

Crossroads Care Central & East Gloucestershire
Limited

Crossroads Care Central and East Gloucestershire - Cirencester Branch

Inspection report

1 The Mews
Cricklade Street
Cirencester
Gloucestershire
GL7 1HY
Tel: 01285 650168
Website: <http://www.crossroadscandeg.org.uk/>

Date of inspection visit: 22 October 2015
Date of publication: 02/12/2015

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

This inspection took place on 22 October 2015 and was announced. The Cirencester branch of Crossroads Care provides a domiciliary care services which provides

regular short breaks to carers/relatives who care for a person with physical needs or memory loss. Crossroads Care is part of the Carers Trust. The Carers Trust works to

Summary of findings

improve, support, services and recognition for anyone living with the challenges of caring. At the time of our inspection there were 37 people and their carers using this service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Due to the nature of the service, we spoke with people's main carers (people's relatives); throughout the report we will refer to people's main carer as carers. Staff employed by Crossroads Care were called Care Support Workers.

Everyone we spoke with was complimentary about the service. People spoke highly about the care support workers and valued having regular care support workers which enabled them to build caring relationships. People and their carers spoke positively about the registered manager and care manager of the service.

There was a positive caring culture, promoted by the registered manager, care manager and chief executive officer. Care support workers were passionate about providing high quality personalised care and support. They spoke positively about people their preferences and their carers. Care support workers felt supported by the registered manager, describing them as approachable and supportive both personally and professionally.

Care support workers were knowledgeable about the people and carers they supported. They had access to

development opportunities to improve their skills. Care support workers received specific training where it was required to support individual needs and had access to effective supervision (one to one meetings with their manager).

People's needs were assessed and where any risks were identified, management plans were in place. People were supported in a way that recognised their rights to take risks. People's care and support was personalised to their needs.

The service was responsive to people's changing needs. Care support workers identified when people's needs had changed and made referrals to healthcare professionals where necessary. Carers spoke positively about the responsiveness and flexibility of the service.

People and their carers view on the service were continuously sought. The registered manager made every effort to ensure people and their carer's views mattered. People and their carers felt the management was approachable.

Quality assurance systems were in place to enable the service to identify areas for improvement. The registered manager was supported by a chief executive officer who answered to a board of Trustees. The service ensured people and their carers had the information they needed.

The organisation was looking at creative and innovative ways to improve the amount and quality of support people and their carers could receive. This included community events aimed to support people who wanted more support.

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. People were safe using the service. Carers/relatives they felt their loved ones were safe with care support workers they received. Care support workers had a clear understanding of their responsibilities to report concerns both within and outside the service.

People and their carers told us calls happened when they expected them to and were informed if there were any changes.

Risks to people were assessed and plans were in place to manage these risks. Care support workers knew how to protect people from risks. Where necessary people were supported with their medicines.

Good



Is the service effective?

The service was effective. People were cared and supported for by care support workers who were supported and had access to training and development opportunities to improve their skills and knowledge.

People and their carers told us they were supported to make day to day choices. Care support workers had knowledge of the Mental Capacity Act and people's rights were being protected.

People were supported with their dietary and healthcare needs.

Good



Is the service caring?

The service was caring. People and their carers/relatives were complimentary about care support workers and felt they were treated with dignity and respect.

There was a caring culture. Care support workers spoke about people in a kind and a caring manner. People benefitted from the caring relationships they had with support workers.

People and their carers felt involved in decisions about their care and told us they had the information they needed

Good



Is the service responsive?

The service was responsive. People's care and support plans were personalised and included information about what was important to people.

Care support workers responded when people's needs changed to ensure they received the care they needed, this included making referrals to other healthcare professionals.

People and their carers/relatives knew how to raise concerns and felt confident they would be dealt with in a timely manner.

Good



Is the service well-led?

The service was well led. The registered manager was approachable and supportive.

People were at the heart of the service. Care support workers and management were passionate about providing a high quality service.

