

Rochdale And Oldham Crossroads-Caring For Carers

Rochdale and Oldham 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

Rochdale and Oldham Crossroads Caring for Carers is registered to provide care to adults and children within their own homes or out in their local community. The service provides support for people who care for a relative or friend to enable these people to have a short break from their caring responsibilities. At the time of our inspection approximately 200 people used the service.

We undertook an announced inspection of Rochdale and Oldham Crossroads Caring for Carers on 7 July 2015. The inspection was announced 48 hours prior to our visit to ensure the office was open.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Recruitment processes were robust to protect people who used the service against receiving support from staff who were unsuitable. Staff received regular training and were knowledgeable about their roles and responsibilities. Staff had completed or were working towards a nationally recognised qualification. The needs of people who used the service were matched with staff who had the relevant skills and experience.

Care plans were in place to reflect the needs of people who used the service. Care plans captured how people wanted to be supported, and recorded their likes and dislikes. People were involved in decision making throughout the initial assessment and during reviews.

Staff supported people to access the community and attend health appointments.

People who used the service were also able to raise any concerns if they wished with the management team.

The registered manager told us that she met with people who used the service annually to formally review the care package. However, the registered manager said she encouraged people to contact her at any time if they needed to discuss the care and support provided.

We saw the manager analysed incidents, accidents and compliments to improve the service or minimise risk. Policies and procedures were in place for the safe management of medicines.

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 people we spoke to and their relatives told us they felt safe with the staff and always had their needs met

Staff were recruited safely and fully trained before they went out to deliver care.

Care records included detailed information for staff to follow.

Risks to people's health and well-being were identified. Actions to minimise any risks were documented.

Good



Is the service effective?

The service was effective

Members of staff received the training they required in order to provide effective care for people who used the service.

People were supported with meeting their healthcare needs and with eating and drinking to keep them healthy.

People we spoke to told us staff knew their preferences, their likes and dislikes.

Good



Is the service caring?

The service was caring

Relatives we spoke with told us that staff were extremely caring and respected their privacy and dignity.

Relatives we spoke to told us they were involved in discussing their family member's needs in the initial assessment and were involved throughout the process.

People valued having positive caring relationships with the care staff

Good



Is the service responsive?

The service was responsive

People's care plans were reviewed annually or when the needs of the person changed.

People were given the opportunity to express their views about the care and support provided by completing a questionnaire annually.

There was a suitable complaints procedure for people to voice their concerns. There had been no complaints since the last inspection.

Good



Is the service well-led?

The service was well-led

The service was well led. Members of staff told us the registered manager was approachable and supportive and they enjoyed working for the agency.

Good



Summary of findings

Systems were in place to assess and monitor the quality of the service being provided

Policies, procedures and other documentation were reviewed regularly to help ensure staff had up to date information.

Rochdale and Oldham Crossroads Caring for carers

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and 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 9 July 2015 and was announced. The provider was given 48 hours' notice in order to ensure that the registered manager would be available to assist us with the inspection. The inspection team consisted of two inspectors and this announced inspection was conducted on 9 July 2015.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our visit. A PIR is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During our inspection we spoke with the registered manager, care co-ordinator, and two staff members of the care team, and 2 other care staff by telephone. We spoke by telephone with four relatives of people who used the service and one person who used the service. We reviewed a sample of four people's care plans and checked the records of how they were cared for and supported. We reviewed the staff handbook, which is a guide for staff about the providers policies and procedures and four staff files to check how staff were recruited, trained and supported to deliver care and support appropriate to each person's needs. We also reviewed complaints, accident and incident records, and a survey of people who used the service.

Is the service safe?

Our findings

Relatives of the people using the service told us they felt safe when they were being cared for by staff. The relative of one person said, “Very reliable, excellent staff, they are very polite and pleasant.” The relative of another person said “Absolutely fabulous, I couldn’t manage without them; I knew [the person] was safe with them.” One person said “We’ve become friends; they’ve always been there to look after me.”

