

Richmond Upon Thames Crossroads Care Limited

Richmond upon Thames Crossroads Caring for Carers

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



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 the CQC which looks at the overall quality of the service.

This was an announced inspection and two days notice was given to the provider.

The service had 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.

In December 2013, our inspection found that the service was compliant.

Summary of findings

Richmond Upon Thames Crossroads Caring for Carers is a domiciliary care service that provided personal care for 77 people in their own homes. Referrals to the agency were mainly made privately.

People told us they were very happy with the service they received, way it was delivered and the staff who delivered it. Our inspection visit to the office showed that the

sample of records we looked at were well kept, fully completed and regularly reviewed. The management team and office staff were knowledgeable, professional and accessible to people using the service, their relatives and staff in the field. People said and we saw that the service they and their relatives received was safe, effective, caring, responsive and well led.

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. During our inspection people told us that they felt safe using the service. The safeguarding procedures we saw were robust and staff said and records showed they understood and were trained to use them. The manager and staff had access to systems that enabled them to learn from any previous incidents of poor care. This reduced the risks to people and helped service improvement.

Staff rotas took people's needs into account when deciding required staff numbers, qualifications, skills and experience. No staff were currently subject to disciplinary action and policies and procedures were in place to make sure that unsafe practice was identified and people were protected.

Good



Is the service effective?

The service was effective. The service assessed people's support needs and agreed care plans with them and their relatives before providing the care and support required. Staff skills and competencies were matched to the identified needs of the individual and their preferences. If needs changed staff reported this to the office and the care plan was re-assessed. Any individual specialist input required from community based health services was identified in the care plans.

The people we spoke with told us that they found the service and the care and support it provided was very effective. This agreed with what we found.

Good



Is the service caring?

The service was caring. People told us the staff they received direct support from and those in the office were kind, caring, professional and patient. They listened to them and acted to meet their care and support needs. People's care and support needs and other health and social information was recorded in the care plans that were regularly reviewed and updated with them.

Service reviews and re-assessment of needs were used as an opportunity to get direct feedback from people and their relatives about how they felt the service was performing. If shortfalls or concerns were identified these were addressed.

Good



Is the service responsive?

The service was responsive. People told us that they were regularly contacted or visited by office based staff. The contact was to see if they were happy with the service they received, staff delivering it and if their needs were being met or they wished any changes to be made. We saw a sample of nine people's care plans that were comprehensive, based on individual needs, regularly reviewed, updated and enabled staff to meet people's needs.

People and their relatives confirmed that any concerns raised were discussed and addressed.

Good



Is the service well-led?

The service was well led. People using the service and their relatives were very familiar with who the manager was and the rest of the management and office team. They said they were impressed by the way the management team responded to them and speed with which they acted.

Good



Summary of findings

Staff said that they felt well supported by the manager, management team and organisation in general. There was an open door approach to management throughout the organisation. The training provided and advancement opportunities were also very good.

We saw that the recording systems, service provided and all aspects of the service were kept under constant review by the management team.

The service worked well with other agencies and services to make sure people received their care and support in a joined up way. This was demonstrated by the relationship the service had with community based health services such as GPs and district nurses.

Richmond upon Thames Crossroads Caring for Carers

Detailed findings

Background to this inspection

This inspection was announced and took place on the 18th and 22nd July 2014. This inspection was carried out by an inspector and expert by experience. The expert by experience conducted telephone interviews with people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information that we held about the service before our visit. 'Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.' We also considered other information we held on our database about the provider. This included notifications made to us by the provider, safeguarding alerts and any areas of concern raised or positive comments made by people regarding the service.

During the inspection we spoke with six people using the service, or six relatives, ten care workers and the registered

manager and management and office team. We looked at the personal care and support plans for nine people, and the training, supervision and appraisal records for ten staff. We checked records, policies and procedures about the management, maintenance and quality assurance of the service.

We contacted local authority commissioners of services for their views.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One person, “I pay for them twice a week, Monday and Tuesdays 2 hours each. They sit with my wife while I go for shopping or do some gardening. They keep a watch over her so she does not fall over”, “They take her for a walk now. Before they used to do some knitting with her. She is happy with them.” Another person told us, “The other thing very good about them is that I can get someone in an emergency to go to hospital with and they won’t charge for that.”

The service also had systems that enabled the manager and staff to learn from events such as accidents, incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped service improvement.

Training was provided for relevant staff to understand the assessment process. The management team had knowledge of the Mental Capacity Act. People had not been assessed for capacity and best interest meetings had not taken place as this was not within the service remit. Any concerns or changes in people’s needs were notified to the relevant health care professionals including GPs, district nurses and commissioning teams who had purchased the service.