Good



Summary of findings

Systems to monitor the quality of the service were effective and led to improvements. The provider was looking at way to improve people and their carer's access to support in the community.	
---	--

Crossroads Care Central and East Gloucestershire - Cirencester Branch

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 was 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 the 22 October 2015 and it was announced. We gave the provider 48 hours' notice of our inspection. We did this because the provider or manager is sometimes out of the office supporting care support workers or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of one inspector.

At the time of the inspection there were 37 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with a range of healthcare professionals, including trainers, social workers and commissioners.

We spoke with two people who were using the service and 12 people's carers. We spoke with three care support workers, a care manager, the registered manager and the organisations, Chief Executive Officer. We reviewed nine people's care files, four care support worker records and records relating to the general management of the service.

Due to the nature of the service, we spoke with people's main carers (people's relatives); throughout the report we will refer to people's main carer as carers. Staff employed by Crossroads Care were called Care Support Workers.

Is the service safe?

Our findings

People and their carers told us they or their relatives were safe when care support workers visited. Comments included: "I am most definitely safe with them", "I have complete confidence that they're [relative] is in good hands. The staff are good for her morale", "Its blissful. I don't have a care in the world because I know she's looked after" and "I can go out and know my [relative] is going to be okay".

Care support workers had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. They told us they would document concerns and report them to the registered manager. One care support worker said, "I've had safeguarding and I would raise any concerns to my manager". Another care support worker added that if they were unhappy with the manager's or provider's response they would speak to safeguarding or CQC. They said, "We've got all the numbers to call, including the adult helpdesk". Care support workers told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

People and their carers told us care support workers were punctual and always stayed for the required length of time. No one we spoke with had experienced missed visits. Comments included: "They always come when I expect them to" and "I know when they're coming and they come on time".

People told us that if their care support worker was going to be late the office would contact them and let them know. However, people told us late visits were very rare. One carer told us, "They always let us know if there is a change. Any problems they react very quickly".

Records relating to the recruitment of new care support workers showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure support workers were of good character.

People's care plans contained assessments of all aspects of their support needs. Assessments included environment,

moving and handling, nutrition and hydration and medicines. Where assessments identified risks there were management plans in place. The management plans recognised people were living in their own home and that people had a right to take risks if they chose to. For example, staff had identified one person who possibly was at risk of choking. They discussed these concerns with the person who did not wish to have thickened fluids in all their drinks. Care support workers had guidance to watch the person and provide support with food and fluids, providing small amounts at a time.

Moving and handling risk assessments were detailed and gave care support workers the information they needed to support people to mobilise. One person required the support of a care support worker to assist them with their mobility. Clear and detailed risk assessments around moving and handling and the risk of falling were in place. Care plans gave clear guidance on how care support workers should ensure equipment was used safely. One carer told us care support workers were trained to use equipment, and raise concerns when equipment was no longer effective. They told us, "They know what to do; they do it effectively and appear confident".

People and their carers told us care support workers assisted them with their prescribed medicines. Their comments included: "The staff are good with medicines, they know what they're for" and "They know when things need to happen and are very supportive, I'm happy with them prompting [relative] with their medicines". Staff told us they had the training they needed to support people with their medicines. One care support worker told us, "I've had training. People's care plans provide clear information on the medicine they need support with and why these medicines are important".

The service ensured staff were informed of any changes in people's medicines. This ensured care support workers had current information on what medicines people were taking, the importance of them and any side effects they needed to be aware of. Staff often linked with external healthcare professionals to discuss medicines, to ensure people had the medicines they needed, which maintained their wellbeing.

Is the service effective?

Our findings

People and their carers told us care support workers were trained to meet their or their relative's needs. Comments included: "I have confidence in the care staff, they're professional", "Very experienced, I trust them implicitly", "The staff are a bit of a life saver, and they're absolutely excellent" and "Couldn't fault the support we receive from staff. They keep [relatives] mind stimulated".

New care support workers were supported to complete an induction programme before working on their own. One care support worker spoke positively about the support they received. They told us, "I had so much support around my induction. It's a caring company, I was really touched. I shadowed other staff until I felt comfortable. I was given time to go through care plans". The care support worker felt confident to work alone once the induction programme was complete and was now working towards a diploma in health and social care.

