observed staff working in the office speaking with people and staff over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration records (MAR), five staff training records, support and

employment records, quality assurance audits, incident reports and records relating to the management of the service.

We contacted three visiting professionals before the inspection to gain their views of the service.

We last inspected this service on 1 February 2014 where we found no concerns.

Is the service safe?

Our findings

People told us without exception that they felt safe. Comments included "Yes, I do feel safe. Because when my carer comes around I have someone to talk to", "They lock up and look after all my things. Nothing has ever gone missing" and "Yes I do, the carers are nice".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that registered manager would act on their concerns. One member of staff told us "If I suspected anything I would report immediately to the office". Staff were also knowledgeable of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and an interview. The provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

There were skilled and experienced staff to ensure people were safe and cared for. Rotas were planned in advance and care staff were aware of their calls due to having a permanent schedule. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The registered manager told us that they were continually recruiting staff to maintain the staffing levels to ensure they could provide respite care for any new people using the service. They told us "We have a waiting list that has reduced over the months and always discussing ways we can recruit new staff in key areas of West Sussex".

Risk assessments detailed and identified hazards and how to reduce or eliminate the risk. For example an environmental risk assessment included an analysis of a person's home inside and out. The condition of pathways and access to a person's home considered whether a risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting. Other potential risks included the equipment people used and how staff could ensure they were used correctly and what to be aware of. For example, in one care plan it described how one person used a walking aid around their home, what staff needed to be aware of and the safest way to assist the person around their home. This meant that risks to individuals were identified and managed so staff could provide care in a safe environment.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. One member of staff told us "Any incident

we complete a form and contact the office to ensure everyone is aware of what has happened". There were processes in place to enable the registered manager to monitor accidents, incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

People were supported to receive their medicines safely. The majority of people self-administered or had support by their carers to take their medicines. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the Medication Administration Records (MAR) in people's homes and the process they would undertake if it was required. Audits on medicine administration MAR were completed on a monthly basis to ensure they had been completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. A senior member of staff would investigate and the member of staff would be spoken with to discuss the error and invited to attend medication refresher training if required.

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the staff and felt they were trained well. One person told us "Yes, I think they are. All the carers are very good and helpful". Another person told us "They all seem to know what they are doing and seem to be skilled enough for me".

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. Staff had knowledge and an understanding of the (MCA) because they had received training in this area. One member of staff told us "This is about people's capacity and the decisions they make. We have had training on this recently". People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and they always asked permission before starting a task. Staff went on to give examples of when they would offer choices of meals for people to eat and what clothes someone would like to wear. People's comments included "When I have a shower and things like that they will always ask if I am ready to have one" and "If they need to do something I think they will always ask me first if I want to do it". Details of the MCA were also available to staff in the office and staff had recently been given pocket guides on the MCA to assist with their understanding in this area.

As stated in the PIR 'We are piloting a new annual staff training plan that combines distance learning and face to face group training. This multidimensional approach ensures we provide not just a 'competent' workforce, but one that is 'best-in-class'. Learning and development plans are completed by all staff to ensure that their training needs are met. Client specific training is sourced for our support workers such as Percutaneous Endoscopic Gastrostomy (PEG) feeding, stoma care, or any training required for our support worker to be able to provide effective and safe support. We operate a full week's induction programme which is based around the Care Certificate. A new shadowing form has been designed to incorporate the observation units within the care certificate. A feedback form from our trainer is presented to staff following their induction. Training is also provided three times a year at our staff meetings by an external Trainer on a rolling subject basis, which includes the Mental Capacity Act. To ensure our service is effective for our customers'. Feedback from staff and records we examined on the inspection provided evidence this practice was followed.

Staff undertook a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, first aid and dementia. Staff told us they could access training in specific areas for example one member of staff told us they had attended training in autism and epilepsy. They said this ensured they were able to meet people's needs. An induction was completed to ensure that all new staff received a consistent and thorough induction which also incorporated the skills for care certificate to ensure that new staff were working toward this. The care certificate is a set of standards that social care and

health workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care staff. New staff also trained alongside experienced staff on support calls. Competency checks were completed to ensure staff were delivering the correct care and support for people. One member of staff told us "I shadowed the existing staff for a few weeks, I was keen to get started but it was important that I got to know people and their routines". The training records recorded and detailed when training had been completed and when this would expire for staff to attend a refresher training course. On speaking with staff we found them to be knowledgeable and skilled in their role.