The premises were also used for training and found to be safe, clean and hygienic with well-maintained equipment that was regularly serviced. There were regular health and safety, risk assessments recorded to reduce risk to people who use the service that may wish to visit the office for meetings and staff.

We saw a sample of ten staff records that showed us there was a robust, competency based staff recruitment process that was followed. Induction training was completed before staff worked alone and there was a four month probationary period. Staff had been Disclosure and Barring Service (DBS) checked and cleared.

People told us that they thought there were enough staff to meet their needs without having to rush. They said they had rarely experienced miscalls, staff always arrived on time unless there had been a problem and if so they were always notified. We saw there were sufficient numbers of staff available to meet people’s needs during our visit. There was a rota that showed us there were adequate numbers of staff available to meet people’s agreed needs and safeguard their welfare. This ensured that people’s needs were met safely.

There were policies on dignity, respect and ‘No discrimination’ that staff had been trained to use and people said staff followed. We saw these topics were discussed during minuted staff meetings.

No staff were currently subject to disciplinary action and policies and procedures were in place to make sure that unsafe practice was identified and people were protected. Staff also had access to the organisation’s whistle-blowing procedure.

There were safeguarding and challenging behaviour policies and procedures that staff confirmed they were aware of. They had also received safeguarding, positive handling, safe holding and challenging behaviour training that was regularly updated. Appropriate staff were aware of how to raise a safeguarding alert and attended safeguarding meetings if required and appropriate. Care support worker meetings also took place to promote encouraging people to keep safe. There were no current safeguarding alerts.

Risk assessment and risk management was part of the assessment process. A sample of the nine care plans we looked at contained risk assessments that were regularly reviewed and updated when people’s care needs changed. Individual staff supervision sessions and staff and local authority commissioning review meetings were also used to discuss risks to particular individuals. The provider included risks regarding all aspects of the service provided within the quality assurance monitoring system.

Is the service effective?

Our findings

People told us they were given the opportunity to express their views by the provider and were involved in making decisions about their care and treatment. They also said staff provided the service they needed, when it was required and in the way they wanted it. One person said, "It gives me and my husband a chance to be ourselves". Another person told us "They sometimes take me shopping and if I can't read something they will tell me how much it is. If it is food they will tell me the expiring date and how long it has to be in the microwave". Someone else said "We have been with Crossroads for about 9 months and I can tell you I am extremely happy with them. They respect my husband. They take him to the toilet, bathe him and make him a cup of tea. They sit and watch television with him and he is very happy with them."

There was a staff training matrix that identified when refresher training was due. It also showed that staff received thorough induction training and underwent mandatory refresher training. Mandatory training included manual handling, safeguarding, and infection control. More

specialist training tailored to individual need was available such as dementia, oxygen, epilepsy stroke and Parkinson's Disease. Regular staff supervision, meetings and annual appraisals took place that gave staff the opportunity to voice their opinions regarding improving the quality of the service provided or any difficulties that might affect their performance.

The care support plans we looked at included sections for health, nutrition and diet. Information from health care professionals such as physiotherapists, district nurses, and dieticians were included within the care plans. People were provided with information packs and encouraged to work with care staff so that their needs were fully identified. Nutrition guidance was available to people and there was access to community based nutritional specialists. Staff said any concerns about people were raised and discussed and records demonstrated that referrals were made to relevant health services as required. The care plans were regularly reviewed and updated as needs changed.

People told us that they were comfortable discussing their health needs with staff and personal care was given based on their preferences where possible.

Is the service caring?

Our findings

People using the service and their relatives said that people were treated with dignity and respect. The staff training programme showed us that they had received training about respecting people's rights, dignity and treating them with respect in line with the policy and procedure.

They said staff took time and trouble to make sure that their needs were met, were interested in them, friendly and helpful. One person said "I have been a carer for my son all my life and when I went to hospital the staff looked after him for me. I will remain ever grateful for that". Another person said "My husband had a fall and ended up in hospital. But for the professional care of his care worker he would not have been able to mobilise today. She has been incredibly supportive. Though he has dementia and some physical ill-health she takes him to places he likes. She has helped me as I am able to take a break." Someone else told us "We discuss everything, shopping any thing at all."

People told us that they were consulted about how they wanted their care provided and when. Staff were told about the assessment and service carer match information before a service was provided. It was discussed with people and staff carers after the first visit and this was regularly

re-evaluated to make sure the carer and service were meeting people's needs. Gender preferences were identified as part of the assessment and included in the carer match.

