

Crossroads Caring for Carers Worcestershire

Crossroads Care Evesham

Inspection report

Crossroads Care
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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 26 January 2016. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in either their own home or a family member's home as we needed to be sure someone would be available at the office.

Crossroads Care Evesham is registered to provide personal care to people. At the time of our inspection 21 people received care and support.

There was a registered manager in place for this service. 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 while staff from the agency provided care and support for them. Staff were aware of different types of abuse and of the need to report this to protect people. On one occasion staff had not informed the registered manager and had not sought advice in a timely way in relation to a medicines error. Action needed as a result of the error was not immediately taken.

Risks to people's care had been looked at and reviewed as their needs had changed. Staff were aware of risks and how to meet people's needs. Care plans were in place and reviewed although these were not always updated staff were aware of people's current needs and how these were to be met.

There were enough staff to provide care to people and meet their needs. People told us staff arrived at the agreed time and remained for the allocated time. People's consent was obtained before staff cared for them. People told us they got on well with staff who visited them and were encouraged to be involved in their care. People told us they received consistency in their care from a regular number of staff members. People were confident their privacy and dignity would be maintained and told us they were treated with respect. People were supported to access healthcare professionals as needed.

Induction training was provided to support new members of staff which included working alongside experienced members of staff. Staff had received training to provide them with the skills needed to provide care to meet people's individual needs. Staff felt supported in their work.

People knew the names of staff at the office and felt they were available as needed. People felt listened to and were involved in providing feedback about the quality of the service provided. People and their family members raised no concerns about the care provided however they felt they could raise concerns about the service if they needed to do so. The management ensured regular checks were completed to monitor the quality of the care received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

On one occasion a concern about people's safety and welfare was not well communicated and acted upon in relation to medicines. People who used the service felt safe with the care provided. People were supported by regular staff. Risk assessments were in place to protect people from the risk of harm.

Is the service effective?

Good ●

The service was effective.

People needs were supportive by staff who had received training and knew how to meet their needs. People made decisions about their care and support.

Is the service caring?

Good ●

The service was caring.

People were complimentary about the care provided. People's privacy and dignity was maintained and respected.

Is the service responsive?

Good ●

The service was responsive.

People were supported to be involved in the care and support provided and to make choices. People were confident they would be able to raise concerns about the care provided and would be listened to.

Is the service well-led?

Good ●

The service was well led.

People were complimentary about the care they received. There was open communication within the staff team. Quality assurance systems were in place to check the quality of the service.

Crossroads Care Evesham

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 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

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. We also reviewed the information we held about the agency and looked at notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we asked the local authority if they had any information to share with us about the service provided for people. The local authority is responsible for monitoring the quality and for funding some of the people who received care and support.

We spoke with four people who used the service and five relatives. We spoke with six members of staff, the team leader and the registered manager.

We looked at the records of three people as well as medicine records. We also looked at quality audits completed by the registered manager and other members of staff.

Is the service safe?

Our findings

Some people who used the service required support with the administration of their medicines and the application of prescribed creams. People we spoke with told us they received their medicines as prescribed. Staff we spoke with were aware of people needs such as when creams were required. However, we became aware of an incident whereby office staff were not informed of an situation when a person was given a double dose of a medicine via a slow release patch. Once this became known no advice was sought at the time from either staff at the office or a healthcare professional. It was four days later when office staff became aware of the incident. We found the local authority had not been informed of this event until following our inspection. In addition we found an occasion when the information within people's care plans was not always updated when changes to people's prescribed medicines or creams took place. This could have led to the risk of staff making errors. The team leader audited people's medicines records monthly. Where gaps were identified within the records these were discussed with staff in supervision and as part of staff meetings.

Care staff told us they would inform staff at the office or the on call senior if they had any concerns regarding people's safety although the situation regarding a persons medicines was not reported in a timely way. We were aware of occasions in the past when the registered manager had informed the local authority and the Care Quality Commission (CQC) of potential safeguarding situations.

People who used the service told us they felt safe when they received care and support from staff who worked for the agency. People told us they received care from people they knew and trusted. People also felt staff were aware of their needs and this helped them feel safe. One person told us, "I am wholeheartedly safe" with the staff. Another person told us, "I am absolutely safe." A relative told us their family member felt safe, "Because they are able to trust them (staff) in their house."

Care staff and staff based at the office knew of their responsibility to report any concerns they had regarding people's safety. Staff members also knew about different types of abuse people who received care and support in their own homes could be at risk of. Staff confirmed they had received training in safeguarding. One member of staff told us, "I would report it (abuse) to the team leader and expect them to take it higher."

Risk assessments were in place. These covered a range of potential risks and included environmental risks within people's homes. Appropriate risk assessments were in place for identified and known risks for example skin care, medicines and use of equipment within the home such as the provision of free fire checks. These risk assessments were relevant to the person concerned and matched information seen within care plans. Summer and Winter care was discussed at staff meetings which mean staff were aware of ways to protect people from risks of dehydration and hypothermia. Care workers we spoke with were aware of the risks and how they were to be managed.

