

East Midlands Crossroads Caring for Carers

Crossroads Care East Midlands - Nottingham Office

Inspection report

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Date of inspection visit: 23 July 2014
Date of publication: 04/02/2015

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

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 provide a rating for the service under the Care Act 2014.

Crossroads Care East Midlands provides personal care and support to people in the Nottingham, Derby and Chesterfield areas. The office is located in Nottingham and was registered with CQC in December 2010. At our previous inspection in September 2013 the provider was not meeting the requirements of the law in relation to

Summary of findings

complaints. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made.

On the day of our inspection Crossroads Care East Midlands was providing care to 499 people. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

All the people we spoke with told us they felt safe with the people who cared for them and the care they received in their own homes. The provider had suitable arrangements in place to ensure people who used the service were safeguarded against the risk of abuse.

Appropriate risk assessments had been undertaken to make sure the environment was safe and secure for staff to attend to people's needs.

People were supported by appropriately skilled and trained staff because the provider had a robust recruitment process in place. We saw records that showed there was sufficient numbers of staff to cover calls in an effective and caring way. The manager told us they were recruiting at the time of our visit.

People were supported to make informed choices and staff had awareness of the Mental Capacity (MCA) Act 2005. The Mental Capacity Act 2005 is designed to protect people who do not have the capacity to make certain important decisions for themselves, because they may lack the capacity to make such decisions due to permanent or temporary problems such as mental

illness, brain injury or learning disability. If people lack capacity to make a decision for themselves, staff can make a decision about what is in their best interest once an appropriate assessment had taken place. We found that the MCA was being adhered to.

Care plans were person centred and we saw people and their families were involved with reviews and updates regarding their care needs.

We saw appropriate assessments took place before people used the service to ensure the service

provided could meet their needs.

People received relevant information on how the service was run. We saw documented evidence that showed people who used the service could express their views by completing a service questionnaire. We saw a copy of the quality survey for 2013 and 2014. We found the comments were mainly positive.

Staff were able to describe how they had responded to what was important to individuals who use the service. People we spoke with told us if they wanted to raise any concerns they knew who they should contact.

The provider had arrangements in place to ensure people could use an advocacy service. Advocates are trained professionals who support, enable and empower people to speak up.

There were systems in place to monitor and improve the quality of the service provided. The provider had a team in place that were responsible for undertaking monthly audits for care plans, running records, medication administration records and call monitoring systems to ensure all care is undertaken in a timely manner.

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 felt safe with the people who cared for them and with the care they received in their own homes. The provider had suitable arrangements in place to support people and make sure they were safeguarded against the risk of abuse.

Staff were knowledgeable about the Mental Capacity Act 2005 and what this meant for people who used the service.

Policies and procedures were in place to manage risks and they were made easily accessible to staff.

The provider ensured people's needs were met by staff who had the right competencies, knowledge and skills to provide support to meet people's needs.

Good



Is the service effective?

The service was effective.

People were able to live their lives in a way they chose and the provider encouraged people to be independent and active where possible.

Visiting healthcare professionals told us they had a good relationship with the service and the staff followed instructions and guidance where needed.

People were supported to receive effective care and support.

Good



Is the service caring?

The service was caring.

People we spoke with gave positive feedback regarding the staff and the care they received.

People and their relatives told us they were involved in developing their support plans.

People received information about advocates and how to use them if required.

People told us the staff treated them with respect, compassion and in a dignified way at all times.

Good



Is the service responsive?

The service was responsive.

People were confident staff understood their needs and that they would respond to their changing needs in a timely manner.

People and their relatives were aware of the complaint procedure and those who had used the complaints process all said the provider responded quickly and professionally.

People's care plans were reviewed on a regular basis to ensure they received personal care relevant to them

Good



Summary of findings

Is the service well-led?

The service was well-led.

People received appropriate information relevant to the service and were given opportunities to express their views on the service.

Procedures were in place to monitor and improve the quality of the service provided. This included logging and monitoring complaints and safeguarding.

Policy and procedures associated with the smooth running of the service were in place.

Emergency plans were in place to make situations were manager over a 24 hours period to ensure staff and people who used the service were supported.

Good



Crossroads Care East Midlands - Nottingham Office

Detailed findings

Background to this inspection

This was an announced inspection that took place on the 23 July 2014. During our visit we used an Expert by Experience. An expert by experience has personal experiences of using or caring for someone who uses this type of care service.