People told us there was frequent telephone communication with the office and they completed an annual questionnaire. Records showed that spot checks took place, there was a yearly direct observation and re-assessment. People were also provided with information about what they could expect from the service and the service expectations of them. They also said that if staff were going to be late they were always informed by the office.

The nine care plans we looked at were comprehensive, based on the assessment information, regularly reviewed and underpinned by risk assessments that were updated as required. If needs changed staff completed a communication sheet with people using the service and their relatives that was returned to the office and reviewed by senior staff. This information was shared with other care professionals as appropriate. Other reporting information included weekly report sheets and incident report forms.

The service had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and ongoing training and contained in the staff handbook that they had to sign to confirm they had read.

Is the service responsive?

Our findings

People told us that they were asked for their views, listened to and their views were acted upon. They said if there was a problem, they would speak to front line staff initially or the office and it would be resolved promptly. They added that they rarely had a problem. One person told us, "I think the service is wonderful, my mother really looks forward to her visits and it is good for her to speak to somebody outside the family." Another person said, "I find they could not be kinder, more helpful, tolerant and they are excellent." People also said that personal care was given based on their gender preferences.

Records demonstrated that people and their relatives were asked to complete questionnaires and encouraged to attend and contribute to assessment and review meetings and update staff on any changes they felt were relevant.

We saw other records that showed people's care needs were taken into account within the staff rotas when making decisions regarding the required staff numbers, qualifications, competency, skills and experience. These were matched to needs of the person using the service.

Referrals to the agency were made from a variety of sources including privately by self and relatives, health and social services and voluntary organisations. Any available

assessment information was gathered so that the service could identify if the needs of the person could be met. Prospective people wishing to use the service and their relatives were visited to see if the care and support that could be provided was what was required. If appropriate a full assessment was carried out.

The nine care plan records we saw showed us that people's needs were appropriately assessed and they and their families and other representatives were fully consulted and involved in the decision-making process.

The care plans recorded that people's needs were regularly reviewed, re-assessed with them and amended to meet their changing needs. They were formalised and structured but also added to during conversations between staff and people using the service that made them individualised and person centred.

People using the service and their relatives told us that they were aware of the complaints procedure and how to use it. We saw that the procedure was included in the information provided for them. We also saw that there was a robust system for logging, recording and investigating complaints. There were no current complaints on record. Staff said they had been made aware of the complaints procedure and there was also a whistle-blowing procedure.

Is the service well-led?

Our findings

People and their relatives told us that the service had an open, listening culture that gave them confidence that their views were listened to and acted upon with the manager and office team operating an open door policy. They said “The manager always requests feedback to know how well the service is doing” and “Crossroads is professional, caring and confidential. The people they employ are excellent.”

We saw that the provider’s vision and values were clearly set out in its statement of purpose and the management practices reflected them. People and their relatives said they were actively encouraged to make suggestions about the service and any improvements that could be made.

During our visit we heard supportive, clear and honest communication with people using the service, by telephone, from the management and office team who were available to people using the service, relatives and staff as required.

The manager explained the management structure from the board of trustees downwards included areas of responsibility and accountability. There were six weekly trustee meetings that the chief executive officer (CEO) attended where service performance and quality were discussed and signed off. This meant senior management and the trustees were kept informed and up to date regarding the quality of the service provided.

There were carer and support worker meetings and the organisation attended the local authority ‘Carers’ forum and the ‘Relatives Partnership’ forum. It was part of the national carers trust and affiliated as a network partner.

The organisation also participates in network boards and strategy groups within the borough to which carers are invited. These identify areas of support that may require improvement to meet the needs of carers of people who use the service.

There was a quality assurance system that contained key performance indicators and trigger levels including audits that were regularly monitored, reviewed and identified any areas that required improvement. Action plans were produced and there was a three year strategic plan in place.

The organisation maintained strong links within the local community and ran a number of other services such as a dementia café and carers groups facilitated by staff.

There was an information sharing policy and procedure. This was in place to share information with other health services appropriately within the community or elsewhere as required. The records we saw showed the procedure was appropriately followed.

Records showed that any safeguarding alerts, accidents and incidents were fully investigated, documented, learnt from and procedures followed correctly.

There were monthly office staff meetings and four care support worker meetings of which staff had to attend a minimum of two. There were also monthly individual staff supervision sessions and six monthly refresher competency meetings for teams that were themed. These were carer led and speakers from different areas of experience and expertise were invited. This meant staff were kept up to date with good practice guidance and had forums to express their opinions.