Staff told us that they received regular supervision throughout the year. During this, they were able to talk about whether they were happy in their work, anything that could be improved for staff or the people they supported and any training they would like to do. Other issues discussed during supervision included health and safety, lone working, safeguarding, nutritional reporting and achievements since their last supervision. Staff told us the registered manager was always approachable if they required some advice or needed to discuss something. In addition staff said that there was an annual appraisal system at which their development needs were also discussed

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by people's carers or by themselves and staff were required to ensure meals were accessible to people. People's comments included "Yes, they will make me a sandwich or heat up some food for me. It is all very good" and "I don't get help with food but they will bring a drink maybe a cup of tea or a glass of water, whatever I want". People's support plans detailed their preferences around food and drink and at what time people liked to eat and how they may like to be assisted with meal times. One care plan detailed a person's preference of having their food cut up in small pieces as they ate with only a fork. The registered manager told us that if they or staff had concerns about a person's nutrition or weight they would discuss this with the person's carer and medical advice may be sought. Some people had food and fluid charts for staff to record and track what they had eaten or drunk.

We were told by people that their health care appointments or health care needs were co-ordinated by themselves or their carers. However, staff were available to support people to access healthcare appointments if required. The registered manager told us they had good rapport and working relationships with various health care professionals such as social workers, district nurses and the local authority. Comments from health care professionals we contacted confirmed this.

Is the service caring?

Our findings

Every person we spoke with told us staff were caring and kind. Comments from people included "All of them are wonderful and easy to talk to", "They are all nice people. They will help you whenever you need and are very caring" and "You can talk with them about anything and they respect you".

Staff were knowledgeable of the people's needs and spoke about them with genuine warmth and compassion. It was apparent that positive relationships had been developed between staff and people, some over years. New staff met with people and their carers so people knew who was coming to visit them and to ensure compatibility. The registered manager aimed to ensure that the people received support from a consistent team of staff to enable positive relationships to develop. People told us they usually saw the same member of staff that visited them. Comments from people included "Yes more or less always the same staff", "Yes, apart from if they are on holiday or sick" and "Yes it's the same one".

Staff spoke warmly about the people they supported and provided care for. Staff were able to detail people's needs and how they gave assurance when providing care. One member of staff said, "Together with the people we support we are a small group, it becomes like we are part of their family". Another member of staff said "We all want what's best for the people we work with". During our conversations with staff, they were able to tell us about the people they supported and their interests and preferences. Staff told us that it was the advantage of being a small service that they got to know everyone well and staff were matched to clients so that staff had long term relationships with the people and families they worked with.

It was apparent that people were treated as an individual, their differences were respected and support was adapted to meet their needs. The registered manager ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose. Staff told us how they promoted people's independence. In one care plan it stated for staff to provide reassurance and support for a person to maintain their independence, when moving around their home. Staff told us that wherever possible and needed people were encouraged to maintain their independence such as undertaking their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them.

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff told us they took care to give privacy to people when needed. They also said they drew curtains and closed doors to ensure people's privacy was respected. One member of staff told us "I would always check they were ok with things and keep them covered if I was doing personal care". Another member of staff said "I would stand outside (the toilet) but be close enough to make sure they were always safe". People confirmed their dignity and privacy was always upheld and respected. One person told us "They will close the curtains and doors when I am getting changed. They will wait outside the toilet when I need to go". Another person said "They shut doors when I am getting changed".

People told us they could express their views and were involved in making decisions about the support they received. People and their carers confirmed they had been involved in designing their support plans and felt

involved in decisions about their care and support. People were also able to express their views via annual feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service.

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. Care staff received communication by text messages and emails. Information on confidentiality was covered during staff induction and training.

Is the service responsive?

Our findings

People were receiving care that was responsive to their needs and staff were knowledgeable about people. One person told us "All my needs are met. They are wonderful". Another person told us "The staff here all look after me. They take time to deal with all my issues".

The minimum support time people had was two hours. Staff told us that they always had enough time to support people and never felt rushed when providing care and support. Staff were committed to arriving on time. All staff we spoke with told us they were able to build relationships and good rapport with people and their carers which increased an understanding of the person's needs, due to the fact that they consistently attended the same people. One member of staff told us of the importance on matching staff to people. They said "We have to ensure the right staff are matched to people. Introductions are done before any support starts to ensure both parties are happy with each other".

Assessments were undertaken to identify people's support and care needs. Support plans were developed outlining how these needs were to be met. The care records were detailed and gave descriptions of people's needs and how the staff could meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and the support people required including activities undertaken. In one support plan it detailed how staff assisted a person to transfer to a wheelchair and how staff were required to reassure the person and support where needed. In another support plan it described how staff were to support the person to the toilet and assistance they needed with this.