On the day of our visit we spoke to five people who use the service, nine relatives, eleven members of staff and the registered manager. We also contacted other health care professionals who have contact with the agency.

We visited the agency on the 23 July 2014. We spent time reading the documents kept in the office. During our visit we looked at six care files, record audits, three staff files and supervision documents and a number of policy and

procedures. We spoke to people who used the service and their relatives. We also contacted people by telephone and email to gain their views on the quality of the delivery of the service.

Before our inspection we reviewed all the information we held about the agency. This included the provider's information return (PIR). This is information we asked the provider to send us to show how they were meeting the requirements of the five key questions. We also examined notifications received by the Care Quality Commission. (A notification is information about important events which the provider is required to send to us by law.) We contacted the commissioners of the service to obtain their views on the service and how it was being run. We also sent out 50 questionnaires to people, 20 questionnaires to their relatives and 50 to staff members and other healthcare professionals. A total of 25 questionnaires were returned to us. We reviewed the information and comments that these contained.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe with the care they received. One person told us how attentive their care worker was. They also said, "I check that all the care workers attending my needs are checked under the disclosure and barring service." They told us they did this to make sure the care worker was safe and suitable to care for them. The Disclosure and Barring Service (**DBS**) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

We found the provider had systems in place to identify the possibility of abuse and prevent abuse from happening to protect people who used the service. We saw policies and procedures were in place and staff told us they were aware of the policies and where they were kept if they needed to access them. Staff we spoke with had a good understanding of how recognise the possibility abuse and how they should keep people safe. One staff member said, "I understand that everyone has the right to live their life free from violence and abuse whilst maintaining their independence." All staff confirmed they had received safeguarding training and who they should report any concern to. We saw details recorded on the training programme that each member of staff working for the service had also completed this training to ensure people were safe. The training programme identified when the training had taken place. We also saw systems in place to show when the training was required to be refreshed. This showed the provider was supporting staff to identify abuse and stop it from happening.

We looked at six care files and they identified that people who used the service had received a mental capacity assessment. For example, we saw each person had a mental capacity assessment on their file to ensure, where able they would participate in the planning of their care. Staff we spoke with told us they were aware of the Mental Capacity Act (MCA) 2005 and had received training in this area.

A member of staff told us one of the service provided by the agency meant they had to support people who may lack capacity and sometimes they had to make decisions in the

person's best interest to ensure they received quality care. All staff we spoke with were knowledgeable and understood what the Mental Capacity Act 2005 meant for people who used the service.

The Mental Capacity Act 2005 was introduced to protect people who lack capacity to make decisions, because of illness or disability. Two staff we spoke with had a good understanding of the MCA and described how they supported people to make informed choices. Two of the staff we spoke with were knowledgeable about what MCA meant for people using the service.

We looked at the provider information return, sent in by the provider. The information stated the provider sourced advice from outside specialists to work with people who had different behaviour which challenges and were difficult to care for, identify the risks and triggers around these behaviours. The manager also told us they had regular meetings with staff who work with these people. This was to ensure people and staff were safe.

The manager told us these meetings were to share good practices to ensure people's needs were always met. For example, we saw discussions had taken place for one person when staff raised concerns that may have impacted on the person's care. There had been discussions about the need for continuity of care for this person. An agreement had been made that staff would negotiate with each other to ensure only two staff member from the persons regular care team would be off work at any one time. This was to ensure the person received consistent care, as it had been highlighted there had been issues when the person was not familiar with the care worker who was assisting them.

Two staff members we spoke with confirmed they had attended an individual meeting for a person they cared for. They said the meetings were important to ensure they could meet the person's needs. The manager confirmed these meetings took place to ensure people living in this kind of environment were safe and for the agency to provide the best service for the person so their needs would be met.

The manager spoke about people who needed specific support and gave us an example of one person who had a tendency to wander when they out in the community, due to their condition. To enable this person to achieve their goal to go out in the community without restriction, they were supported by staff. This was to participate in activities,

Is the service safe?

which were based in familiar places that were known to the person, such as a shopping area. The manager told us staff used different techniques to allow this person to be independent, such as, watching the person discreetly to ensure they were safe whilst engaging in the activity. Staff we spoke with confirmed they had received specific training to ensure they could support this individual.

We saw on one care file we looked at that staff had received specialist training for a person who had epilepsy. There were risk assessments completed and descriptions of what staff should do if the person had a seizure and when to contact the emergency services. This meant the provider managed and protected people who had individual care needs.

