

# East Midlands Crossroads-Caring For Carers Reading Crossroads

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This was an announced inspection which took place on 18 January 2018.

Reading Crossroads is a domiciliary care service. The primary focus of this flexible and varied service is to assist carers so that they are able to continue to provide support to the people they care for. The service provides care workers for people living in Reading and the surrounding areas. Not everyone using the service receives regulated activity. Approximately 70 people currently receive a service. However, only eight of those are provided with a regulated activity. The Care Quality Commission only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Reading Crossroads provide a service to people with a variety of needs when people's main carer is not available.

At the last inspection, on 21 December 2015, the service was rated as good in all domains and therefore overall good. At this inspection we found the service was still rated as overall good.

Why the service is rated good.

There was a registered manager running the service. 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 2008 and associated Regulations about how the service is run.

People, staff and visitors continued to be protected from harm. Care workers followed the medication procedure and accurately recorded medicines given. The registered manager followed a robust recruitment process and ensured care workers were safe and suitable to work with people. People benefitted from adequate staffing because the service did not accept a package of care unless they were able to provide staffing to meet the individual's needs safely.

Safety was maintained by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect the people in their care and knew what action to take if they identified any concerns. General risks and risks to individuals were identified and appropriate action was taken to reduce them, as far as possible.

Care workers continued to be appropriately trained and supported to make sure they could meet people's varied needs. They were effective in meeting people's needs as described in plans of care. The service worked closely with health and other professionals to ensure they were able to meet people's needs, as appropriate.

People were supported to have maximum choice and control of their lives and care workers provided care in the least restrictive way possible. The policies and systems in the service supported this practice. The service was not depriving anyone of their liberty and was fully aware of the action they would need to take should it become necessary.

Care workers remained kind, respectful and understanding. They built caring relationships with carers and the cared for to enable them to meet their needs in a sensitive and compassionate way. The service and care workers continued to be aware of people's equality and diversity needs and endeavoured to meet them.

The service remained person centred and responsive to individual's needs. It was exceptionally flexible and adapted care packages to meet people's individualised and specific needs. People's needs were regularly reviewed and up-dated to ensure the care provided was appropriate.

The registered manager and the management team ensured the service was well-led. The management team was described as approachable and supportive to people and care workers. The registered manager and care staff team were committed to ensuring there was no discrimination relating to staff or people in the service. The quality of care the service provided was assessed, reviewed and continually improved.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# Reading Crossroads

## 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on 18 January and ended on the same date. We visited the office location on 18 January to see the registered manager and office staff; and to review care records and policies and procedures. We looked at paperwork for five people who receive a service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

The service was given notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with three staff members, the registered manager and the local manager on the day of the inspection. We received written comments from a further four staff after the inspection. We requested information from five professionals, including local authority representatives and received responses from three. All were positive. We spoke with and received comments from four (of eight) people who use the service.

## Is the service safe?

### Our findings

People continued to be kept safe and were protected, as far as possible, from any form of abuse. None of the three professionals who responded to our request for information had any concerns about people's safety. People told us they felt safe with care workers in their home and said they, "Trusted" them.

Care workers were able to fully describe what action they would take if they had any concerns about people's safety or well-being. They were absolutely confident that the management team would take any necessary action to keep people safe. The service had made one safeguarding referral in the preceding 12 months. This had been dealt with appropriately and the local safeguarding team had no concerns about the safety of the service.

Two people were supported, on occasion, to take their medicines. Medicine administration records reflected whether medicines had been given at the right time and in the correct quantities. Care workers who supported people with medicines were appropriately trained and their competence was tested a minimum of annually. Care plans contained detail about how the person was to be supported to take their medicines safely.

People and staff were kept as safe from harm as possible. Health and safety training was provided regularly and safety was addressed by generic health and safety, environmental and individual risk assessments. Generic risk assessments included environment and the use of special equipment. Individual assessments covered areas such as mobility and medical conditions. Risk assessments included the necessary information to enable care workers to provide care in the safest way. The service provided staff with information to use in event of an emergency situation arising. These included adverse weather conditions.

People's safety was further promoted because the service learned from accidents, incidents and near misses. The records of such events were sent to the head office monthly and were reviewed by the senior management team. Any issues or incidents were discussed at reflective staff meetings or were used for training purposes. If appropriate they were used for learning across the organisation.

The service did not support people who displayed distressing or harmful behaviours. However, if people who already received a service developed some difficult to manage behaviours care workers received appropriate advice and training. The service was fully aware when it was no longer able to meet the needs of an individual.

People continued to receive appropriate amounts of care to meet their diverse needs safely. Care workers provided the correct amount of time and care, as identified in their care package. Care packages were only agreed if the service had enough staff with the appropriate skills and specific diversity to meet an individual's needs.