There were sufficient numbers of care workers employed to cover the hours needed to care for people. People and their relatives told us care workers arrived on time. One person told us, "They (staff) are on time mostly. Sometimes they are delayed with traffic." People told us if care workers were going to be late they

were informed by office staff there was going to be a delay. We spoke with staff at the office who confirmed they expected care workers to inform the office staff if they were going to be quarter of an hour late. If changes were made to staff rotas the previous rota was returned to the office in order to prevent the risk of staff mixing their calls and the risk of a missed call.

We saw the provider had completed checks to ensure staff were suitable to provide care and support to people in their own homes. We saw the provider had carried out a Disclosure and Barring Service (DBS) check on staff before they commenced working at the agency. The DBS is a national service and helps employers make safe recruitment decisions. We spoke with a newly appointed care worker who confirmed they had attended an interview and confirmed they had a DBS carried out before they carried out any visits as part of their induction training.

Is the service effective?

Our findings

People we spoke with told us staff knew them and their care and support needs well. People also felt the staff were knowledgeable in how best to support them to ensure their needs were met. One person told us, "They (staff) do a splendid job and know what they are doing". Another person told us, "They cope well with everything. They know what they are doing". A further person who required help with a particular care need told us all the staff they had visit them had the skills required to care for them and meet their individual needs.

A relative told us, "Staff are competent so they must be trained." Another relative told us, "I have found the staff to be very competent." A further relative described the staff as, "Experienced" in the care they carried out.

All the staff we spoke with told us they believed they had the skills and knowledge to provide people with the care they required. One member of staff told us, "If I need more training I can ask for it and it is provided." Another member of staff told us, "Training is always up to date. We have in depth training in Parkinson's and dementia." Staff told us they were due to receive some additional training due to the care needs of one person potentially changing. They told us they found the training to be informative. Staff told us they found the induction training to be beneficial and that they had received sufficient training before they commenced work on their own. Staff confirmed they had shadowed experienced members of staff while they provided care and support for people.

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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principals of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

People told us staff always asked for permission while they supported them. One person told us, "They (staff) ask permission before they do anything and ask if I need anything else". Staff we spoke with had an understanding of the MCA and had received relevant training. The registered manager confirmed they had not needed to make any applications to the court of protection for approval to restrict the freedom of people who used the service.

Staff told us they supported some people with the preparation of meals. People we spoke with were happy with the arrangements and confirmed staff provided the required assistance they needed to ensure they received food and drinks.

People told us they received support with their healthcare needs if needed. One person told us they were able to contact the office in order for them to arrange an escort to their hospital appointment. Another person told us, "If I wasn't well I would tell the staff and the office would ring the doctor for me." Staff confirmed they had in the past called the office staff for them to contact healthcare professionals or in an emergency they had called for paramedics to attend people. One member of staff told us if they found someone unwell they would ensure the person was safe and they had made contact with the office staff before they left.

Is the service caring?

Our findings

All the people we spoke with were complimentary about the staff who provided their care and support. One person described the staff as, "Dynamic". Another person told us, "Staff are kind and we have a laugh together. They are just great. I am well satisfied with them." A further person described the care they received as, "Wonderful, absolutely wonderful."

People told us they received care from a regular number of staff. One person told us, "I would recommend Crossroads to anyone as I have the same carers. One person comes to me nearly every day". People and their relatives told us they were sent a rota to inform them who would be making the call. This provided people with information about who was providing their care so they knew who to expect and provide consistency and safe care.

People told us they were involved in their care and were listened to. One person told us they had considered alternative ways of receiving personal care. However they had decided to continue with their care package from the agency because, "Crossroads are too good to lose." People confirmed they had a copy of their care plan within their own home and that they were happy with the contents of the plan. People told us staff regularly wrote in their records and changes were carried out with their involvement. A relative told us their family member was involved in their own care plan. We were told the team leader would read out the care plan if any changes were made so their family member could agree to the contents.

All the people we spoke with told us staff were respectful and maintained their privacy and dignity. People told us staff always shut doors and closed curtains before they provided care. One person told us, "I know they (staff) treat people with kindness and dignity, because they always treat me that way." Another person told us of their initial reluctance to receive personal care and having staff come into their own house. However they told us the staff had made them feel at ease and were now comfortable with staff providing this care due to the way they respected their dignity. A further person told us staff are, "Always mindful" of respecting their privacy and dignity.

We spoke with staff and they were able to tell us how they ensured people's privacy and dignity was upheld. Staff were aware they were working in people's own homes and had an awareness of how they needed to be mindful of this while providing care and support.

Is the service responsive?

Our findings

People told us they were cared for by regular staff who responded to their individual needs. The registered manager believed it to be important people were provided with consistency in care and support while living in their own homes.

People and their relatives confirmed staff arrived on time and remained for their full allocation of time at the call. One relative described the time keeping as, "Excellent". Staff told us they had sufficient time between calls for them to travel to other people for who they were providing care and support. The registered manager confirmed they provided a service to people within a certain geographical area to prevent staff having to drive long distances.

