

## Dudley Crossroads

# Dudley 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

### About the service

Dudley Crossroads is registered to provide personal care to people living in their own homes. On the day of the inspection, three people were receiving support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People were supported to stay safe in their own homes. People received consistent care from longstanding staff who had worked with them several years. People's care was arranged to provide a sitting service to enable the main family carer some respite. During these focused visits, staff followed people's usual care routines and supported people with any potential risks to their safety. Staff were recruited in a safe way. The service did not provide support with medicines, this responsibility was retained by them and their family carer.

People described the support they had as effective with a focus on their specific needs, such as providing companionship and support in the absence of their family carer. Staff received training and support to meet people's needs. People's meals and healthcare needs remained the responsibility of the family carer. However, staff understood how to support people to maintain their health.

People were supported to have choice and control over their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured that people's privacy and dignity was maintained.

People's care was planned with them in response to their needs and preferences. The arrangements for care and support were tailored to them to include longer duration and shorter frequency of visits by staff. This ensured the service was responding to people's needs in a way they needed. People spoke positively about the service and were confident any complaints would be managed appropriately.

Quality monitoring systems included audits and checks on people's satisfaction with the service they received. People described the service as consistently well run and responsive to their needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection The last rating for this service was Good (published 27 May 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

## 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.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

# Dudley Crossroads

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 19 June 2019 and ended on 20 June 2019. We visited the office location on 19 June 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We sought feedback from commissioning organisations who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with two people over the telephone. We spoke with two members of the care staff, the registered manager and the care coordinator. We reviewed the records for three people being supported by the service, staff rotas, supervision schedule, records of competency checks, the providers survey results, and audits of the quality of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from harm. Staff had received safeguarding training and had a good understanding of abuse and how to report any concerns.
- People who used the service told us they felt safe with staff who supported them. One person said, "I feel very safe; staff are reliable and trustworthy".
- The provider had a safeguarding policy which staff were familiar with.
- There had been no concerns about people's safety within the service.

Assessing risk, safety monitoring and management

- People's safety was maintained by staff and people told us they had confidence in staff because they supported them safely.
- Risks to the safety of people had been identified in relation to their support needs as well as their home environment. Staff were well informed of how to manage risks such as the support people needed when taking a shower, managing hot water temperatures and the use of mobility aids. However, this detail was not always evident in risk assessments which is needed to ensure staff have written guidance on safety measures. The registered manager told us they would update these.
- Staff received training in safe moving and handling techniques, but no one required this type of support.

Staffing and recruitment

- People were very happy with the staff who supported them and told us this had been consistent for several years. A person said, "They [staff] are such a blessing; not got to keep telling new people what to do". Comments from relatives included; "Gives time for us knowing [person] is cared for".
- Call schedules were arranged in advance and were specific to people's needs and those of their family carer. Call times consisted of at least three hours on any one visit, with the role of staff to provide physical support to the person whilst their main carer had respite to pursue their other commitments. People had not experienced any missed or late care calls.
- Staff told us, "There are always two peoples wishes to take into account; the person and their carer, [family member], we have longstanding staff and trusted relationships with people".
- The provider had followed safe recruitment procedures and sought relevant checks on staff prior to appointment. There had been no new staff recruited in several years; changes in the service provision had meant that only a small number of people continued to receive personal care support.

Using medicines safely

- Staff were not required to support people with their medicines as these were managed by people's carers

[relatives].

- The provider had arrangements in place to identify people's medicines for easy access by emergency services.

#### Preventing and controlling infection

- Staff predominantly offered a sitting service which did not require them to prepare meals. Staff had received food hygiene training to handle food safely when supporting people with meals that had been prepared by their relative.
- Staff had received infection control training and confirmed they were provided with personal protective equipment (PPE) to carry out care tasks. People we spoke with confirmed that staff wore gloves and aprons and maintained hygiene in their home.

#### Learning lessons when things go wrong

- The provider had a system in place to monitor any accidents or incidents for any trends that could be used to reduce future occurrences. The provider had only three people who used the service and did not have any accidents or incidents to date.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had been involved in the assessment of their needs and their expected outcomes identified. People's personal care and companionship needs were identified and met.
- People receiving support said staff knew them well and how to best to meet their needs. They said this allowed them to continue to experience good outcomes and a good quality of life. A person said, "Staff support me in and out of the shower, make me a drink, they know how to assist me".
- Family carers described the respite as effective. For example, they said, "I have peace of mind, gives a break away from caring".

Staff support: induction, training, skills and experience

- There was a longstanding experienced staff team who had supported some of the same people for more than 20 years. There had been no staff turnover where staff needed an induction.
- Staff had received the training they needed to support people effectively.
- Staff had consistent support and an annual appraisal of their performance. They were highly motivated and told us they were extremely happy with the support they received. One staff member said, "It's a wonderful organisation; very supportive with regular supervision and training, we've worked together for years".
- Competency checks were carried out to ensure staff worked to the required standards and records confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- The provider told us in the provider information return, (PIR), "Whilst we may provide a snack, a drink or help with personal care in the short time we are there, (usually once a week), the healthcare, nutrition and hydration of the client is the responsibility of their informal carer".
- Staff were not required to support people with their meals. However, people confirmed that staff would prepare a sandwich or drinks when they wanted these.
- Staff could describe the use of specific utensils used to support people's independence with making a drink.
- Staff were clear on their role and responsibilities in relation to raising concerns about poor nutrition, dehydration, or health needs. They told us they would share this in the first instance with the person's carer to ensure people's needs continued to be met.

