East Midlands Crossroads-Caring For Carers

Reading Crossroads

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection which took place on 21 December 2015. Reading Crossroads is a domiciliary care service which provides personal care and other types of support to people living in their own homes. They provide a service when people's main carer is not available. The primary focus of this flexible and varied service is to assist carers so that they are able to continue to provide support to the people they care for. The service provides care workers for people who live in Reading and surrounding areas.

The service had been 'merged' with a new provider in October 2015. This had no impact on the service being offered to people who continued to receive their usual support and care. There were approximately 140 people, in total using the service at the time of the inspection. Some of the 140 people did not receive a service that required registration with the Care Quality Commission.

There is a registered manager running the 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 very safe using the service. Staff had been properly trained and knew how to protect people in their care. There were enough staff who had been safely recruited to provide appropriate care to people. All risk were identified and managed as safely as possible.

Staff were supported by management to offer the best care they could to people. Care staff arrived on time and stayed their allocated time. There were very few missed calls and none reported in the previous three months. People were treated with respect and dignity and their views were listened to.

People were offered good care by consistent staff who offered continuity of care and who knew them well. Staff were described as, ''very caring, inspiring and up-lifting''.

People who use the service and care staff's views were listened to. Staff told us that the management team were open and responsive and they were confident to express their views. The service monitored the quality of care and made any necessary improvements.

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.

Staff always had enough information to enable them to offer care in the right way and at the right time.

Staff knew how to protect people from abuse or harm. People and their relatives felt they were safe when using the service.

Any health and safety or individual risks were identified and action was taken to keep people as safe as possible. Risk management plans were individualised and staff knew how to care for people safely.

Is the service effective?

Good

The service was effective.

People told us care staff arrived on time and stayed for the right amount of time. The length of time given to staff to get from one call to another was calculated to ensure care staff arrived on time.

Staff understood consent and decision making and did not undertake any care without people's permission.

Staff were supported, supervised and trained to ensure they were able to provide appropriate care.

Is the service caring?

Good

The service was caring.

People told us they received an excellent service.

People's needs were met by care staff who knew them well. People told us they had continuity of care because it was provided by the same staff member who had often been with them for many years.

People told us the staff showed them respect and their privacy

and dignity were protected at all times.

Is the service responsive?

Good

The service was responsive.

People told us that staff in the office were always available to answer their calls. They said they got an immediate response to any issues or difficulties.

People had their needs assessed and were involved in planning their care.

People were offered individual care which suited the needs of their carers and themselves.

People knew how to make complaints and were comfortable to discuss any concerns with all staff from the service

Is the service well-led?

Good

The service was well-led.

There was an open management style in the service.

People and staff found the management team approachable.

People were asked for their views on the quality of care they were offered.

Improvements had been made and there were further detailed plans in place to continue to make improvements to the service.

Reading Crossroads

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 December 2015 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

During the inspection we looked at the Provider Information Return (PIR) which the provider sent to us. 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 looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

On the day of the inspection we spoke with registered manager, the person who was managing the service on a daily basis and the service delivery manager. We spoke with three staff on the day of the inspection and a further four via the telephone after the inspection. Following the inspection we spoke with six people who use the service and received written comments from a further one. We contacted ten local authority and other professionals and received written responses from two. We looked at records relating to the management of the service including ten people's care plans and associated paperwork, some policies, and a sample of staff recruitment files and training records.

Good

Is the service safe?

Our findings

People told us they felt, ''very safe'' using the service. Two people told us they felt, ''absolutely'' and, ''totally'' safe. Staff knew how to protect people in their care. They were able to describe signs and symptoms of abuse and tell us what actions they would take if they suspected abuse. Staff told us they understood the service's whistleblowing policy and how they would use it, should it be necessary. Staff said they would not hesitate to involve other agencies, if necessary. Training records showed that staff had completed safeguarding adults and children training which was up-dated every two years. The local authority's commissioning and safeguarding teams expressed no concerns about the quality of care offered.

The service had a medication policy and procedure in place. Staff had been trained in medicines administration, which was up-dated every year. However, their competence had not been checked because the service was not, currently, assisting people with their medicines. The responsibility for this remained with the cared for people or their carers. There were plans, in place, to review people's competencies, in event of providing care to those who required help with their medicines.

People were, generally, supported by staff who had been recruited safely. There was a robust recruitment procedure which included the taking up of references. Additionally there were checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults and on applicants' identity prior to appointment. However, not all the records for staff appointed more recently were fully completed. One of the four staff files reviewed did not include a written explanation of a long gap in their work history and another did not include a second reference. However the manager had recognised there were some shortfalls in the recording of the recruitment process. They had a written plan to review all staff files and was aware of the reasons for the gap in work history, although had not recorded this. A new check list and paperwork had been developed for use to ensure all the necessary information was recorded prior to people starting work.