We found there was sufficient staff with the right skill mix and experience to keep people safe. We saw staff rotas reflected people's needs. Staff we spoke with felt there was enough staff and that they were fully supported to acquire

further qualifications and skills relevant to their job. One staff member talked about their contracted hours and told us they were offered extra work, but was never forced. They talked about the emergency response team that had been implemented in May 2014 to cover sickness and absences. The manager confirmed the team responded immediately, seven days a week if the needed. This was to ensure there was no disruption to the people who used the service if staff were absent.

Some of the relatives we spoke with told us they preferred the same care worker and the need for continuity of care. One person who used the service said, "My regular care worker is important and a valued member of my care team." The manager told us where possible they tried to ensure people had the same staff member. They told us they had implemented a new rota system to ensure there was a better continuity of care for people. This showed they were identifying and addressing issues should they occur.

Is the service effective?

Our findings

We contacted 20 people as part of the inspection. They all reported that their care was well managed and specific to them. Five people told us the care workers asked them what they wanted or needed. One person told us their care plan had been updated, they said, "I'm assessed every six months." We saw care plans were reviewed and audited on a regular basis. The provider had systems in place to ensure people received effective care.

Several relatives we spoke with talked about care planning and the initial assessment and subsequent updates of the care plans. One relative told us the care plans were updated regularly; they [staff] keep daily notes. They said, "I read them."

Staff told us they ensured people received effective care and support, because they read the care plans and know the people they are caring for. One care worker told us the care plans were designed for the person's care needs. They also said, "We receive verbal handovers for other care staff or management." Another care worker told us they read the care plans kept in the person's home, or contacted the office to get as much information as they can about the person before providing care. This meant the provider had arrangements in place to make sure people were cared for as stated in their care plans.

People told us they were satisfied with the staff who cared for them; they especially appreciated continuity of care and the importance of "getting on with" a care worker. Some people mentioned asking to change their care worker if they had not felt quite comfortable with a particular person. They said, "Crossroads Care East Midlands had managed this quickly and without any problems when asked."

We sent out questionnaires to people, their relatives, staff members' and other healthcare professionals. We received overall positive feedback from people who used the service and their relatives, such as, one person said, "Most of the staff are punctual, but I did have issues with one member of staff and reported it to the office and they sorted it for me." A relative said, "The carer that provides [name of person] care is what allows us to manage my family members illness at home. We have nothing but praise for the organisation and the wonderful carer who comes each week."

We saw on the training programme that training had taken place and where needed further training was booked. The provider had suitable arrangements for staff to receive appropriate training, professional development and when required to obtain further qualifications in social care.

All staff we spoke with confirmed they received suitable training to meet people's needs. They gave us some examples, such as, moving and handling, administering medication and food hygiene. One staff member said, "I am very impressed with the training the agency offer." They also told us they had been offered the opportunity to gain further qualifications in social care. Other staff we spoke with told us they were supported by the management team and that they had received a work based induction, which included training and shadowing existing staff before they provided any care to people who use the service.

Staff appraisals were taking place to ensure staff were fully supported. Staff we spoke with told us they had received appraisals and supervision along with a thorough induction that lasted over six weeks. One new member of staff said, "I shadowed an experienced colleague before I was caring for people on my own." This helped to ensure people received effective care and support.

We looked at three staff files and found staff had attended training in areas relevant to their role. One member of staff we spoke with said they had spoken with the manager reading improving their skills in relation to their job. Other staff we spoke with confirmed that they received regular supervision, appraisals and opportunities to improve their skills. Staff reported they were motivated and supported by the way the service was managed. One staff member told us things had improved since the registered manager was in place. This meant people were cared for by suitably trained and qualified staff.

All relatives told us they were satisfied with training, care and support staff received that was provided by the service. One relative explained how a new staff member had shadowed an experienced member of staff to learn how to manage their wife's care. They said, "Another member of staff talked the new care worker through my family members care needs, thus, learning directly from them about all aspect of the care." This ensured the person received care from staff who were trained to deliver their care specific to their needs.

Is the service effective?

Most of the people and relatives we spoke with were satisfied with punctuality of calls and several talked about the system Crossroads Care East Midlands had in place where the care worker phones in to the office on arrival at the call and then again when they left. We saw the live system in operation during our inspection. The person responsible for the call monitoring system talked us through the process. They also told us there was emergency call out team and if a call was missed or late they could cover at short notice. This meant the provider monitored calls and ensured they were covered in a timely manner.