The recruitment process remained robust and ensured people were supported by staff who were safe and suitable to work with them. The recruitment processes included safety checks on prospective applicants

which were completed prior to appointment. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults and application forms. There had been one appointment in the previous 12 months. A twenty year gap for home making had not been recorded in the file. The registered manager took action to amend this omission immediately after the inspection visit.

## Is the service effective?

### Our findings

People were provided with effective care. Three professionals told us they had no concerns about the standard of care offered to people. People told us, "They (the service) do the job well" and, "They are very good at the washing and showering me."

The assessment process continued to include people, their families and other relevant people, as appropriate. They decided what care they wanted and needed. Care plans were being transferred to an electronic system and were in a transitional phase. Electronic care plans did not always include enough detail to guide staff how to provide people's care. However, the paper copies kept in people's homes were detailed, up-to-date and accurately reflected people's needs. Care workers told us they were an effective working tool and provided all the necessary information.

People were supported to meet their health and well-being needs, as specified on individual plans of care. A professional noted that they agreed people's health needs were met and reported to the appropriate people.

People continued to be assisted with their nutritional requirements, if this formed part of their daily plan. Care plans included all the information needed by staff to ensure people were offered the right amount of help to eat and drink. Appropriate daily records were kept, if required to meet people's needs.. Staff were trained in food hygiene and other nutritional issues if they were supporting people in this area.

People's rights continued to be upheld because care workers understood issues of consent and decision making. Care plans included information with regard to people's capacity and ability to make decisions about aspects of their care, if appropriate. If others were legally able to make decisions on people's behalf (power of attorney for finances and /or health and welfare), the paperwork to confirm this was held on people's files.

The service understood the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so, when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community people can only be deprived of liberties if agreed by the Court of Protection. The service had made no applications to the Court of Protection via the local authority, as they did not restrict people's liberties.

Care workers continued to receive training to enable them to meet people's diverse and changing individual needs. Staff members told us they had good opportunities for training and refresher training was provided when required. Of the 17 care staff, 15 had obtained a relevant qualification in health and/or social care and the other two had embarked on a qualification course. Specialised training provided to meet people's diverse needs included dementia and challenging behaviour.



Staff were provided with induction training and were required to complete the care standards certificate. Care worker's skills, attitude and knowledge were tested prior to them being able to work alone. Staff felt they were well supported by the management team and were provided with one to one supervisions approximately four times a year. All staff completed an annual appraisal which identified any training and development needs. Care workers told us the office staff, including managers, were, "Thoughtful" and worked exceptionally well with care workers. They said they got excellent management support. Another staff member described the management team as, "Very supportive."

## Is the service caring?

### Our findings

People told us care workers were kind. One person said, "They are very caring and kind." Another said, "They are most kind and considerate."

Care workers continued to establish caring relationships with carers and the cared for. Relationship building was very important because of the nature of the service offered. Carers were supported to remain able to care for people by the service offering breaks. The carers had to trust the care workers and be confident that the people being cared for were happy and positive about the care workers. Care workers were allocated the same people to visit, as much as possible, this supported the building of relationships. One relative of a person who uses the service told us they had the same carer for ten years.

Staff were able to describe how they protected people's privacy and dignity whilst offering the necessary support. Examples given included asking for permission before proceeding, closing curtains and covering people whilst assisting with personal care. People said they were, "Very happy" with the way they were supported with their personal care.

People's methods of communication continued to be identified and were noted in care plans, as necessary. They enabled care workers to communicate with people in the way they needed to and noted how people should be provided with information about the service and their care.

People's diverse physical, emotional and spiritual needs continued to be met by care workers who were provided with information to enable them to meet those needs, as necessary. People's life history, religious, cultural and lifestyle choices were noted in care plans, as appropriate to the care package they were receiving. The service recruited specific staff and matched people with care workers who had the skills, training and characteristics to meet their individual needs. Characteristics included personality, culture and shared language, whenever possible. Diversity within the staff team was valued and contributed to the quality of the care experience people received.

People were encouraged to maintain as much independence as was possible and appropriate. Care plans included information about how people wanted to be supported to control their lives. Risk assessments supported people to be as independent as they were able to be, as safely as possible. Examples included meal preparation and mobility.

People continued to be asked to give their views of the service in various ways. The management team completed 'spot checks' on care support workers and people were asked their views of the staff at that visit. Surveys were sent to people and other interested parties and they were provided with information about group activities and meetings held in the community.

Care support workers understood confidentiality in relation to the people they cared for. Personal information relating to people was kept securely and confidentially in the care office. People kept their own records in their home in a place of their choice.

## Is the service responsive?

### Our findings

The service continued to provide both carers and cared for with responsive, flexible and person-centred care. There were examples where the service had provided care at very short notice. They continued to operate an emergency 24 hour system which responded if the person's carer was unexpectedly unavailable such as in the event of them being taken ill. Carers were issued with a card which alerted people to the fact that the incapacitated individual had 'caring' responsibilities. An emergency Crossroads number was supplied which could be telephoned by the ambulance service, the cared for or anyone that found the card. The service would then deploy care staff to ensure people were safe.