Staff told us they had received training in safeguarding vulnerable adults in their induction period. A safeguarding policy was available to all staff and staff were required to read it as part of their induction. Staff we spoke with knew how to recognise signs of potential abuse and understood the relevant reporting procedures. The CQC had received no safeguarding concerns. We saw that people who used the service had access to information about keeping safe and who to contact if they had any concerns about their safety.

The staff team had access to a 'Whistle Blowing' policy. This policy ensured that members of staff knew the procedure to follow and their legal rights if they reported any genuine issues of concern.

The registered manager told us that nearly all staff had been employed for a long period of time, and there was no concerns with staff turnover. The registered manager said that new members of staff were given a copy of the ‘Staff Handbook’ in order to ensure they had the information they needed about important policies and procedures for subjects such as Safeguarding and health and safety.

The registered manager told us that all staff had been through a robust recruitment process in order to protect people against receiving support from staff who were unsuitable. The registered manager explained that in order to improve recruitment procedures a recruitment checklist had been put in place. This checklist clearly indicated when two written references and a check from the Disclosure and Barring service had been obtained.

We looked at the file the most recent employee and found that all the required checks had been carried out. These checks helped to ensure that people who used the service were protected from the employment of unsuitable staff.

The relatives of people who used the service we spoke with told us that they always had regular staff that came to visit. One relative said, “I have one regular staff member who comes then I have two to three other staff that help out when she is on holiday.” People told us that staff always came on time and stayed for the planned length of visit. The manager encouraged people to contact her if any staff were more than 10 minutes late. People told us staff usually arrived at exactly the right times.

Staffing arrangements were flexible to suit people’s needs. During staff holidays people could choose to miss a visit if they preferred not to have a different care worker. The manager told us a small team of support workers were allocated to some families to ensure continuity of care. This meant that staff were always provided to meet people’s needs safely.

The four care plans we looked at had appropriate risk assessments in place for the premises visited by staff. This included environmental risks to people and staff, such as whether a person had pets and actions to minimise the risk. Other risks included, COSHH, infection control, medicines, mobility, wheelchair use, medical emergency, and cash handling. We saw that staff were instructed whether to use a key safe or knock on the door, according to the person’s agreed arrangements.

We found that care plans also contained risk assessments in order to promote the safety of people using the service during activities within their home and out in the community.

Policies and procedures were in place for the management of medicines. However, the person’s family carer was usually responsible for the administration of medicines. Members of staff were aware of the difference between prompting people to take their medicines and administering medicines. We saw that the two medicines administration records we looked at had been completed correctly.

Members of staff were taught safe infection control methods to help reduce the risk of cross infection. Gloves and aprons were provided for staff to use in order to protect them-selves and people using the service from infection. There were policies and procedures for the control of infection. Although people who used the service lived in their own homes, staff monitored and offered advice for any infection control issues.

Is the service safe?

The local office operated from a modern office block and all equipment they were responsible for such as electrical appliances were maintained to keep them safe.

Is the service effective?

Our findings

It was clear from the information contained in the four care plans we saw that people who used the service and their representatives had been involved in the care planning process. Where possible people who used the service or their representative had signed the care plan to indicate their agreement with the care provided.

Relatives told us that the care their family member received was assessed regularly to check whether their needs had changed. Carers also confirmed that any changes to the support needs would be communicated to them so that they were kept up to date with information. We looked at the care records of four people who used the service and found a detailed one page profile which included a life history and likes and dislikes.

We looked at the personnel files of four members of staff and found they contained records of the training they had completed. This confirmed that a rolling programme of training was in place in order to ensure that all members of staff were kept up to date with current practice.

The four members of staff we asked confirmed they had received appropriate training and were observed by the care manager to make sure they were competent. The registered manager showed us records which identified when members of staff had completed training and when further training was required. We looked at the personnel files of two members of staff and found they contained records of the training they had completed. This confirmed that a rolling programme of training was in place in order to ensure that all members of staff were kept up to date with current practice.