There were two copies of the care plans, an electronic copy in the office and one in people's homes, we found details recorded were consistent. Support plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people including a life history and likes and dislikes. The outcomes included supporting and encouraging independence for people and the meaningful use of time for them, including activities they liked to do. The support plans provided information on what activities and interest's people had. The registered manager told us "As we provide respite care and support many people choose what they want to do on the day they have support. This includes activities in and out of their home". One support plan detailed how a person enjoyed going out into their garden and looking at the birds. Another plan detailed how a person enjoyed trips out in the car to coffee shops. A member of staff told us "I take one person I visit out in the car and they love to go and have a coffee or lunch somewhere they choose". Staff told us how they enjoyed the time they spent with people and being involved in their activities of choice. The service also provided three social clubs in the West Sussex area for people to attend which included activities, trips out and entertainment.

Staff told us how they communicated with different people. A member of staff explained to us sometimes it wasn't just what a person said. For example, they told us it was important to take note of a person's facial expressions as these could show if someone was unhappy or felt unwell, felt down or there was a change in mood. The member of staff said if they did notice someone was unhappy they would always ask if they could help.

Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe what signs could indicate a change in a person's well-being. Staff were confident how to respond in a medical emergency. A member of staff told us that if they had any concerns for the well-being of a person they supported they were confident in the process they would take. Staff knew how to obtain help or advice if they needed it and one member of staff told us "I would always call the office and we have an out of hours number we can call. Someone is always available".

People were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the information given to them at the start of the service. The people we spoke with all confirmed they had never had a reason to make a complaint. Comments from people included "I can talk to anyone if I had a concern. But I have never made a complaint", "I have not made a complaint before. Yes they would help me if I needed anything" and "Yes if I had any issue I am sure I can talk to them about it. But so far everything has been really good".

Is the service well-led?

Our findings

People and staff told us the organisation was well led and people and staff were happy with the care being provided. We observed the registered manager to be committed and responsive to the needs of people and staff. Comments from people included "I think it is managed fine, I have no problems and all the carers seem happy", "I can talk to anyone easily" and "Everyone I talk to is well informed there no major issues for me".

The atmosphere was professional and friendly in the office. Staff spoke highly of the registered manager and management team and felt they were approachable and supportive and took an active role in the day to day running of the service. Staff appeared very comfortable and relaxed talking with them in the office. While we were on the inspection we observed positive interactions and conversations were being held with staff in the office and on the telephone. Management took time to listen and provide support where needed.

Staff told us they thought the organisation was well managed and that the registered manager and provider worked hard to provide high quality of care. One staff member said that the organisation "Provided good support to people and their carers. The management are helpful and supportive and always around". Another staff member told us that Crossroads Care South Central was a caring organisation and said "I would highly recommend it to my family and friends if ever needed". Staff spoke positively of the management team. They told us they felt listened to and supported. A member of staff told us, "They always let us know what's going on and any changes. They tell us of updates and changes in people's support".

Staff told us that they attended staff meetings and when they were not able to attend, the minutes were copied and made available to them. Staff advised these were open meetings and they could raise agenda items and were encouraged to put forward new ideas. One member of staff said, "People can raise items at the meeting and there is always an answer provided". This was confirmed by staff, one of whom told us, "It's a good team, we all support each other very well, we would like to meet more as a staff team as we are lone workers but sometimes it's not that easy".

The registered manager monitored the quality of the service by the use of regular checks and internal quality audits. The audits covered areas such as complaints, staffing and support plans. This highlighted areas needed for improvement. Findings were sent to the provider and ways to drive improvement were discussed at board meetings. The provider had recently improved the support plans and revised the auditing to align with the CQC key lines of enquiries and domains that is the service safe, effective, caring, responsive and well-led. Other areas of monitoring quality across the service included visits to people in their home and telephone reviews to people to discuss the care they received and any comments they may have.

The registered manager showed passion about the service and talked about always looking for ways of improving. They told us of how they had regular contact with staff and people to gain feedback which included an annual survey to gain feedback. Recent survey results were positive and any issues identified acted upon. They told us "We have good staff retention and they know they make a difference to people's lives". The registered manager attended many support and working groups for people and their carers. This

included a Dementia Alliance Group and a Lesbian, Gay, Bisexual, and Transgender (LGBT) Carer Support Group. This enabled people to feel supported and share ideas with one another. When discussing these groups with the registered manager it was apparent they were passionate in improving people's lives and how working in partnership with other organisations could help with this.

The provider and staff worked closely with external health care professionals such as district nurses and GP's when required. The registered manager told us they had a good working relationship with people's health care professionals. Health care professionals we contacted before the inspection confirmed this.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.