

Harrogate & Craven Crossroads

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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 undertook this announced inspection on the 3 March 2015. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location offices to see us.

Harrogate and Craven Crossroads is a specialist voluntary organisation providing support to carers and people with

care needs in their own homes, so that carers can take a break from their caring role. At the time of our inspection 90 people were supported by Harrogate and Craven Crossroads.

The service employs a registered manager who had worked at the service for over seventeen years. A registered manager is a person who has registered with

Summary of findings

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.

At the previous inspection, which took place on 10 December 2013 the service was compliant with all of the regulations we assessed.

People we spoke with said they felt safe with staff from the agency. Staff were recruited safely and they were trained appropriately to be able to support people.

The service had safeguarding vulnerable adult's policies and procedures which were understood by staff. Staff received training in safeguarding vulnerable adults and all those spoken with confirmed that they would tell someone should any aspect of poor care be observed.

Staff identified and understood individual risks to people and worked with them to minimise these risks whilst also supporting them to remain as independent as possible.

People were positive about the staff who supported them. Staff from the agency were described by people using the service as being 'Brilliant' and 'Excellent' and they told us staff treated them with compassion, dignity and respect.

People told us they were able to make choices. Their likes, dislikes and personal preferences were recorded

within their care records and were known and understood by staff. Risks to people's health and wellbeing had been identified. These risks were being monitored and reviewed which helped to protect people's wellbeing.

Training was provided for all staff and staff said this supported them in their roles. They received appropriate induction, training, supervision and support.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

The registered manager had an effective quality assurance system in place which ensured that the agency provided care to people in their own homes in a safe and effective way.

The agency had not received any complaints as they dealt with any concerns immediately. The complaints procedure was given to people and people told us they could talk to staff if there was a problem.

The registered manager and a number of staff had been in post for a long time. They knew the service and the people they supported well.

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 told us that they felt safe leaving their relatives with staff from the agency. Staff were recruited safely and received training to help them to look after people.

Staff knew how to report issues of abuse and said issues raised would be dealt with appropriately. They had been trained in safeguarding procedures.

Good



Is the service effective?

The service was effective.

Staff received induction, training, supervision and support to help them carry out their roles effectively.

The registered manager and staff we spoke with understood the principles of the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards.

Good



Is the service caring?

The service was caring.

People who used the service told us they looked forward to staff from the agency coming to support them and being able to have a break from caring.

People described the service as being 'Brilliant' and 'Excellent' and described the service as, 'A lifesaving service'

People told us that they were treated with dignity and respect and that they were involved in making decisions about the care and the support their loved ones received.

Good



Is the service responsive?

The service was responsive.

The service was responsive to people's needs. Both the carer and the person being cared for were involved in discussions regarding their care and support needs.

People were clear about how to raise concerns should they have any.

Good



Is the service well-led?

The service was well led.

The agency had an experienced registered manager in place who promoted high standards of care and support. This was evident through discussions with staff and people who use the service.

The registered manager had systems in place which helped to review and develop the service. They sought out the views and opinions of people who received a service, other stakeholders and staff and acted upon any feedback.

Good



Harrogate and Craven 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.

We inspected the service on 3 March 2015. The visit was announced. We told the provider two days before our visit that we would be coming. At the time of our inspection there were 90 people who received a service from the agency.

Harrogate and Craven Crossroads provides domiciliary support in people's homes, so that carers can take a break from their caring role. The manager told us that staff from the agency usually carried out visits to people weekly and normally this would not be more than two sessions in one week.

The inspection team consisted of two inspectors from the Care Quality Commission and two experts by experience who supported the inspection by carrying out some telephone interviews to seek people's views and experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.' Both our experts by experience had experiences of a range of different care services which included domiciliary services.

Prior to our visit we looked at a range of different information which included information we hold about the service. We also looked at the 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 looked at notifications we had received for this service and reviewed all the intelligence CQC had received. We reviewed all of this information to help us make a judgement about this service.

During the inspection visit we reviewed six people's care records and four staff recruitment and training files. We reviewed records required for the management of the service such as audits, minutes from meetings, statement of purpose, satisfaction surveys and the complaints procedure. We spoke with the registered manager and also spoke with four members of staff. We telephoned twenty nine people who received a service from the agency. We had no replies from nine people and spoke directly with twenty people. Everyone with whom we spoke was a main carer for a relative or friend who was supported and cared for within their own home.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted the Local Authority to see if they had any concerns about the service, and none were raised.

Is the service safe?