One care worker told us about the training they had received. This included moving and handling, health and safety, infection control, food hygiene, first aid, medicines, equality and diversity, privacy and dignity, confidentiality, and safeguarding. Staff were also encouraged and supported to undertake nationally recognised vocational qualifications in health and social care.

New members of staff were required to complete a structured induction programme. One care worker explained their induction had included working with the care manager or experienced staff for at least the first two weeks.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. People living in their own homes are not usually subject to the Mental Capacity Act or DoLS. However, members of staff had some awareness of this legislation and further training had been arranged for September and October 2015.

Care staff told us they received regular supervision and appraisals although one care worker told us they did not have formal supervision meetings with their manager but was frequently asked whether she was alright or needed any help. However, staff also told us that a senior member of staff carried out unannounced 'spot checks' to ensure that an appropriate standard of care was being provided. This meant staff were supported and supervised to meet the needs of people who used the service.

We checked arrangements in relation to protecting people from any (they may not have risks) risks associated with eating and drinking. We saw in the care records detailed information captured on how people preferred their meals and how they were to be supported. One relative told us, "They always ask me what I should prepare to eat." Staff confirmed that before they left their visit they always ensured that, people had access to food and drink. Although people lived in their own homes and people who used the service were responsible for their own dietary needs staff were aware to report any poor nutritional issues to the manager or professionals such as their GP.

We saw records of the care given and of contacts with various health professionals. One person told us, "It's up to me when I want to see a doctor, but I can talk to any of my team about it." Another said, "They are very good at arranging transport for appointments. They helped me get to the GP when I was not feeling well." Staff were also trained in first aid. They told us they felt it was important to monitor people's health. They talked to people about their

Is the service effective?

health, recorded any changes in the care notes and reported concerns to the manager or directly to the person's relative. This ensured people's changing health needs were effectively met.

Is the service caring?

Our findings

We asked people and relatives whether staff were caring and if they knew their needs. People described staff as, “Very friendly carers” and “Lovely staff, caring, knowledgeable, they [staff] know my children’s needs really well.” Two relatives said it was important that they were matched with their staff to build a bond.

Before a member of staff started providing care they were always introduced by the manager to the person and their main carers in order to ensure they all were happy with the arrangement and would get on well together.

People told us they were involved in developing their own care and support plans and had discussions with the manager about the staff that would provide the support. One person told us, “They ask me what I need them to do and then get on with it. I have to book transport in advance if I want to go out somewhere and I know which staff are suitable for going out to different places.” Staff told us, “I ask [people] what they want me to do and what support they need. If they’re happy, I’m happy.”

Arrangements were in place to ensure that the care and support needs of people new to the service could be met. After the initial request to provide care had been made the registered manager made an appointment to meet the carer and the person to be cared for. At this meeting the

support required was discussed in order to ensure that their care and support needs could be met. A care plan was then developed which included a ‘life history’ document, how the person communicated, what their likes and dislikes were and what support they required. This process enabled the registered manager to determine which care workers would be suitable to provide the care and support required. This helped to build meaningful relationships with the people who used the service and the care worker.

Relatives of people who used the service and the person who used the service we asked told us staff were respectful and maintained people’s dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety. A relative of another person also told us staff were very respectful and careful to maintain a person’s dignity.

We looked at comments people had made from the customer satisfaction questionnaire regarding the service their family receives and saw that these were very positive. One person had written, “Crossroads provides a valuable and much needed service.” Another person had commented Crossroads provide a caring, reliable service. We really appreciate the fact that the carers really do care for our mum.”

Is the service responsive?

Our findings

The relatives of three people using the service told us that they received care that was personalised just for them and met their needs. The manager explained that she met with the people and discussed with families about the care that was needed.

The service also provided care on a short term basis when a person's family member or full time carer needed to have break a from their caring responsibilities. These short breaks helped to promote the health and wellbeing of people's family member or full time carer.

Staff were knowledgeable about the people they supported. They were aware of people's individual needs, health and wellbeing, likes and dislikes as they had access to people's care plans and spoke to families.