Care support workers felt well supported. Comments included: "I've never had so much support in a job"; "Definitely supported," and "I'm really happy with the support I receive from my manager and my colleagues".

Care support workers had received training which included; safeguarding adults, moving and handling, dementia, medicines and fire safety. Staff we spoke with were working towards qualifications appropriate to their role. Support workers told us they had the training they needed to meet people's needs. One care support worker said, "I must admit they're [management] very good at training, they keep us up to date. We can always request specific training as well if we need it".

Care support workers received supervision (one to one meetings with their line manager). Staff were able to discuss any concerns they had or any training needs. Meetings also discussed any concerns with people in the community and support workers were encouraged to express any changes. One care support worker told us, "Regularly meet with my manager and discuss things. I can request support or training; however I haven't had to yet".

Care support workers had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. A number of people being supported were living with dementia and were unable to

make some life decisions, however they could make day to day decisions with support, such as what they'd like to eat or drink. Support workers told us how they supported people and promoted choice for people with dementia around day to day decisions. Staff ensured people had the information they needed to make decisions around food, drink and the decisions they could make. One care support worker said: "I always provide choice. If someone has dementia I don't bombard them with choices. I've had training around dementia and it's important to give one or two choice" and "It's all about what they [people] want, not how we want it. It's all about person centred care, offering choice and never assuming people can't make a decision".

People's care plans contained information regarding the Mental Capacity Act 2005 and people's abilities to make decisions. Most people were able to consent to their care and treatment. Where people's carers or relatives had Power of Attorney (the power to make decisions on people's behalf, around property, finances and health) these were clearly recorded.

Where people had made advanced decisions (where someone made a decision relating to their future health needs) these were clearly recorded on their care plans. One person had made a decision to refuse certain treatment and resuscitation due to a long term health condition. Information about the person's condition, and the support they needed was clearly recorded on their care plan.

People and their carers told us care support workers always asked for consent before they were supported with their personal care. Comments included: "They always explain what they're doing" and "They always ask if there is something they can do".

People were able to choose what they wanted to eat and drink. People who were able to contribute towards their food preparation were encouraged to do so by care support workers. Care plans contained details of people's nutrition and hydration needs and the support they required.

The service worked with other professionals to ensure people's additional or changing needs were supported. For example, people who required support with their mobility were supported by physiotherapists to ensure they had the equipment they required. Where care support workers had concerns about people's healthcare needs, they could access support from people's GPs. We received positive

Is the service effective?

feedback from social workers and staff from specialist professionals. One healthcare professional stated: “They’ve made an invaluable difference to carers and the people the carers are supporting”.

Is the service caring?

Our findings

People and their carers were extremely positive about the care they received or their relatives received and the care support workers supporting them. Comments included: "It's absolutely perfect. The girls we've been sent are marvellous, light of my life", "I know they [relative] are looked after, it's quite brilliant", "The staff are polite and caring, "they're delightful and the support they provide is perfect" and "They're brilliant, they do what I need. I've got to know them so well".

The registered manager, care manager promoted a caring culture and was enthusiastic about the caring nature of the staff team. Management provided guidance to care support workers around respecting people. For example, one person had a diagnosis which they did not want to discuss or dwell upon. This was clearly recorded in their care plan and was written to ensure the person's choice and dignity was respected.

Care support workers spoke with kindness and respect when speaking about people and their carers. Care support workers clearly knew people well, including people's histories, what they liked to do and what was important to them. One care support worker told us about how they supported someone with baking in the kitchen. They said, "they love being involved in baking, when we have time. I try and involve them as much as possible. The person's carer also told us, "They love baking with them [care support worker]; it's a big plus for them. Care support workers enjoyed their job and were enthusiastic about providing good quality care. Comments included: "I love this job; I think I make a difference" and "It's a lovely role, I love supporting people".

Where people had made positive comments to the care manager about care support workers, these were recorded. Care support workers were informed the comments had been made and always appreciated the feedback they received from people and their carers.

