

Crossroads Caring for Carers - Worcestershire







Crossroads Caring for Carers

Inspection report

Crossroads Caring for Carers (Worcestershire)
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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	

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced. We called the provider 48 hours before our inspection to ensure that we could

speak with staff and look at the relevant records. We undertook the inspection over a two day period, on the 29 July and 6 August 2014. We carried out an inspection on 17 September 2013 and found the provider to be in breach of two regulations, safeguarding people who use the service and supporting workers. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting. In March 2014 we followed up to make sure that the necessary changes had been made and found the provider was now meeting the regulations.

Summary of findings

Crossroads Caring for Carers is a service that provides care to people in their own home. At the time of our inspection there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Our findings from our inspection meant that the provider was not in breach of any regulations. We found that people were kept safe by trained staff who knew how to protect people. There were sufficient staff to meet people's needs.

People confirmed that staff knew them well, knew what their preferences were and how they wanted their care to be delivered. People we spoke told us they mainly had the same staff visit them regularly and knew their needs well.

People told us that all the staff were caring and that staff were respectful and talked to them calmly and respectfully. People that we spoke with gave many examples of how staff maintained their dignity when providing assistance and respected their privacy. People told us they were supported to remain independent and received assistance when they needed it.

We found that the provider was responsive towards people's health needs. People told us that if they had a hospital appointment and requested a staff member to come earlier then the provider accommodated this.

All of the people we spoke with told us that they often met the team leaders and discussed concerns they may have with them. People told us that they felt the service was well-led, they had not had any concerns however if they did they had the information available to them to know who to contact. We found that when staff had raised concerns to the registered manager, they had acted promptly and appropriately.

We found the registered manager had systems in place to ensure that the quality of the care was monitored.

Annual questionnaires were sent out, which people confirmed they received. Audits such as incidents and accidents, record keeping and staff training were monitored. Where there were any actions following these audits they were followed up and improvements had been made. This meant there were systems in place to continually monitor the quality of the service provided to better achieve safe and effective care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good



Risks to people's health and well-being were identified. Actions staff should take to minimise identified risks were clearly explained in people's care plans.

The provider's recruitment procedures and training equipped staff with the appropriate skills and behaviours to support people in their own homes.

There were enough staff to meet people's needs at the times they needed them.

Is the service effective?

The service was effective.

Good



People we spoke with told us staff knew them well and knew what their likes and dislikes. Staff received training that was appropriate and relevant to meet the needs of the people they supported and cared for.

People were supported with maintaining their nutrition to keep them healthy.

Staff recognised when people required in-pat from healthcare professionals and took appropriate action to ensure the professionals input was acted upon and the people were support to do this.

Is the service caring?

The service was caring.

Good



Everyone we spoke with told us staff understood them well and were interested in their happiness and well-being.

People and their families or representatives were involved in discussing their needs and how staff should support them.

Staff respected people's privacy and dignity.

Is the service responsive?

The service was responsive.

Good



People's care plans were regularly reviewed and reflected their changing individual needs. People and their families or representatives agreed with the changes in their care plans.

The registered manager checked that people were happy with their care and the quality of the service by speaking with them on a one-to-one basis and through regular surveys.

Is the service well-led?

The service was well-led.

Good



Summary of findings

The provider promoted a positive culture which encouraged people, their relatives and staff to help develop the service. People who used the service were given opportunities to be inclusive in the way the service was developed.

The provider had good leadership with a strong management team.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Crossroads Caring for Carers

Detailed findings

Background to this inspection

The inspection team comprised an inspector and an Expert-by-Experience in domiciliary care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at and reviewed the provider's information return. This asks the provider to give some key information about its service, how it is meeting the five questions, and what improvements they plan to make. We sent a survey to people who used the service asking for their views. We also looked at the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

The inspection was announced. We called the provider 48 hours before our inspection to ensure that we could speak with staff and look at the relevant records. We undertook the inspection over a two day period, on the 29 July and 6 August 2014.