We saw that staff made records of events on the day they visited and communicated any changes in care to the families and the office too. Care records were reviewed when any changes to the person's support needs occurred. A formal review was carried out annually but the manager explained if people's circumstances changed then they would review the service to accommodate any changes. This would then be communicated to the care staff to ensure best quality of care was being delivered.

We saw documented in one person's care records that they would like staff to ask her what she wanted to do in the community and if she did not want to go out then she would stay at home with the staff. This showed how the service was responsive to the individual needs and circumstances. One person told us, "When my husband died I still continued with the support for myself and we have become like friends, they've always been there to look after me."

We saw that people's care records were kept under review and were updated when necessary to reflect people's changing needs and any recurring difficulties.

The registered manager reviewed the care package of people new to the service after the first six weeks and then annually.

The registered also explained that people were made aware that they could contact her at any time to discuss any issues relating to the care provided. This meant that any concerns or changes to the care required could be resolved quickly by the registered manager.

People had a copy of the complaints procedure in their 'customer information pack' which was given to people when they started using the service. One person told us that they knew how to raise a complaint but had never needed to. We were told by the registered manager that they had not had any complaints, but explained how they would follow up any complaints if any were made. This meant people who used the service would have their complaint responded to.

The views of people who used the service were sought after the first six weeks. The feedback forms we saw were positive about the care provided. Comments included; 'Peace of mind knowing such lovely ladies are caring for my husband. '; '(Staff) Cheerful and always gives extra time. '; 'Very excellent service.' and 'Gets on very well with carers.' One person commented about the information pack and wrote, 'Gives all the information I need.'

People were also encouraged to express their view about the service by completing an annual questionnaire which was distributed from the Crossroads head office. These questionnaires were collated by staff at head office and a report sent to the registered manager. The report from the survey carried out in November 2014 indicated that people were satisfied with the care and support provided by staff from this service.

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration of the Care Quality Commission (CQC). The registered manager was supported in the day to day running of Crossroads Caring for Carers by a care manager.

People and their relatives told us they knew who the registered manager was but some had never seen her. People who used the service were encouraged to contact the registered manager to discuss any care issues, problems or concerns. One person told us that she had regular contact with the registered manager.

People told us that the service was well run and that they had an excellent team of carers. One person said, “I have had no problems in getting in touch with the (registered) manager, if I had a problem she would instantly be there.” The relative of one person said, “The (registered) manager is approachable and I am, really happy with the service.”

We asked a care worker if they liked working for the service and they said “The registered manager and other senior members of staff were approachable and supportive.”

The registered manager told us she had made sure people’s needs were met and they were well supported as she completed care planning and reviews herself. Care staff told us that the office would advise them of any changes they needed to make to the care plans. One person told us “No problems getting in touch with the manager, If I had a problem she would instantly be there.” Another person said, “Our experience with all members of the team has been excellent.”

We saw that staff received regular support and advice via phone calls, texts, and face to face meetings. We were told by the registered manager that because the carers covered a large geographical area this meant it was difficult for carers to come to the office, as a result the senior staff or the care manager would go out and meet them. One staff member said that they did not have formal supervisions but had regular contact with senior staff for support. One staff member in the Staff Satisfaction survey said, “Still proud to be part of Crossroads and feel the community support workers give 100%.”

The provider quality assurance system included regular checks that ensured care staff kept accurate records of the care they delivered. The registered manager told us they had identified shortfalls during these checks, as not all documentation was accurately being uploaded on to care files. This had been rectified so that all records were now kept locally and the manager had full responsibility of ensuring the information is uploaded accurately. We saw that a scanning machine had been purchased to do this.

We saw that policies and procedures for the effective management of the branch were in place. These included health and safety, employment practice, safeguarding procedures, management of medicines and lone working. These policies and procedures were reviewed regularly and information cascaded down to care staff through staff meetings, and memo’s.

Staff meetings were held monthly, minutes were taken and circulated to all staff. At these meetings, policies any changes to policies and procedures were discussed and staff were given the opportunity to make suggestions and express their views.