

East Midlands Crossroads-Caring For Carers Crossroads Care South Central

Inspection report

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Date of inspection visit:
17 July 2019

Date of publication:
30 July 2019

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

About the service

Crossroads Care South Central is a charity providing home and emergency respite care services for carers in West Sussex. This included carers of adults with various conditions including older people living with dementia, people living with autism and people with a physical disability or condition such as MS.

At the time of our inspection 65 people were receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

All care support workers we spoke with told us they had time to spend with people and were able to build relationships with people and their carers. The service valued consistency and continuity by making sure care support workers were well matched with carers and the people they cared for.

People were consistently visited by the same care support worker and the minimum time for a visit was two hours a week, the amount of time spent depended on the needs of each person and their carer. People told us they knew who would visit them and when. A carer told us, "I know my son is safe because we have had the same carer (Care Support Worker) for 14 years, she is like a member of the family now, to me as well as my son."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Quality assurance arrangements were in place to seek feedback from staff, carers and the people they cared for about the service to make continuous improvements and respond to concerns.

Care support workers enabled people to maintain their independence as much as possible.

Staff were skilled and knowledgeable. They had received training that equipped them to fulfil their role and had opportunities to do further training to meet specific needs of people using the service. A relative told us, "The knowledge of the care support worker is outstanding, she can cope with any situation."

People were provided with care and support that was centred on their needs, wishes and preferences. Personal support plans described people's needs, interests, hobbies and preferences. Care support workers knew people's personal history, interests and the relationships that were important to them. People and their relatives were involved in planning their care and making decisions.

Risks to people's health and safety were assessed and managed. The majority of people managed their own health needs and medicine, either on their own or with the support of relatives. Despite this, where care

support workers spotted changes in people's health or needs they were responsive in taking appropriate actions.

Care support workers told us they enjoyed their roles and found the work rewarding. A care support worker told us, "I love my job, love my clients and love helping the people. It's very rewarding." Safe recruitment practices ensured that suitable staff were safe to work in a social care setting.

People's rights were protected, and staff respected people's choices and diverse needs.

Staff supported people to have ready access to food and drink and supported people with food preparation where this was part of their personal support plan.

This service met the characteristics of Good. More information is in the 'Detailed Findings' below.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered by CQC on 9 July 2018 after the registered provider of the service changed following a merger. Newly registered services are assessed to check they are likely to be safe, effective, caring, responsive and well-led.

This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up

We will review the service in line with our methodology for 'Good' services. We will continue to monitor information we receive about the service until we return to visit. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Crossroads Care South Central

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

There was one inspector who visited the office and an Expert by Experience who spoke to people using the service or their relative by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The service is a home care agency, it provides personal care to people in their homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

A comprehensive inspection took place on 17 July 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be in the office and to arrange for telephone calls to people and relatives.

What we did before the inspection

We reviewed information we had received about the service since their registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection we looked at:

- □ Personal support plans and risk assessments for three people
- □ Medication records and risk assessments for two people
- □ Records of complaints and audits
- □ Records of feedback collected from carers and the adults they care for
- □ Other documents relating to the management of the service.

During the inspection we spoke to:

- □ The registered manager
- □ Two care support workers
- □ 11 carers, who are relatives of the adults receiving the service, by telephone

After the inspection:

- □ We sought feedback from the local authority and health and social care professionals who work with the service. We received feedback from a health professional, they gave us permission to quote them in this report
- □ We continued to seek clarification from the provider to validate evidence found. We looked at survey results after the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were effective in safeguarding people from the risk of abuse.
- Staff had a good knowledge of safeguarding processes. Staff were trained annually in safeguarding adults and children. Staff knew what to do if they had concerns and how to report it.
- Staff knew how to keep people safe. Staff were supported by an on-call system for weekends and nights. A care support worker said, "When I leave, I check the door is shut and that they're safe and secure."
- An emergency respite service was available when people needed additional support. Extra staff were in place throughout the week to give emergency respite or to give additional support. A relative told us, "In 2018 I had an emergency. They were all brilliant, the Company covered the house and care for two days and found him respite until I returned from hospital, I could not ask for anything more."
- The registered manager understood how to notify the local authority and the CQC about any safeguarding concerns. The registered manager had undertaken additional safeguarding training with the local authority.