People's care plans included the identification of individual and generic risks. The risk management plan was generally incorporated into care plans relating to the area of care that may present a risk. It was clear on the plans of care if the risk was specific to that person as risk assessments and risk management plans were individualised. The plans described how care staff were to minimise risk to themselves and people using the service. Identified risks included behaviour, food allergies and feeding routines.

People's homes were risk assessed for any environmental risks and the service had a robust health and safety policy and procedure. A business continuity plan was in place. It included details of what action staff were to take in the event of emergency situations such as loss of key systems for example telephones and loss of staff for example epidemics.

The provider had a system to monitor accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred. Any missed calls would be considered as an incident and investigated by the provider. A computer system was used to report accidents and incidents and to note all actions taken to minimise the risk of recurrence. Learning points were noted on the accident/, incident

forms. A 'tracking system' operated and all accident and incidents could be viewed by appropriate senior managers. The deputy chief executive officer reported on all health and safety issues, including incidents and accidents, to the board of trustees.

Good

Is the service effective?

Our findings

People had their needs met by staff who had the knowledge and skills required. One person said, "the girls know what to do and are well-trained''. Another person felt, ''staff are always trained to meet your special needs''. The registered manager told us new staff would complete the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period.

Staff members told us that they had been given the opportunity to 'shadow' experienced colleagues until they felt confident to work alone. People were asked permission for a 'shadowing' staff member to visit them. Staff told us they had good opportunities for training and their mandatory courses were completed at the scheduled times. For example moving and handling was refreshed every year and health and safety training every two years. The service had a type of training record which alerted managers and individual staff to when people needed to up-date mandatory training. 22 of the 30 staff had a recognised qualification in health and social care.

Staff, generally, had regular one to one meetings with senior staff and annual appraisals. However, the one to one meetings had not been held over the past few months. The management team were aware of this shortfall and had planned the future one to one schedule. Staff told us they felt well supported by the management team and were therefore able to offer a high standard of care.

People told us care staff always respected their wishes and choices and did as they were asked. They said that care staff always described what they were going to do and never did anything without their agreement. People and their carers signed initial assessments and subsequent care plans to say they had been involved in completing them and agreed with the content.

Care plans included people's decision making capacity in the various relevant areas of care. The service had a clear understanding of the Mental Capacity Act (2005). 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 the least restrictive option. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received mental capacity training which was up-dated every two years. Staff told us they asked for people's consent every day and whenever they offered care. The service was not currently working with anyone who lacked capacity.

People's health needs were generally met by people's carers. However, people told us that staff would call the doctor or other health professional if they asked them to. Staff told us they would always call the doctor if asked but would report back to the office if someone appeared unwell but would not allow health support to be called. Staff told us that they recorded any concerns about people's and asked their permission to

share their concerns with their carers. Agreements were made at the beginning of the service provision with regard to who the care staff may share information with. Because of the nature of the service the care staff worked very closely with people's carers to ensure the well-being of people.

People told us that care staff arrived on time and stayed the correct amount of time. They said that staff will let them know if there are any hold ups. One person said, ''they are really very flexible and will stay as long as you need them''. Staff told us they get travelling time and records showed that this was the case. However, if care staff had a break between calls they do not get paid for travelling to the next call. The service has recently introduced a telephone and computer system to monitor calls, although the service had no history of missed calls being a concern. Some care staff said they found the new system of 'clocking' in and out difficult to get used to.

Good

Is the service caring?

Our findings

People described Reading Crossroads as a, ''truly wonderful service''. One person said, ''I am so happy with it, I can't tell you''. Another told us, ''they are brilliant and very caring'', they added, ''people like (name of care staff) are very few and far between, I'm very lucky''. One person described the care staff as having, ''a very cheerful disposition which is inspiring and uplifting''. People who use the service made very positive comments about it.

People's needs were met by care staff who knew them well. Care staff had an in-depth knowledge of people's needs as they visited them regularly. People told us they had the same care staff all the time, except for illness and holidays. Care staff had often been with people over a number of years. One person said, ''she has been visiting me for over 12 years and will do anything for me. She is much more like a friend than a paid carer''. If the person who required care had any special needs the service recruited specific staff who could meet those needs. These included preferred gender, age, language and ethnicity. Care plans noted people's emotional, cultural and spiritual needs, as appropriate and relevant to the care offered by the service. One staff member was looking forward to developing the service to meet the needs in their particular community. The staff's code of conduct included a commitment to the principles of equality opportunities, respect and dignity, amongst others.

Staff told us they had enough time to give proper care and support and could spend more than the allocated time with people, if necessary. They informed the office why they were 'running late' and the reason and office staff organised support from other staff members.

People's privacy and dignity was protected at all times. Staff described how they maintained people's privacy and dignity for those people who were provided with personal care. Staff talked about respect, listening to people and ensuring they felt comfortable when they were being supported with intimate tasks.