Our findings

We found this service to be safe. Without exception, every carer with whom we spoke, told us when they left their relative or friend to have their respite care, they felt confident that they were leaving them in the hands of genuinely caring care workers. They told us people were kept safe. People said they felt safe using this service and did not have any concerns. People stated that “It helps when the staff are always the same ones so we get to know them.” One person said, “I have no worries at all now about going out and the break this gives me is greatly appreciated.” People also made comments such as “Staff arrive on time so I can plan what I would like to do, and they stay for the required time.” A key element of people feeling the service was safe was the regular comment that the ‘Staff engage with people and talk to them. They are respectful and pleasant.’

We looked at six people’s care plans and saw risk assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. Care plans we looked at had all been reviewed and detailed any changes that staff needed to know when supporting people at home. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. These were clear, updated and signed by the person making any changes. This meant people were protected against the risk of harm because the provider had suitable arrangements in place which staff were aware of.

Everyone we spoke with told us that they felt that staff from the agency were skilled to carry out their work. One person said, “I can’t speak too highly of Crossroads, they are streets ahead of the other company that visits.”

Records showed that staff recorded accidents and incidents that happened in a person’s home or when they were supporting a person to go out into the community.

The registered manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was undertaken where necessary and action plans developed to reduce the risk of a reoccurrence.

Safe recruitment practices were followed. We examined four staff recruitment files and saw that appropriate checks had been made to determine whether or not people were suitable to work at this service. People had been checked through the Disclosure and Barring service to check if they had a criminal record and had two references to check their suitability to work in a domiciliary care setting.

All staff working at Crossroads received training in safeguarding vulnerable adults and/or safeguarding vulnerable children from abuse. A safeguarding policy was available and staff were required to read it as part of their induction. We spoke with members of staff about their understanding of protecting vulnerable adults. Staff we spoke with were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff were able to give us good examples of when they had concerns and had alerted the manager. No safeguarding concerns have been raised since the last inspection in December 2013. We were informed by the registered manager that there were currently fourteen staff employed by the agency which covered the Harrogate and Craven area.

We were given a copy of the Crossroads handbook which is given to staff and people who use the service. This booklet contained information of key policies and procedures such as health and safety, first aid, fire safety, medication, personal care, safeguarding vulnerable adults, children and young people.

Staffing levels were determined by the needs of people using the service. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. However, on most occasions staffing was usually provided on a one to one basis so that the main carer could take a break from their caring role.

Before our visit the local authority contracts and compliance team confirmed there were no safeguarding or other concerns that they were aware of. The Care Quality

Is the service safe?

Commission (CQC) had not received any notifications in relation to serious incidents, whistle blowing or safeguarding alerts in the past year. Staff told us they knew how to make such notifications where necessary.

Is the service effective?

Our findings

People told us they received an effective service. A number of people told that the service met their needs with everyone wishing they could have more of the service. People using the service told us their needs were met by staff who had the right knowledge, skills, experience, and attitudes towards their family member, for whom they provide the service. One person told us, “The member of staff will phone me when I am out if she has any concerns about my husband and I find this reassuring.” This person also went on to say, “The member of staff will give my husband regular drinks or something to eat if he wants it.”

People we spoke with who use the service told us that a care plan was in place for their family member which had been agreed with them before any service commenced and that staff from the agency followed what was written and agreed in the care plan. Any changes to the care needs of their family member were arranged with the managers and the care plan was reviewed and updated to reflect any changes. This meant that people received consistent care from staff at the agency.

We looked at records of induction, training and supervision. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding vulnerable adults and/or children, first aid and infection control. In addition client specific training was provided for example in the use of a hoist, in caring for people with dementia care needs or in monitoring blood glucose levels. The majority of training was carried out in meetings which staff had to attend.

The registered manager said that all staff received the same training. They told us that they also carried out observations which focused on practice to ensure that staff understood the training and to check that they were carrying this out in practice.

The people we spoke with told us that the training staff received supported them in carrying out effective care. People who used the service made positive comments about staff and how they always respected a person’s privacy and dignity and were very caring people. Comments included, “Skilled workers who are excellent”, and “Carers are very caring and considerate” and “Usually

the same carer, always on time, know what they have to do and will make a cup of tea if needed. Always pleasant and polite, and treats my husband with dignity and respect.” One person told us, “If my husband is getting a little agitated the member of staff will take him for a little walk which he loves and which is very effective in calming him down.”

All staff received a minimum of four supervision sessions each year. This included one direct observation where they were assessed by another member of staff while carrying out their duties. This enabled management to review practice and to check that skills and knowledge remained up to date.

The Mental Capacity Act 2005 provides a framework for acting and making decisions on behalf of individuals who lack the capacity to do so for themselves. Deprivation of Liberty Safeguards (DoLS) are part of the MCA (Mental Capacity Act 2005) legislation. The legislation is designed to ensure that any decisions are made in people’s best interests. The registered manager and staff we spoke with understood the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards. As those being supported were the person caring for someone it is unlikely that this legislation would apply. However, the registered manager told us that MCA and DoLS training had been provided for all staff.