Assessing risk, safety monitoring and management

- Risks for the people receiving personal care were assessed and managed to support people to be safe. Personal support plans had guidance for support staff to mitigate these risks. Risk assessments contained information relating to people's mobility and personal care needs.
- A care support worker told us, "You get to know people and how to keep them safe, for example if we're going out I'll check they've got their stick or if they need to be hoisted I check the hoist has been serviced, that their sling has been serviced and doesn't have any frayed edges."
- A relative said, "My husband is kept safe because the care support worker checks everything carefully. He has a special adjustable chair, walking aids and Zimmer frame. He can walk but sometimes his MS makes him immobile." Another relative told us, "I know my son is safe because the Carer has been with him for nine years, with few gaps. I trust her implicitly."
- Before a person started using the service, assessments involved visiting the person's home to complete a risk assessment of the environment. Environmental risk assessments identified risks to the care support worker and considered risks of slip, trips or falls inside and outside the home for the person and care support worker.

Staffing and recruitment

- Rotas were planned, and care staff were aware of their calls due to having a permanent schedule. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service

and their needs.

- The minimum support time people had was two hours for each visit. Staff told us that they always had enough time to support people and never felt rushed when providing care and support. All staff we spoke with told us they were able to build relationships and good rapport with people and their carers which increased an understanding of the person's needs. A carer told us, "I know my son is safe because we have had the same Carer (Care Support Worker) for 14 years, she is like a member of the family now, to me as well as my son."
- A relative told us, "We have one replacement carer who is just as caring as our original one. I am always warned in advance if a replacement is necessary. Not only is he (Person) safe but I feel safe as well." Another relative said, "He is safe because I always know who is coming to care for him."
- A care support worker told us, "It's good to build rapport with clients, we get to do that because we spend time with the people for at least two hours if not more, we have that time to really get to know people."

Using medicines safely

- People were supported to receive their medicines safely. The majority of people self-administered or had support by their relative that cared for them at home to take their medicines. Staff were able to describe how they completed the Medication Administration Records (MAR) in people's homes and the process they would undertake if it was required.
- Risk assessments were completed for giving people support for medicines and for people to take or manage their own medicines to check this was safe.
- Staff told us, and records showed, that staff were trained in safe administration of medicines and received refresher training annually. The registered manager did unannounced spot checks to check the competency of each staff member.

Preventing and controlling infection

- Care support workers were trained in infection control and used aprons and gloves.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. Records showed that help from health professionals had been sought immediately where needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives told us care support workers were well trained, knowledgeable and experienced to meet people's needs. Staff received training that equipped them to fulfil their role and had access to additional training specific to the needs of people using the service or to continue their professional development. A care support worker said, "We just did our medication and CPR refresher training today. We get our annual mandatory training refreshers and any other training that's needed is available, the office staff here are definitely very hot on our training being up to date."
- A relative told us, "The care support workers are well trained, they are very efficient and understanding." Another relative said, "The knowledge of the support worker is outstanding, she can cope with any situation. I think she is invaluable, she discusses any changes to routine with me and is never fazed by any new occurrences."
- Staff were supported by frequent supervision and annual appraisals. Staff told us they felt supported and that concerns raised were accommodated by office staff. A care support worker told us, "When I first started I'd call to talk things through with office staff if I was unsure about anything, I can still do that if I need to. I do feel supported, I used to have regular supervision, the staff member doing my supervision is changing with the changes going on in the company but those changes are settling now."

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

The Mental Capacity Act 2005 (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. We checked whether the service was working within the principles of the MCA.