The service provided a clear guide, which described what the service offered, what people could expect from the service and what their responsibilities were. It gave people the opportunity to understand what the service would and could offer them. People and their carers knew what was in their care plans and told us that they had been involved in the assessment process.

People were assisted with food, if required. Staff had received food hygiene training and told us they followed the plan of care but took note of people's wishes 'on the day'. Care staff noted if they had any concerns about people's food or fluid intake and appropriate recording methods were put in place, if necessary.

Good

Is the service responsive?

Our findings

People told us that care staff were very flexible and responsive. One person said, ''they always listen to you and do what you ask them to''. People said the office staff were very responsive and, ''took immediate action to meet requests or answer concerns''. One person commented, ''I am always confident to ask for extra help from my carer or from the office.'' An example of flexibility was care staff supporting an individual with some urgent personal care needs, when this was not usually part of their support.

People's and their carer's needs were assessed and care was planned and delivered in line with their individual care plan. Plans of care were appropriate to the type and amount of care being offered. They were designed to meet the needs of the carers and the cared for. They contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. The carers and the person they cared for were re-assessed a minimum of annually and whenever their needs changed, to ensure that the service being offered was effective for both the carer and cared for. People told us that the service was very flexible and responded to any requests at short notice.

The service had various ways of communicating with staff to ensure they were kept up-to-date with any changes to people plans of care. These had been increased recently by the provision (to staff members) of mobile phones which could receive e-mails. Staff told us they were kept up-to-date with any necessary information to meet the person's current needs.

People told us they knew how to make complaints if necessary. They told us they had never had to complain but would not hesitate to do so. They said they would be comfortable to approach any of the staff, the office or management of the service. One person said they did not have to complain because, ''all concerns, however small were dealt with immediately''. Other people said, ''we have absolutely no concerns or complaints''. The service had a robust complaints policy and procedure which they followed when they received a complaint. The policy included external organisations that people could approach if they were not confident or happy to deal with the service. However, the service had not recorded any complaints for the past three months.

The service operated an emergency 24 hour system which responded if the carer was unavailable. An example was if a carer was admitted to hospital or was ill Reading Crossroads was able to send care staff to ensure the comfort and safety of the cared for person. This gave social services or other family members' time to organise a more long term care solution, as necessary. Carers were issued with a card giving the Crossroads emergency, 24 hour telephone number. They could be telephoned by the ambulance service, the cared for or anyone that found the card and were alerted to the fact that the incapacitated individual had 'caring' responsibilities.

Good

Is the service well-led?

Our findings

The care people were offered was assessed and monitored regularly by the provider to check on the quality of care being offered. The person managing the service completed 'trackers' which were sent to the deputy chief executive officer (CE0) and/or the service delivery manager. These returns included all areas of care such as the number of complaints, accidents and incidents and safeguarding referrals. Improvement plans were developed by the management team and included in the detailed annual business plan. There was a programme of improvements to the service which were to be made in 2016. Most of these involved more accurate record keeping and making better use of the computer based systems the provider had in place. An example was a 'staff portal' which could be accessed by staff and people who use the service. Staff would be able to view past and future shifts and people who use the service would be able to see which care staff would be providing their care in the future.

Staff were provided with a detailed code of conduct which they signed to show they agreed to uphold the values and principles of the service. Prospective staff's attitudes and values were 'tested' as part of the interview process. Values and principles of the service were noted in service user guides and other Reading Crossroads information. Policies and procedures supported the service's values. These were issued to staff and discussed at staff meetings. People's comments indicated that staff displayed their commitment to person centred care, dignity, respect, equality and diversity and the other values of the service, when working with individuals.

The views of people who use the service were listened to. Annual surveys were sent to people and their representatives or families to ask their views on the service. People were asked their views at carer and cared for reviews. There was a plan to improve the collection of people's views by setting up a telephone survey system. The management team felt this would enable them to obtain people's current views rather than leave it just to the annual survey.

Staff told us the management style was open and responsive to their comments and views. They felt the management team were approachable and took action if they had any concerns. One staff member said, ''they try to sort things out as quickly as they can''. Staff meetings were held regularly and their frequency had increased in the previous three months. These meetings were held to inform staff about any new policies and procedures and any changes being put in place due to the 'merger'. Some staff were concerned about the 'centralisation' of some human resources functions such as payroll. However, overall staff told us they felt valued and well supported. They said they were confident that the management team would listen and act on any ideas or views they had. They told us that a senior staff member and the office were always contactable and willing to discuss any issues with them. They and people who use the service told us the office was very efficiently run and was supportive of the care staff, carers and cared for at all times.

The service had a registered manager in post. However, she was based in the Midlands. She visited the office once or twice a week and whenever she was needed. The service had recruited a day-to-day manager who lived locally and was in the office every day. This manager was to be registered as the manager after passing their probationary period. The provider felt this would give better support to care staff and people using the

service.