People and their relatives told us they were treated with dignity and respect by care support workers. Comments included: "They are wonderful with [relative], lovely bunch of ladies. They always care for them in private", "The staff are very experienced and respectful" and "They're [relative] always very comfortable with them. They're always talking to them".

Care support workers told us the importance of respecting people's dignity. One care support worker told us, "I Always provide personal care in private and explain what I'm doing". Another care worker said, "We don't leave people exposed. Use towels to promote their dignity".

Due to the nature of the service, care support workers told us they had the time to build relationships with people when starting their care. For example, all care support workers had time to support people away from personal care during their visits. Care support workers knew what was important to people and also what additional support they could provide. One person's carer told us, "they always do that little bit extra; they have a massive impact for us. The only negative is we don't get them enough".

There was a strong culture around promoting people's independence and individuality. One care worker told us, "We try and support people to do things important to them during the time we're with them, such as walking or cooking. We involve people where possible". One carer told us how care support workers supported their relative with shopping during their support visit. They said, "They take them clothes shopping which they really enjoy. It's social and it's important to them".

People and their relatives told us they were involved in planning their care, and were given the information they needed. Comments included: "We were involved during the assessment, talking about what support we needed", "We have a regular member of staff. However any changes they let me know. They always introduce a new care support worker before they came" and "The staff provide person centred care, the support they provide changes depending on my relative's daily needs".

People and carers told us they and their relatives benefitted from consistent care support workers. Comments included: "We have a regular staff member come, they've built a great relationship", "They've built a great relationship. They get on really well" and "We have the same lady each week, she's just wonderful with him".

One carer told us how the service supported them when their main care support worker changed. They said, "There has been some turnover of staff. It was handled really well, we had good notice that it was happening, we were well prepared and we were introduced to the staff member before they supported" and "the service has been really good and has really benefitted my mum".

Is the service responsive?

Our findings

People and their carers told us the registered manager, care manager and care support workers were responsive to any changes in people's needs. One carer told us the service were very responsive. They said, "They supported us, made sure we were aware of other services". One person's support file showed care support workers had identified concerns around the person's need for additional care and support. The care manager acted on behalf of the person and made referrals to the local authority.

One carer told us how care support workers had raised concerns about the safety of their relative. They said, "they raised concern about a door alarm, they were concerned about [relatives] welfare. They provided good guidance and we acted on this".

People and their carers told us the service was flexible and accommodating. Comments included: "They've always changed things and accommodated us if we need", "They provide cover when I'm not around" and "They're very flexible, they arranged me to have 5 days away, they're a life saver".

People's carers told us they were given feedback and information from the service. All carer's spoke positively about care support workers ability to communicate any changes. One carer told us, "I get regular updates if they are concerned, if it's sensitive information they call or message me and they keep good notes on any concerns" and "I'm a little bit more relaxed when the staff are around".

People's carers told us they always had the information they needed about their relatives support. Comments included: "I always have the information I need. If there is anything they've noticed they leave me a note", "They always leave detailed notes, this lets me know what's happening" and "always able to read notes which is important".

People and their carers were involved in all decisions about their care. Thorough assessments were carried out with people and carers when they started to receive a service. Assessments included; communication, mobility, social care needs and medicines. For example, one person's assessment provided guidance on how they should be supported with their medicines to ensure their health needs were maintained.

Assessments were used to develop detailed support plans that identified people's needs and the support required to ensure their needs were met. For example, one person required support and their support worker to spend time with them. A large part of their support was to meet their social needs, through trips out and cooking.

People's care plans contained information relating to specific conditions and support needed as a result of the condition. This included people living with dementia and people with Parkinson's disease. Care plans were personalised and included details of people's needs and what was important to them. For example, one person's care plan contained clear information about things the person did not want to talk about, and clear information to care support workers about their health needs.

People and their carers knew how to make complaints to the provider. Everyone spoke confidently about raising concerns, and felt they were listened to by the registered manager and provider. Comments included: "I would certainly complain if I needed to, I would go straight to the manager", "They've [the service] given us a leaflet which explains how we can raise concerns" and "We have a pack of information, and I know the information is in there".