- People's needs were assessed before they used the service. Personal support plans were reviewed with the person and their relative annually. People and relatives told us they were involved in writing the personal support plan and were involved in making decisions. A relative told us "I can examine their record of care when I visit. Her support plan was reviewed by [Care support worker] not long ago."
- Staff were trained in MCA and staff demonstrated a good understanding of MCA. A care support worker told us, "I always support people to make choices. I never impose my views on people and support people to make a choice however they communicate that choice, choice is so important, giving them choice and control is important to uphold their self-esteem. I'm a guest in their home so it's their choice, their dignity."

I'm led by them and I'll only guide them when needed."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Health and social care appointments were co-ordinated by people or their carers. However, where care support workers spotted a change in people's needs they reported this to the person's relative, to the main office and were responsive in taking appropriate actions. Prevention enablement workers were available to liaise with occupational therapist, social workers and GPs.

Supporting people to eat and drink enough to maintain a balanced diet

- Not all people required support with food preparation. People that did have support as part of their personal support plan told us that care support workers made them a meal and ensured people had access to food and drink of their choice. Staff knew people's dietary requirements and allergies.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relative were supported by care support workers that were kind and caring.
- A relative told us, "I know they [staff] are kind and considerate by watching their patience with my wife. They are compassionate and hold her hand to reassure her." Another relative said, "Their personal care is perfect, my wife cannot do much for herself, but by having the same carer who is never late or impatient has made a difference, the care support worker understands her dementia, she comes 9am-5pm and volunteers to stay later if difficulties arise."
- Health and social care professionals we spoke to gave positive feedback. A health professional told us, "I've had positive feedback back from service users about the carer workers who have visited them."
- Care support workers we spoke to us told us they enjoyed getting to know people and understanding their needs, hobbies and interests. A care support worker told us, "It's great to see the pleasure from the customer having a break, that's very rewarding."
- We saw compliments on evaluation forms and surveys that said, "We really enjoyed everything, especially the swimming. The staff are great fun and have made my day." and "Excellent, can't praise staff enough" and "Very kind and helpful, nothing too much trouble."
- People's rights were protected, and staff treated people equally and with respect. The provider's statement of purpose says, "We will respect the privacy and personal choices, lifestyles, customs, cultures and values of each person" which was reflected in the care.
- Care support workers received training in equality and diversity and received training in Lesbian, Gay, Bisexual and Transgender awareness from the charity, Allsorts. The provider introduced a new pre-admission assessment form that asked people their religious beliefs, gender and sexuality.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in making decisions about their care and developing the personal support plans. A relative told us, "If I am at home we discuss everything relating to care." Another relative said, "They seek my agreement for any changes." And a person told us, "They always ask for permission to perform necessary tasks and are never rude or impolite"

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and dignity. A relative told us, "My wife is treated with dignity and respect and so am I."
- People's privacy was upheld, and care support workers supported people to maintain their independence.

Support plans described how to support the person maintain their independence for example, 'I am able to dress independently, but may need your help to put socks and shoes on'.

- A care support worker said, "I talk to the person all the time about what I'm doing, encourage them to do what they can and reassure them that I'm there to help if they need. For one person with Parkinson's, I support him to the shower, he has a shower and I stand outside, so that if they need help I'm there." The same care support worker told us, "I encourage people to do what they can, allow people to be themselves, I never take over and follow their lead. For one person we go out for coffee, they choose what they want and pay at the counter, I'm there if she needs support."