During our inspection we spoke with the registered manager, two team leaders, and three members of care staff. We spoke by telephone with five people who used the service and 12 relatives. We reviewed seven people's care plans and checked the records of how they were cared for and supported. We reviewed the staff handbook, which is a guide for staff about the providers policies and procedures and three staff files to check how staff were recruited, trained and supported to deliver care and support appropriate to each person's needs. We reviewed records of the checks the registered manager made to assure themselves people received a quality service. These records included checks on the service's electronic call monitoring system, accident and incident records and a survey of people who used the service.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe with the care staff and the service. One person told us, “I trust staff implicitly”. A relative told us, “Our regular carers make me feel like I am leaving mum with a sister.” Another relative said, “I think [the person] is very safe with the staff from Crossroads.” Another relative said, “The quality of this care lets me have a break with confidence that [the person] will be safe and happy until I get back.”

The registered manager told us that new staff were given copies of the provider’s handbook that included their policies and procedures during their induction. We saw staff signed to say they had received a copy of the provider’s handbook that included policies and procedures for subjects such as safeguarding, whistleblowing and treating people with dignity and respect.

Staff told us they knew what to do if they had any concerns about people because they had received training in safeguarding, received regular updates and had the providers handbook for reference. A staff member told us, “I have reported a safeguarding concern in the past; I called the office straight away.” The registered manager told us they would investigate and report the details to the local safeguarding team and the CQC. The provider had notified us of six allegations of abuse since our last inspection. We found that the provider had taken appropriate action in relation to these. This meant that the provider had systems in place to better protect people from harm.

The care plans we looked at included risk assessments for people’s health and welfare. Care plans were relevant to the identified risks and described the equipment and skills needed for the care and support people required. One relative told us about how care staff followed the plan of what to do in an emergency situation and that when this

emergency situation had happened; they followed their instructions phoning the nurse and ambulance. One care staff we spoke with told us, “The care plans are very good, they are quite detailed and tell you what you need to know.” Another care staff told us that if they were visiting someone they had not been to before they shadowed a carer that knew the person well.”

We saw the risk assessments included environmental risks to people and staff, such as whether the person had pets, and actions to minimise the risks. Care staff were confident they would be fully informed before going to a new person’s house. Care staff told us, “The care plan tells you about the environment, for example, if there is no outdoor lighting or if the person has lots of furniture in the room”. We saw staff were instructed whether to use a key safe or knock at the door, according to the person’s living arrangements.

We looked at how the provider ensured that there were sufficient amount of staff to care for people. People told us that they always had regular staff who came to visit them. People told us staff always came when they expected and stayed for the planned length of time. They said when their regular staff were on holiday or ill, they were made aware that another care worker undertook the visit. One relative told us, “Dad requires two carers for his personal care but only one for sitting. I can trust these staff to care for dad unsupervised in an appropriate way. We have never experienced a shortage of staff.” Staff told us that there were sufficient staff on duty to meet peoples needs. One staff member told us, “We all work as a team, we know who we are meant to be with, my team leader is well organised”. Staff told us they had enough time to deliver care appropriate to people’s needs and people told us they never felt rushed. This meant there were enough staff to meet people’s needs.

Is the service effective?

Our findings

People told us that their care needs were regularly assessed or assessed if their needs had changed. One person told us, “They are flexible if I want to change times when going out for example, with notice they will oblige.”

Staff told us they kept daily records of how people were and the care and support they delivered at each visit. A care staff told us, “Communication in my team is really good; we know what’s going on. The notes in people’s home also tell us if there are any changes”. Another care staff told us, “I ring the team leader and let them know if anything has changed.”

The registered manager told us that all care staff had already achieved, or were working towards, qualifications and credit framework (QCF) in health and social care. Care staff told us they felt confident in their skills and ability to support people effectively because they received appropriate training. We saw the registered manager recorded when staff attended training so they knew when their refresher training was due. We found that where people had specific care needs staff were trained promptly and assurances were in place to ensure they were competent. For example, if a person required care of a stoma. The care staff told us that they were always provided specific training before they were able to care for the person. The registered manager told us that staff without the specific training did not provide care to those people until they were fully trained in the appropriate areas. This meant that people were cared for by staff that had received suitable training about how to meet their needs.