Information we received from the questionnaires we sent out told us one relative was very happy with the service. They said, "They [staff] sit with my wife on a Saturday afternoon giving me much needed free time."

People's preferences, likes and dislikes were documented in their care plans. There were processes in place to ensure people's preferences and needs were also recorded and staff were following the plans of care. Records we looked at showed any risks around nutrition and hydration were monitored and managed by staff with guidance from other healthcare professionals and where appropriate referrals were made to support people's needs to ensure each person received adequate food and drink. We found people received care and support appropriate to their individual needs.

We saw people had received a nutritional assessment to ensure they received the appropriate nutrition and hydration to meet their needs. On one person's care file we

saw a nutrition plan in place. The manager told us they made referrals to the speech and language therapy team (SALT) where appropriate. We saw on another file where a person had been referred due to swallowing difficulties. When we received information from other healthcare professionals they told us they had a positive working relationship with Crossroads Care East Midlands. They stated the agency acts on advice and instructions given. This meant people received the appropriate support to ensure their nutritional needs were met.

We saw on 2 April 2014 discussions had taken place with people's individual care teams. We saw documented instructions regarding two people's eating and drinking regimes. There were discussions on the type of meals the people enjoyed and what food care workers should supply at different times of day. We also saw recorded that one of the people had problems eating and the staff had brought this to the attention of the person's GP; who requested the person attends the dentist. This meant the provider acted on instructions for other professionals to ensure people received effective care.

One staff member we spoke with told us they cared for people who had dementia and they often refused to eat. The staff member told us if this did occur they would make a decision in the person's best interest and prepare a meal for them to eat and record this in their daily record. They said if people continued to refuse to eat they would seek advice from the appropriate health care professional. This showed people were supported to receive effective care when needed.

Is the service caring?

Our findings

All people and their relatives we spoke with told us they were content with the way in which they were treated by the care workers. They all spoke warmly of the staff, one person said, “They are nice, they [staff] speak well to me.” Another person said, “We can’t go wrong with them, we feel really confident with them.” A third person told us staff were very respectful and they explained that when they were helped in the shower the care worker was careful to “hold up the towel” and “always knocks on the bedroom door.” This meant people were cared for and respected in a person centred way.

One person discussed how the staff treated them. They said “Staff were very respectful. I get on with them.” Some other people told us that they [staff] ask them what they need and they could ask the staff to do anything.”

Relatives told us they were happy with care their relative received. Several of them mentioned that they could ask for specific changes for themselves or their relative and the agency were happy to accommodate within reason. One relative said, “Crossroads are excellent” and another said “I can leave the house in complete confidence, knowing that my wife is safe.”

Some of the relatives we spoke with were content that the service received was safe. Several made comments such as “absolutely brilliant, [name] is an angel” and “can’t fault them.” This showed there was a good relationship between care workers and people who used the service.

Staff we spoke with described how they ensured the delivery of care was completed in a caring way. One care worker said, “I am compassionate towards the people I care for.”

People told us they and their families were involved in decisions related to their care and support. We saw in the care files we looked at that annual reviews of care had taken place and it was identified if the person, a family member, or their advocate had been involved. Advocacy is to ensure people are able to speak out, to express their views and defend their rights. This helped to ensure people received appropriate care to meet their needs and were involved in the decisions around the care and support they needed.

We looked at six care files. On two of the files we saw it had been recently recorded that their needs or circumstances had changed to ensure they received the most appropriate care for them.

Staff understood how to respect people’s privacy and dignity and promoted their independence with supporting people to do things for themselves and participate in daily living tasks to develop their independence. One care worker described how they ensured people were treated respectfully. They told us they gave people choices and treated them with respect and respected the person’s wishes. Another care worker said, “I am polite and thoughtful I make the person feel valued and have a sense of worth.”

People we spoke with confirmed the staff were always polite and some mentioned that they were always asked what they wanted to do. One person said, “They do whatever I want and remember for next time.” This meant people had their privacy respected and were supported to express their views about choices that were available to them.

Is the service responsive?

Our findings

People who used the service felt that staff were professional when caring for them. One person said, "They understand what I need" and another person said "They're very nice; they ask what care I need." All the people we spoke with told us they were confident in staff's response to their changing needs in a timely manner.

We saw pre-assessments had taken place. The manager told us assessments were carried out face to face and arranged to suit the person who used the service. We saw care plans were person centred and all staff described how people received person centred care, which ensured their needs were met. We looked at six care plans and we found discussions had taken place around the people's life history.