- A relative told us, "She [care support worker] keeps him independent by putting the toothpaste on his electric toothbrush and watches him clean his teeth. No one could be safer." Another relative said, "My son is not capable of much independence, but they encourage him to wash his own face" and another relative told us, "It was a weight off our minds just to know that Mum had remembered to take her pain killers and had prepared a meal for herself. More than anything the mental stimulation does her the world of good."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care in a personalised way. Care plans were comprehensive and reflected people's needs, preferences, hobbies and interests.
- A care support worker told us how they get to know the people they are supporting, a care support worker told us, "I get sent the support plan to my work phone which I read before I meet the person and their carer, when I get a new client we have an introduction visit for an hour. The office staff get feedback from me and them after that. I like to spend time, listen to what they need and what interests them."
- A care support worker told us, "I learn about each individual and enjoy supporting clients and relating to people. I find out about their likes and dislikes and what they'd like to do. One person likes to see the sea and boats, so we do that and get a coffee. Another person used to be a nurse and I used to be a nurse, so we talk about that."
- Relatives told us that care support worker spent time with people how they wished and enabled them to follow their interests. A relative said, "She comes and gets him up and dressed-she takes him to the gym." Another relative told us, "They sit and chat-play board games or last week they watched the Tennis."
- The provider arranged outings for carers and the people they cared for. We saw a compliment email from the carers who said, "Here is a quick photo of the outing we had for 19 plus me, including volunteers and Carers and loved ones. [Care support worker] was really caring and helpful and I am sure this will be a great partnership."
- The provider applied technology to enable care support workers to do their jobs and to keep people safe. For example, each care support worker was given a password protected work mobile phone. Care support workers could see updated rotas, personal support plans were available to relevant staff and scanning software to upload updated documents.
- This use of technology helped to keep people's information private as documents never needed to leave a person's home. This helped to make sure office staff had up to date information and documents kept in a person's home reflected records kept in the office. If a care support workers phone was lost or stolen the provider had an emergency protocol where they could delete everything on a phone.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and accommodated. Care support workers had skills that

were matched to people such as Makaton or referred to translation or advocate services through Carers Support West Sussex. People were supported to have documentation and personal support plans in accordance with their needs such as different languages, large font or in braille.

Improving care quality in response to complaints or concerns

- No one we spoke to had made any complaints, people and relatives told us they would ring the office if they had a complaint. One relative told us about a paperwork error which was dealt with promptly in an open and transparent way.

End of life care and support

- At the time of the inspection, no people were in receipt of end of life care. Despite this care support workers received end of life training and care support workers had supported people in the past in partnership with services such as domiciliary care agency, district nurses and the charity, Macmillan Cancer Support.
- Where people had a do not attempt cardiopulmonary resuscitation (DNACPR), this was clearly recorded in personal support plans.
- A compliment card read, "Thanks for the kindness and support given to my wife during her final months."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture that was person-centered and care support workers and office staff took pride in the service they provided. The provider's statement of purpose said the aim of the service was to "We believe that carers should have access to high quality services that enable them to fully benefit from a break from their caring responsibilities."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us that they understand duty of candour, they told us, "I'm open if mistakes happen, it's important to be open, honest, to apologise." A relative told us, "If my mum is upset by anything they text me straight away and I find that reassuring."
- Notifications that the registered manager was required to send to CQC by law had been completed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A health professional told us, "The manager is approachable and passionate about the service."
- People and relatives told us they could speak to office staff with any queries. A relative said, "I ring the office and they put me through to an appropriate person to answer my query." Another relative told us, "They deal with everything efficiently."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from staff and people that used the service.
- Staff attended four meetings per year which ran alongside policy updates. Staff gave feedback during supervisions, through an annual survey, suggestion box and after training.
- Staff were supported with their continual, professional development by the provider. The service was committed to ensuring equality of opportunity and fairness to its staff and valued the diversity of staff. The registered manager told us they were proactive in meeting the needs of staff with protected characteristics. Staff were well supported by the provider and received a range of benefits from the provider.
- The service was staffed by a well-established staff group. Care support workers told us they enjoyed their roles and found the work rewarding. A care support worker told us, "I love my job, love my clients and love

helping the people. It's very rewarding."

Continuous learning and improving care

- A range of audits continued to measure and monitor the service overall. The registered manager carried out an internal audit and gap analysis monthly. Where issues were identified these were listed with actions, timeframes and the key person responsible so that actions were monitored and completed.
- The provider also benefitted from a local authority quarterly contract monitoring audit and the provider used an external audit company.

Working in partnership with others

- Records showed that staff work in partnership with other professionals such as Carers Support West Sussex, Carers Health team and Dementia Alliance.