One relative told us they believed staff who provided care and support for their family member had responded well to situations, "Gone beyond the call of duty" when they helped sort their family member's call system for them. Another relative told us they had selected Crossroads Care Evesham due to the response they received when they first contacted staff working for the provider at the office.

People we spoke with told us they were involved in reviewing their care plan and risk assessments. One person told us staff would, "Tell me what they were putting into my care plan if it needed changing. I would tell them if I agreed or not." Staff told us they were informed of people's care and support needs before they provided care for them. Staff we spoke with told us they were regularly introduced to new people to receive a service by the team leader otherwise they would be informed of people's care needs before they first visited. One member of staff told us they liked to meet people before they provided care and support because "It's nicer for the person if they know who is coming through their door."

We saw reviews had taken place and these showed where changes were needed in the care provided for people. Although care plans were not always updated following these reviews and therefore did not consistently reflect people changing needs staff were nevertheless aware of the changes. We spoke with people who received care and support and they told us staff had provided the level of care and support they needed to meet their needs. We spoke with staff who provided care and found they were aware of changes to people's needs and told us staff from the office informed them when changes had taken place.

People who used the service as well as healthcare professionals and staff were asked to share their views of the service provided and of their experiences through satisfaction surveys. We saw the surveys returned to the office following the provider sending out to people during January 2016. Those returned were positive in the comments made. The registered manager was awaiting further surveys to be returned prior to carrying out a full analysis of the responses.

People we spoke with were happy with the service they had received from the provider. People were aware of their right to contact the office and speak with staff in the event of them having a concern about the care and support they had received. One person told us, "I would be able to complain otherwise I would speak with my (family member)". Another person told us, "I have nothing negative to say about them. I am

comfortable I would be able to say if I was not happy."

The registered manager told us they had introduced a new complaints log to identify more easily any emerging patterns. We saw the registered manager had received complaints in relation to the care practices of a small number of staff members. The Registered Manager has written an internal Complaints Policy and Procedure which also acts as a written reminder how to recognise dissatisfaction. At a recent meeting "how we, at Crossroads, want everyone to feel like when they raise a concern or complain to us" was discussed. We saw evidence of the actions taken by the registered manager and the provider to address these concerns and improve the quality of service provided.

Is the service well-led?

Our findings

People who used the service told us they were able to contact office staff and speak with them when they needed. People and their relatives told us they could make changes to their planned visits by contacting office staff for example if they had an appointment to keep. One person described the office staff as, "They are good". Another person told us they were confident staff at the office would address any concerns they had because it was well run. A further person described the agency as, "A well run machine from what I can see."

A relative told us, "The office staff are helpful and so proactive." The same relative also told us, "It's nice to be able to let someone know when things are good." Another relative told us, "They (staff at the office) have professional systems in place. They know what they are doing." A further relative told us they were, "Extremely pleased with the quality of the care provided" and put this down to the management.

Staff we spoke with were positive about the registered manager and other staff who were based at the office. One member of staff told us, "It's a well-run organisation." Another member of staff described the office staff as, "Very supportive".

Staff we spoke with told us they did not see the registered manager very often however knew how to contact her if they needed to do so. One member of staff described the registered manager as, "Supportive" and "Likes to do things correctly." Staff told us they liked working for the registered provider. One member of staff told us, "I enjoy my work and like meeting people." Another member of staff told us, "It's good working for them. I like my job".

The registered manager was aware of the care needs of some people who used the service. The team leader who was permanently based at the office had a good knowledge of people's needs and the care and support provided by staff members.

The registered manager had systems in place to ensure calls were provided to people as scheduled. In the event of staff arriving late on a visit staff at the office or on call staff would be alerted in order they could check staff had provided the call. As a result of the management systems we were assured the provider had not missed any scheduled calls to people.

The registered manager and other staff at the office carried out regular audits on the documents returned to the office from people's own homes. We saw audits were carried out on the medicine records completed by staff. These audits had identified areas where improvement was needed for example when staff had not signed for medicines they had administered. We saw action was taken to address these short falls included a new log sheet. This new sheet was designed to monitor errors and ensure suitable action to improve was undertaken.

We spoke with staff and they confirmed meetings took place. These meetings were attended by the registered manager as well as the staff team. As part of these meetings staff were made aware of the audits

and of areas where improvement was needed including strategies to bring these about. Staff told us they were able to add items to the agenda and were able to raise matters and discuss them.

Regular spot checks to monitor how staff were supporting people were in place. These were to check staff competency while they provided care and support to people. One member of staff told us, "We never know when these are going to happen."

We saw the registered manager had written guidance for staff to refer to in relation to areas of good practice. For example in relation to person centred care. The registered manager had also looked at the regulations under the Health and Social Care Act and how they were able to demonstrate they had met these regulations. For example by reviewing policies and procedures and providing staff training.