Care support workers told us they could stay longer than the allocated time if people needed emergency assistance. These instances included medical and/or well-being emergencies. People told us staff always responded to their requests.

Care workers told us the office team were exceptionally responsive to the immediate needs of people. For example if they need to spend more time with people to support them this was made possible. Additionally they told us that the management team were responsive to staff needs. The management team told us the staff team were responsive to change, new ideas and improvements.

Care workers told us that people who use the service and staff were protected from any form of discrimination. For example care workers of all races, ages and genders were employed and afforded equal opportunities and rights. A staff member told us the management team had protected them from an abusive person. People with any of the protected characteristics were offered responsive and appropriate care.

People were included in the assessment, care planning and review process. Care plans were reviewed at regular intervals and whenever necessary. Plans of care demonstrated that reviews had been held whenever people's needs changed or there were any concerns about an individual's well-being. An annual multi-disciplinary review was held annually, as a minimum.

People's changing needs were communicated to staff by a variety of methods. Care support workers had been issued with personal mobiles to ensure they could be reached by text or e-mails. The office team ensured any important information was given to the relevant care staff. Staff told us there was exceptionally good communication between the care support workers and the office staff.

A new IT system was being installed which would give everyone involved in the service more access to information such as staffing schedules, care plans and changes to daily activities. The current system monitored calls. There had been no missed calls reported in the previous 12 months.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people

with a disability or sensory loss can access and understand information they are given. Care plans included how people communicated and specific communication plans, if necessary.

People told us they had no concerns about the service and had never had to make a complaint. The service had a robust complaints policy and procedure which they followed when they received a complaint. The service had recorded no complaints and two compliments about the service in the preceding 12 months. Complaints were managed and dealt with appropriately. The service recorded whether people were satisfied with the outcome of the complaint and there was an appeal process available to those who weren't.

## Is the service well-led?

### Our findings

People continued to benefit from a well-led service. The registered manager was experienced and qualified in care and management and had been in post since August 2015. However, as she was based in Nottingham a local manager was completing an NVQ five in care management to enable them to register to manage the service. It was felt that having a local registered manager available increased their availability, presence and speed of response. This was identified as being beneficial for the staff team and people who use the service.

People and staff had positive comments about the management team. Staff made comments such as they are, "Very person centred, making the staff feel confident if we have concerns." They are "Very good and caring of the staff." Staff were fully aware of the values and expectations of the service. The management team were available and staff continued to be well-informed and consulted about any developments or new initiatives. People told us they were, "Very happy" and , "More than happy" with the care they received.

People and staff continued to be given opportunities to express their views and opinions of the service. Staff made comments such as, "I feel highly valued and feel that we all work together as a team." The management style is, "Very good we all get on well with each other staff and management. We like and share all aspects of our work. We are trusted." Carers and the cared for were encouraged to tell the service what they thought about the care provided using a variety of methods. These included quality surveys, care plan reviews and regular 'spot checks' of care staff where people were asked their views on individual care workers and the service, in general. Additionally the service held carer support groups and customer meetings.

People benefitted from a service that was continually developing and evolving to meet the changing and diverse needs of people living in the community.

The care people received remained of a high quality. A number of quality assurance and governance systems were used to review the service. Auditing and monitoring systems included training matrix and daily records checks. A quality audit of all aspects of the service was completed monthly by the registered manager and a report provided to the board of trustees. Action plans were developed, as necessary including a Care Quality Commission (CQC) project plan which was a development plan inspired by CQC inspections and 'mapped' against the CQC'S key lines of enquiry. Actions were taken as a result of the auditing systems and listening to the views of people, staff and other interested parties. Examples included up-dating personnel files, increasing qualifications for staff and the introduction of electronic call monitoring. The organisation was working with an external organisation to improve and develop their services.

People's care was enhanced because the service continued to work with other professionals to ensure people's needs were met. Local authority staff told us the service worked co-operatively with them in people's best interests. The service engaged with community health professionals and other care providers with regard to individuals and to improve their knowledge of current best practice. Additionally the service had developed a carers' hub which provided carers and the cared for advice and guidance about all aspects of their care. For example benefits entitlements, activities and where to apply for grants to enhance their

lifestyle. All staff were signed up as dementia friends and participated in other community initiatives.

People's individual needs were recorded accurately on up-to-date care plans. They informed staff how to provide care according to their specific choices, preferences and requirements. Records relating to other aspects of the running of the service such as audit and health and safety records were, accurate and up-to-date. All records were well-kept and easily accessible.

People were protected by the registered manager who understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales. We discussed with the registered manager whether it would be helpful to ensure it was easier for office staff to identify which people received a regulated activity so that only necessary notifications were made. This work was completed shortly after the inspection visit.