Senior staff conducted regular checks that people received the care they needed by observing staff’s practice. Care staff told us they knew what to do because they had job descriptions, and were regularly observed and assessed by the registered manager. One care staff told us, “We have supervision and spot checks [by team leaders]. They check

the time, our appearance, if we are wearing our identification badge, and observe us and give us feedback.” One care staff told us they were often shadowed by newly recruited staff which meant new staff had the opportunity to get to know people and their needs safely under supervision. Care staff told us that their induction was thorough and that they completed training and shadowing until they felt confident and the senior staff deemed them to be competent.

Care staff told us they had supervisions and appraisals and found these meetings useful to discuss their practice, and consider their personal development. Care staff told us, “I feel very supported, and if I required anything, I wouldn’t wait until my next supervision.” This meant staff were supported to discuss their development.

People we spoke with who required assistance with meals confirmed that staff always asked what they would like to eat and gave them a choice. We saw that people’s dietary preferences, needs and allergies were recorded in their care plans. We found that people had been supported to see other health professionals, such as GP’s and dieticians, in order for them to receive appropriate care and treatment. We saw staff kept charts of how much people ate and drank when they were at risk of poor nutrition. This meant the senior care team and other health professionals who were involved in the persons care could monitor whether their advice and staff’s support were effective.

Care staff told us if they had any concerns about people’s health they contacted the office or the person on call if it was out of office hours, to make sure an appropriate health professional was involved in the person’s care. Staff were confident that the registered manager and care co-ordinator would make appropriate arrangements. One care staff told us, “I just tell the office and they call the family or other health professional.” Records we looked at showed that people were referred to other health professionals promptly to make sure risks to their health were minimised.

Is the service caring?

Our findings

We asked people whether staff were caring and whether they understood their needs. One person said, “[The person] is lucky to have consistent carers. I can only speak about them in the highest terms. [The person] loves [the] carers who treat them like family. [The person] loves to hear about their families when they come.” Another person said, “They are marvellous to me. I couldn’t do without them.” Another person said, “They do respect me. They listen to me; in fact they are good listeners. They don’t try to give advice but talk to me so I can make my decisions after a discussion.” One relative told us, “Staff are definitely compassionate with my father.”

People told us the care staff understood them well and were patient. One person told us, “If I get out of breath they stop and give me my inhaler and let me rest by doing something else until I have got my breath back.” One relative told us, “They are kind and compassionate they never rush [the person]. [Care staff member] we get is excellent.” All the care staff we spoke with told us they enjoyed their work. One care staff told us, “I like what I do, I feel I am making a difference to that person’s day, as I maybe the only person they see, so I do the best that I can.” This meant that people were cared for by staff that understood and cared for their individual needs and did not hurry people with their care.

People told us the team leader came to visit them to discuss their needs before they started with the service. They told us they were asked about their preferences, likes and dislikes. A person told us, “Management listened well when I told them what I wanted. This was followed through in my care plan and with the carers.” One relative told us, “I

and my dad were involved in the setting up of the care plan. They listened to us and the plan reflects our wishes and dad’s needs.” Another relative told us, “I was asked exactly what I wanted for (the person) and I got it.” This meant people were supported and involved as much as possible.

The care plans we looked at were detailed and explained the person’s physical and emotional needs, as well as their abilities and method of communicating. Care staff told us the care plans helped them to understand people as well as their support needs. One of the care staff told us, “I have regular people I care for, so I get to know them really well”. Another care staff told us, “The care plans are good, just the right amount of detail, so you have time to read them and know what your supposed to do”. This meant care was centred on people’s individual needs and staff knew and understood their history.

We asked people how care staff respected their dignity and privacy. One person told us, “They do respect my dignity; once they got me onto my bath lift they leave me with the door closed. They encourage me to be as independent as possible.” One relative told us, “When [the person] needs the toilet the staff help [them] walk to it they then shut the door and wait outside for [them] to finish, protecting [their] privacy.” This meant staff promoted people’s dignity and treated them with respect.

Care staff we spoke with gave examples of how they maintained people privacy and dignity. We found that senior staff regularly checked staff through observations at people’s homes to ensure that people were treated with dignity and respect. They told us if they had any concerns they would talk to staff straight away to make sure staff understood any changes they needed to make.

Is the service responsive?