The registered manager kept a log of compliments, concerns and complaints. The service had received no complaints in 2014 and 2015; however they had received a range of compliments from people and their carers who had been supported by the service. Comments included: "I have no complaints at all. I'm very grateful for all they do for me" and "The service you provided was amazing, nothing was too much trouble".

The registered manager used a range of systems to seek people and their relative's views on the service they received. This included a quality assurance survey and annual reviews of people's care. People and their carers told us they were asked for their views. Comments included: "We have questionnaires, and they come out and do an annual review", "We have an annual review to go through [relatives] care, they seek my views, I have no concerns" and "we've had questionnaires, I'm always asked for my views". One carer told us about a positive experience they had when their relative first received support. They said, "At first, it wasn't what we expected. We discussed this with the care manager and everything was sorted. It works really well".

Is the service well-led?

Our findings

Everyone we spoke with was complimentary about the management of the service. People and their carers told us communication was good and they had positive relationships with the management and office staff. Comments included: "They're always very helpful, very caring and very supportive", "they're lovely, so informative and they run the service well" and "The care manager is absolutely excellent".

People and their carers had regular contact with the care manager and told us they were approachable and friendly. Comments included: "I know the manager well, they're lovely, accommodating and approachable", "The managers have come out to see us, any problems they are always contactable" and "The manager is approachable, they always acknowledge emails and then act on them".

The registered manager and care manager promoted a culture that put people at the centre of everything. Care support workers were committed to the service and were positive about the management. Comments included: "We've got a good support network. We're given the tools to do the job, to provide great personalised care"; "Supported to provide the best care and support we can" and "We have a person centred culture. I go home from work and I know I've made a difference".

There was a clear management structure in place for the service. The service employed a care manager who was responsible for the day to day running of the service. The registered manager provided them with support and leadership. The registered manager was managed and supported by a chief executive officer, who in turn worked to a board of trustees. Everyone from the chief executive, registered manager, care manager and care support workers spoke positively about the support they received and clearly knew the vision and goals of the service.

Every year the service produced an annual report, this provided information to people, their carers, care support workers and stakeholders of key aspects of the service, finances, as well as the vision and mission statement of the provider.

People and their carers told us they received frequent information. One carer said, "we get lots of information, it's useful and tells us what's going on. They're very good at communicating things".

The registered manager ensured people were given the information they needed and promoted an open and transparent culture where people could raise concerns. They told us they had been concerned about the lack of complaints they had received regarding the service and had taken opportunity to ensure people and their carers knew how to complain. This included sending out new complaints leaflets and referring to complaints in newsletters which were given to people and were accessible in the offices. Everyone we spoke with told us they had no complaints.

The service was looking at ways to provide further support to people who received a service, this also included providing events in the community. This had been identified as a priority as there was a large waiting list of people wishing to access the service. The service had engaged with a club for people who were concerned about their memory or that of someone they know. The outcome of these sessions was to provide a reassuring environment filled with opportunities for people living with dementia, and to enhance carer's confidence and their ability to care effectively. One carer told us, "we've attended events; they were really good and provided a bit more support".

The provider carried out annual internal audits of the service. The last audit was carried out in June 2015. This audit identified actions which the service needed to take, such as promoting the complaints policy and providing evidence of the responsiveness of the service. Where an action had been identified there was clear instruction of how this action was to be completed and on who was responsible for the action. Where actions had been completed they had been signed off and changes had been made.

Care support workers were encouraged to be involved in projects. The service were looking to increase the number of care support workers employed, and set up a project which included care support workers to look at new ideas for attracting potential employees. Care support workers came up with an idea to change the advert the provider used. The registered manager told us this had had a positive impact.

Care support workers told us they had the information they needed and were informed of any changes. The provider had carried out a restructure of the service in 2014 and 2015. The chief executive officer ensured support workers were informed of the changes, and the impact the changes

Is the service well-led?

would have for people and their carers. Care support workers were supported to voice their questions and concerns. The chief executive officer promoted a system for

questions to be raised and answered to ensure everyone had the information they needed. One person told us, “There have been some changes; they had a restructure, which has only made things better”.