We saw from care records that people were involved in any decisions. This was a three way process as support was provided to the carer of the person being cared for. However in order to give the carer some respite and time to themselves the person they cared for was supported by staff. Both parties were involved in discussions about the help and support required.

We saw that information regarding people’s health needs was recorded. This was important as some people had epilepsy, asthma or were diabetic.

We saw that emergency contact details for people’s GP and other professionals involved in their care were recorded within their care records. Staff were able to support people in attending appointments if their carers were unable to do so, for example, by taking them to an appointment. However we were told that it would normally be the carer who attended the appointment.

Is the service caring?

Our findings

The service was caring. People who used the service were happy with the staff and told us they got on well with them. Everyone we spoke with spoke very positively about the service they received. People described the service as being 'Brilliant and 'Excellent.' One person described the service as, "A lifesaving service. They do everything they say they will do and I can't praise Crossroads enough." Another person said, "A very nice service, carers are amenable, pleasant and good conversationalists."

One person told us, "My sister and I are both nurses and I can say that the care these people give is good and exactly as in the care plan which is so supportive. They (the staff) are compassionate and treat mother with dignity and respect."

The registered manager from the agency told us that people (carers) and their relatives who received personal care and support from Harrogate and Craven Crossroads made decisions jointly wherever possible. For those people that were being cared for by the agency who did not have the capacity to make any decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interest'. People using the service told us they were involved in developing their relative's care and support plan and identifying what support they required from the service and how this was to be carried out. A person using the service told us, "The member of staff asks about the family history and then they can discuss issues with my wife which I think is great."

All of the people we spoke with told us that staff were consistently on time. They told us that every worker stayed

their full allotted time. Comments included "Staff are very caring and considerate", "Skilled workers who are excellent", and "Usually the same staff, always on time, know what they have to do and will make a cup of tea if needed. Always pleasant and polite, and treats my husband with dignity and respect". None of the people with whom we spoke with said they had experienced any missed calls.

Staff we spoke with gave us good examples of how they were respectful of people's privacy and how they maintained their 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, for example if they were at risk of falls.

We spoke with one member of staff regarding their role and how they cared for people and about establishing relationships. The member of staff described to us how they formed strong relationships with people over time and when people died how they were affected by this. The member of staff told us they felt it was important to attend the funeral of a person that they had cared for as a mark of respect and to show support for the main carers they had been supporting. The member of staff told us, "I try to attend the funeral whenever possible when a person I have supported has died, as I think that this is important."

We were given a copy of the information guide given to people who used the service. We saw that this guide contained information on how to access other national support organisations such as Carers Trust, Age UK and MIND which offered a support service.

Is the service responsive?

Our findings

The service was responsive. People made comments to us such as “I have nothing negative to say about the service, I am delighted. The carer is like an angel coming into my life, I was sinking but now everything is fine. They take my mother out to a day club for the blind where she has a chat and a coffee. She loves it.” This person added “The staff in the office are always pleasant when contacted and always get back to me quickly.” Another person said, “The carer will phone me if she knows she will not be able to attend in a week or so as she knows my mother will forget to tell me. I can then contact the office.”

Each person had their needs assessed before any service was provided to discuss the help and support required. This included information about the carer as well as the person being cared for. Everyone who received a service who we spoke with said the staff followed what was agreed and outlined in the care plan. One person said, “Crossroads work to a carefully constructed plan which can be changed on request to the office and managers visit regularly. I know where I stand, staff know where they stand, and managers know what is happening.” When we spoke with staff they confirmed this. One member of staff told us, “We work strictly to the care plans. Any changes to a person’s care needs and the care plan is reviewed and is always updated to show any changes to that person’s care.”

The registered manager told us within their provider information return (PIR) that “Prior to any Crossroads service commencing, a thorough exploration of a client’s specific care and health needs will have taken place. This involves the care coordinator visiting the family home. We speak to the cared for person and their regular unpaid ‘carer’ (our client) about their health and wellbeing needs. Together we all agree a care plan which will reflect the cared for person’s individual needs and preferences.”

Discussions with staff confirmed that rotas were individual to each client. We were told that the service tried to allocate set staff to people so that they got to know the person who was providing support. This meant that people got to know each other. One member of staff told us, “Crossroads is excellent they provide a really good service. We get to know both people who are cared for and their carers well and they get to know us.”

We were told that staff took some people out or they engaged them in activities in the home.

We saw that care records were individual to the person being supported. We saw that they were regularly reviewed and updated. They included clear risk assessments so that risks to individuals could be minimised. We saw that client review checklists were available so that people could provide feedback on the service they were receiving.