Our findings

People we spoke with told us that staff supported them according to their needs. People said they had discussed their needs before their care plans were created. One person told us, “Staff know my needs very well. They help me to maintain my independence by not leaving me isolated and take me shopping. I choose what I want to wear and they reach into my wardrobe to retrieve it.” Another person told us, “Generally yes. New staff do take time to settle down. My regular carers are excellent and often think of things I don’t.” One person told us, “When I go to hospital they will send the carers in earlier to get me ready.” Another person said, “As long as I give them notice they will come early on any day that I am going to hospital or elsewhere.” Another person said, “They will come at different times if I need them to.” A relative told us, “They are well trained and definitely know what they are doing. They encourage [the person] to do things for themselves as much as they are able.” Another relative said, “I do feel the service meets [the person’s] needs. They are good at helping [the person] to maintain their independence. We have a big garden and they escort [the person] down with them to help them peg out the washing. They also make [the person] feel they can do things and are very sensitive and thoughtful.”

People told us they were seen annually by team leaders to have their care reviewed. One relative told us that the person had their care reviewed six monthly as their needs were changing. People told us and we saw in records that if

someone’s care needs changed this was reflected in the way in which the person was cared for and the recording of their care plans. This meant people received care that was responsive to their needs.

People told us that the provider responded to their concerns. One person told us, “If you don’t get on with a carer, Crossroads do ensure they don’t come again.” Another person said, “Team leaders will occasionally phone to see if a new carer has settled in or to see if I have any other issues.” All of the staff were involved in making sure people who received the service were able to express their views. One relative told us about how staff had provided them useful information regarding equipment that would assist the person in their independence in their home.

People we spoke with told us they received questionnaire annually, however if they had any concerns or comments they would raise them with the team leader or the office staff. People told us that they knew how to raise a complaint but had never needed to raise a complaint. People felt confident that their concerns would be taken seriously and handled appropriately. The provider had received 16 complaints since our last inspection. We found that these complaints had been resolved in line with the providers policy and procedures. We also saw that complaints and lessons learnt were shared at staff meetings and in the staff newsletter. This meant that people were aware how to raise a complaint, were confident they would be listened to and that the staff were given the opportunity to learn from these.

Is the service well-led?

Our findings

People told us that they knew who the team leader was and had regular contact with them. People told us that the service was well-run and that they received a good service. One person told us, “I think the organisation is well-led. Happy and efficient staff means there must be good management.”

The registered manager told us that regular team meetings were held for staff. Some staff were not always available to attend team meetings because they worked different hours. The registered manager told us they were able to share information with staff when they came to the office. The registered manager showed us the staff newsletters that they sent out which promoted best practice, for example, correct process for recording people’s medication. Which meant the registered manager ensured information regarding people’s care was shared with all care staff. Care staff told us they felt well informed about the organisation and knew when they had received compliments or complaints.

Staff told us they were supervised, attended meetings and were sent memos to keep them informed of any changes to people’s needs or the service. Care staff told us they had supervisions and that this was a good opportunity to discuss any concerns they may have. Staff told us they felt listened to and had confidence the manager would take action where it was required.

The provider’s quality assurance system involved questionnaires to people who used the service and their

relatives. We saw the provider took action to improve the service where people identified any issues. People told us that they would recommend the service to their friends and family. One person said, “I think the service is well led and I do recommend Crossroads to others. Overall I would say they are excellent.” One care staff told us, “I feel well supported in the work that I do.” This meant people and staff were happy with the quality of the service.

The provider’s quality assurance system included regular checks that ensured care staff kept accurate records of the care they had delivered. The registered manager and care staff told us that any shortfalls found during these checks were shared at the team meetings. For example, one audit of medication charts found that people’s creams had not always been recorded as given. We saw this information was shared at the team meeting to ensure staff completed the medication charts accurately. This meant staff understood how their actions supported the organisation to demonstrate the quality of the service.

The provider should notify CQC of serious incidents that have happened at the agency. We found that we had received all the required notifications from the provider in a timely way. The registered manager showed us audits that were in place to check the service was running to a good standard. We found that the registered manager recorded and analysed accidents and incidents and complaints. The registered manager had identified the causes, the outcome and the actions taken to minimise risks of a reoccurrence. Where safeguarding issues had been identified the registered manager reported promptly to the local authority, and took appropriate action where necessary.