We received feedback from some of the questionnaires we sent out. One person said, "The service provided currently (i.e. last 3 weeks) has been markedly better than previously." Another person said, "The staff are excellent and the facilities very good. In general I have my own regular care staff, occasionally due to holidays, illness or otherwise I may have a member of staff whom I have not met before, which can upset me, but on the whole my service is provided by staff I have known for many years."

Some relatives we spoke with told us how staff had responded to their requests for changes in either personal care or call times. One person said, "Crossroads had been responsive to his request to alter the timings of his wife's call so he could get to an altered football match."

We looked at the processes in place for monitoring complaints. We saw system to evidence complaints were logged and tracked to ensure there was an audit trails. We

found staff were able to tell us where policy and procedures were kept. They also had a good understanding of what they should do if a person raised any concern or made a complaint to them. They also told us they were aware of the procedure they should follow and who they should report to. We saw policies and procedures were in place and up to date. One complaint we looked at we saw this had been dealt with as per the provider's policy. Appropriate action had been undertaken to address the issues raised and it was recorded lessons that had been learned to ensure the issue would not be repeated.

The manager told us they had received 42 complaints in the last 12 months. We saw the provider's policy and procedures had been followed. We saw where action had been taken and when appropriate the disciplinary process had been opened. We found the provider reported incidents to the local authority and CQC. They were managed according to the policies and procedures and they were responded to accordingly. Staff confirmed they knew how to respond to complaints and understood the procedures they needed to follow should anyone raise a concern with them. No one we spoke with during our inspection raised any concerns with us.

People who used the service told us they knew how to raise a concern and who they should contact if the need arose. Some people we spoke with said they could recall seeing a copy of the complaints procedure and others said they were sure the information had been supplied by the service. All relatives we spoke with said they had seen a copy of the complaints procedure. Two relatives commented that they had raised concerns with the service and the issues had been quickly responded to by the agency.

Is the service well-led?

Our findings

All people received relevant information on how the service was run. They told us they felt they had sufficient information about the service, several mentioned an information folder, which was kept in their home. We saw documented evidence that showed people who used the service could express their views by completing a service questionnaire. We saw a copy of the last quality survey. We found the comments were mainly positive. None of the people we spoke with could recall completing a questionnaire, but one of the relatives told us they did recall completing a survey. The manager told us they completed spot checks to observe how care workers promote choices and ensure they treat people in a respectful way at all times.

We saw the provider undertook site visits and monitored the service. We looked at an audit which was undertaken by the quality assurance manager in November 2013. The report told us that the service was subject to appropriate monitoring and evaluation and feedback from complaints, comments and suggestions regarding the service which were reported to the board of trustees. The provider told us the information was analysed and feedback at staff and the board at meetings. This was to ensure effective communication systems were in place, which involved staff and other stakeholders.

We saw appropriate policy and procedures associated with the smooth running of the service were in place. We found they were regularly reviewed to ensure they were up to date. For example, adults personal care, recruitment, disciplinary and safeguarding. Staff we spoke with told us they were aware of all the policies and procedures related to the service and knew how to access them. The service had a positive culture, which encouraged people and staff to raise concerns or question practice. People and relatives we spoke with were confident action would be taken quickly and professionally.

There were procedures in place to monitor and improve the quality of the service provided. The manager told us that they contact staff via telephone, and text as staff had use of company mobiles. They said we also send memos of any updates or relevant information that the staff need to be aware of where appropriate to people care needs. Four care workers we spoke with confirmed they received regular contact from the office and management to ensure they were supported to provide care and support to people who used the service. One care worker said, "They [the management] are always very helpful." Another care worker said, I attend regular team meetings and receive regular news letters." A third care worker told us they received weekly time sheets, memo's and back up calls and they found the support from the provider effective. We saw copies of the newsletters and memo's sent out by the provider during our inspection.

We found periodic reviews were carried out for care plans, training, daily notes and Medication Administration Records. One relative commented that at the time the care plan reviews took place the manager and their staff worked with them and went through everything that was relevant to the care and support for their family member. This meant people, their families and friends were regularly involved with the service to ensure good practice was implemented.

We saw there were plans in place for emergency situations and the manager told us they were contactable over a 24 hours period to ensure staff and people who used the service were supported.

We saw evidence to ensure calls were covered in a timely manner. People and their families were contacted by letter to inform them the provider was implementing their own electronic call monitoring system. This was to make sure calls were covered in a timely manner and make the service provided more effectively run.