We asked people if their care plan was reviewed and if they received the support they required. Everyone we spoke with confirmed that had a care plan which we were told was reviewed regularly and staff were clear they had to follow the plan.

None of the people with whom we spoke told us they had made a complaint over the previous year, all said they knew how to make a complaint and would so do if they felt it necessary. All indicated they would make contact with the Manager to resolve any difficulties should they arise. Several people told us they had contacted the office on small issues for example a change of time or adjustment to the care plan, and the response from managers was very quick. Everyone we spoke with was confident about contacting the office if necessary. We saw from records that the agency had not received any complaints since 2001. However we saw this had been recorded, investigated and the outcome was recorded. The complaints policy was included within the welcome pack for people.

Is the service well-led?

Our findings

The service was well-led. When we visited there was a registered manager in post who had worked at the agency for over seventeen years. During our visit when we spoke with the registered manager we found them to be very knowledgeable about all the people receiving a service from the agency. People we spoke confirmed that they knew who the manager was if they needed to contact the agency. One person said, “Managers are in regular contact.”

Several people we spoke with stated they had contacted the office for small issues for example a change of time or adjustment to the care plan, and the response from managers was very quick. People we spoke with were confident about contacting the office if necessary.

People made positive comments about the agency and about the staff and support people received. One person said, “Crossroads should be praised for the carers they have.” Another person said, “The carers establish good relationships with people, engage with them for example playing games, talking and taking people out.” And another said, “Crossroads agree a care plan at the beginning and follow it in detail.”

People told us that they felt that the service operated in a way that enabled open, transparent and effective communication, and staff from the agency seemed to know what was expected of them. People told us that members of staff from the agency were all motivated, caring and very supportive.

People we spoke with told us they had filled in questionnaires and survey forms about the service. We saw the results from the 2013 survey and saw that comments from people were positive. The overall result from people being asked to rate the service was 85% stating it was an excellent service and 15% as good. There were no “satisfactory” or “poor” ratings from people. The manager informed us that the new surveys had just been sent out in February 2015 and the results from these had not yet been completed. People made comments about the service which included ‘Invaluable, A Godsend, Fantastic, Caring and Friendly’ and these were just some of the comments we saw.

Everyone we spoke with felt that if they contacted the office their concerns would be addressed. We saw from records we looked at that the agency had not received any complaints since 2001.

We looked at some of the comments that agency had received from people about the service they had received such as, ‘What you all do for us is great. Many thanks for being my life savers’ and ‘I have loved the chance to spend a few hours alone – also the friendship and chances to talk to someone on the harder days’ were just a few of the positive comments we saw that had been sent from people receiving a service from Harrogate and Craven Crossroads.

Staff we spoke with told us they received good training and support from the agency. Staff received regular support and advice from their managers via phone calls and face to face meetings. Staff told us they received supervision from their line manager and that they met regularly as a team. Staff told us the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. One member of staff we spoke with said, “The training is excellent. The management are very good they take no nonsense and the support we get is very good. We offer a good service. It is of such value to the clients. We just wish we could do more.” Another member of staff said, “This is the best company I have worked for. We all get excellent support from the manager who is on the ball. Crossroads is excellent they provide a really good service.” The discussions with staff about training, appraisals and supervision demonstrated that senior staff had the time to provide support for members of staff. The care plans demonstrated that staff had time to assess people’s needs, regularly review those needs and spend time with people discussing their plan of care.

We found effective management systems were in place to ensure the service was well led.

There was a motivated staff team who were respectful towards one another and the people they supported. We found the ethos of the agency was positive and there was an open and transparent culture. Staff we spoke with were clear about any concerns they may have and about who they could talk to. They told us that if they had any concerns they could talk with the manager.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy

Is the service well-led?

with the service they received. The manager undertook spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. Staff we spoke with confirmed that spot checks were carried out by their line managers.

We saw from records we looked at that staff meetings were held monthly, which gave opportunities for staff to contribute to the running of the agency. We saw the minutes from the meeting agenda for February 2015. We saw that any updates to guidance were given at these meetings for example at the last meeting health and safety was discussed with staff. Monthly staff meetings also included a training topic staff to discuss. For example, at

the last meeting staff had training in fire safety. This meant that staff were kept informed and up to date with any changes to their practice and staff had opportunities to discuss any issues they encountered.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months.

We saw from records we looked at that the organisation had carried out an internal quality audit of the agency in October 2013. This audit found that the service continued to provide a good service. The organisation's internal audit had identified areas of improvement for the agency to make if they wished to achieve the top scale of their internal audit of level 3. We spoke with the registered manager who told us that the agency had consistently maintained level 2.