Supporting people to live healthier lives, access healthcare services and support

- People or their carer, maintained responsibility for accessing healthcare services. However, staff knew how to contact healthcare services in an emergency. For example, if there had been an accident and people needed to access hospital or their doctor.
- Staff supported people to access healthcare appointments such as opticians or consultants where their main carer needed this support.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- People being supported confirmed they made their own decisions and staff sought consent before assisting them.
- Staff provided a specific short focus sitting service which meant they were not the main care provider. As such, the person and or their main carer [family member] maintained responsibility for decisions.
- Staff understood the principles of the MCA. They said if they noted any deterioration in people's capacity they would share with the family carer to involve relevant professionals.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about how staff provided personal care and one person told us, "The trust is there; we have a happy relationship".
- People's diversity was respected; we heard examples of where staff had responded to such needs in a compassionate way, such as fitting a handrail in a person's garden to support their mobility.
- Staff had received training in equality and diversity and from people's positive comments, staff clearly reflected this in their care practice. For example, respecting people's autonomy.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were offered choices and made their own decisions. A person said, "I have a routine and staff respect that and support me".
- We heard from people how they greatly appreciated the companionship of staff who they felt they could talk to. Relationships between people and staff were longstanding; some more than 20 years which reflected people's high level of satisfaction about the care they received.
- People and their relatives had been involved in planning their support, which was specific to their needs and personal routines. We saw several positive comments from relatives about how respite care had improved their quality of life. For example, one read, "I could not cope without them and would not be able to go out".

Respecting and promoting people's privacy, dignity and independence

- Staff had received training and understood how they should respect people's privacy, dignity and independence.
- Within their role, staff had encouraged family carers to explore services available to them to make life easier and safer within their own home, for example aids and adaptations.
- People confirmed that their independence was promoted; they continued to do the things they wanted to do with staff support. For example, attending personal appointments.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned and personal to the individual and their family carer. People and their relatives were involved in planning the support they wanted, with a clear focus on what was important to both parties so that support was arranged around both people's needs.
- People had care for specific longer periods once or twice a week to enable their carer to have a break. Feedback from people and their relatives clearly showed they were happy with the arrangements that met with their specific needs. For example, people continued to follow their own routine in relation to their likes, interests and commitments, whilst their family carer could do likewise.
- Staff had a good understanding of providing personalised care. A staff member said, "We support people in the way they want and as their family carer would support them".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People confirmed their communication needs were met. For example, they had regular visits from the management team to discuss any issues, reflect on their care package and give feedback on their experiences.
- The registered manager was aware of this legislation. For example, they had ensured information and communication was managed appropriately for people with a sensory loss.

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure and were confident if they had any concerns they would be managed appropriately. A person said, "I have complete faith in them".
- The provider had a system in place to manage complaints, there had been none made about this service.

End of life care and support

- The provider did not provide end of life care. The focus of the service was to provide a specific sitting service to enable the family carer to have a break. The provider advised people would be directed to other care support agencies if this need arose.
- In the event of a sudden death, people's preferences and choices were known to the family carer.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service supported people in a way they wanted which included arranging their care support for specific times, with a clear focus and a longer duration. This led to positive outcomes for both the person and their family carer who benefitted from the respite sitting service.
- People and their family carer had been fully involved in developing their support package and told us this was focused on their needs.
- Staff told us the registered manager worked in an open and inclusive manner and they felt fully supported in their role. A staff member said, "The service focuses on both the person and their family carer; I think it is brilliant that we can continue to support people in a very specific way, it is very well run".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of and understood the requirements of the duty of candour. They had access to guidance and understood the need to be open and honest and provide an apology when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager carried out spot checks on staff to ensure they were working to the required standards. Quality monitoring checks were carried out on aspects of the service and reported to the board of Trustees on a regular basis. This ensured there was oversight of the service.
- Staff were well supported, had access to training and were highly motivated. They had a clear understanding of their role.
- Staff were aware of the whistle blowing policy and how to use this to raise concerns about care practices.
- The provider had displayed the last inspection rating.
- The provider understood their responsibilities to notify us of incidents. There had been no incidents that required notifying to us.
- There was a clear management structure in place and people reported the provider had good communication systems in place to respond to them.
- People, relatives and staff all commented very positively about how the service was run. A staff member said, "I can't give them enough credit; amazing service to work for".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had continued to seek people's views about the service. We saw feedback was positive and people were happy with the way their support was arranged, the caring nature of staff and the way the service was run.

Continuous learning and improving care

- The provider had systems in place to ensure staff had opportunities for continuous learning.
- The registered manager attended regular local conferences to keep them up to date with best practice. They were also members of a carers network which meant they were aware of the wider support networks available to carers and their families within the borough.

Working in partnership with others

- The provider told us in their provider information return, (PIR), that they no longer worked in partnership with other agencies. This was because the service they provided was a specific sitting service where people had their own main carer and or support from other care agencies. However, they would still refer to other professionals where needed.