

The Sandwell Crossroads Care Attendant Scheme Limited

Crossroads Caring for Carers

Inspection report

494 Wolverhampton Road
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West Midlands
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Website: www.sandwellcrossroads.org

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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

About the service: Crossroads Caring for Carers is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger and older adults. At the time of the inspection, they were providing a regulated activity of personal care and support to 102 people.

People's experience of using this service: People were happy with the care provided and spoke positively about their experiences with staff. Staff were described as "nice, friendly and competent."

People were kept safe from avoidable harm and abuse and there were enough staff to safely meet people's care and support needs. People's needs were assessed and risks to people's safety were identified but risks associated with people's healthcare needs were not always recorded. We made a recommendation about the management of some risks.

Staff told us they felt well supported by the management team and received regular supervision and appraisals. Staff received appropriate training and were supported to undertake specialist training to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were trained in mental capacity legislation and understood their responsibilities. They gained consent before providing care and supported people to make their own decisions and choices.

Staff were respectful and built trusting relationships with people. They supported people to maintain their dignity and independence. Equality and diversity were respected and people were recognised as individuals. People were supported to access services and activities in the local community.

People were supported to access healthcare services in a timely manner. Staff were compassionate when providing end of life care and supported people to have pain-free, dignified deaths.

The registered manager had an open and honest approach and supported staff professionally and personally. They were keen to develop the service and worked with other organisations to develop services that benefitted the local community. The management team listened to people's feedback and responded to issues and concerns to continually improve the service. Governance processes were not always recorded and did not always identify or address shortfalls.

Rating at last inspection: Good (The last report was published 28 July 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or

sooner if we receive information of concern.

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

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 Caring for Carers

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector.

Service and service type: Crossroads Caring for Carers is a domiciliary care agency. It provides personal care to people living in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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: We gave the service two working days' notice of the inspection site visit, so the registered manager could arrange for staff to speak with us on the day of the inspection.

We visited the office location on 5 March 2019 to see the manager and office staff; and to review care records and policies and procedures. We contacted people who used the service and their relatives on 3 and 9 April 2019.

What we did: Before the inspection, we looked at information sent to us since the last inspection such as notifications about accidents, safeguarding alerts and the Provider Information Return (PIR). The PIR 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 contacted the local authority contracts and commissioning teams and

adult safeguarding teams. We also contacted Healthwatch, the consumer champion for health and social care, to ask if they had any information to share.

During the inspection, we spoke with four people who used the service and three relatives. We spoke with the registered manager, care manager, one senior carer and three care support workers. We received feedback from two health and social care professionals.

We looked at a range of documentation such as care files and medication records for 12 people. We looked at other records for the management of the service such as recruitment, induction, supervision and staff training. We also looked at surveys, audits, compliments and complaints and technology being used in the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- People told us they felt safe with the staff. People said, "Staff keep me safe and have a key safe to access my home."
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns. The provider had appropriate policies and procedures in place, which staff used to report concerns internally and to the appropriate authorities.
- Staff were aware of the provider's whistle blowing policy and told us they were confident issues would be addressed.
- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Staff safety was maintained through risk assessments and monitoring of care calls through an electronic system.
- Staff used gloves and aprons to help protect people from the spread of infection.
- Care plans contained risk assessments which identified risks to people's safety. However, risk assessments relating to people's healthcare needs were not always in place. We raised the issue with the management team to review people's care plans.

We recommend the service seeks advice and guidance from a reputable source, about the management of risks.

Staffing and recruitment.

- People told us they were supported by a consistent group of staff and were sent a weekly rota, so they knew who would be supporting them. Where possible people were informed of any changes to staff support; electronic systems were in place to ensure staff were kept updated.
- People's choices, as to who delivered their care and when, were respected. People could request changes to their staff team and this was done.
- The provider's recruitment processes helped ensure only suitable staff were employed.

Using medicines safely.

- People told us they received their medicines as prescribed; electronic medication records evidenced this. People told us, "Staff are good at managing my medicines."
- People were encouraged to manage their own medicines where they had those skills. One person said, "I don't take much medication and manage this myself. Staff help me with creams for my skin." Care plans documented the support people required with their medicines and evidenced that appropriate safety measures were in place for the storage of medicines in people's homes.

- Some people were prescribed 'when required' medicines; protocols in place did not always support staff to consistently identify when they should be administered. We raised this with the management team who reviewed and updated the 'when required' protocols.
- Staff were trained in the safe management of medicines and had good knowledge of current guidance when supporting people to take their medicines.
- Medication records were monitored, though records of this were not kept. We raised this with the management team who amended the medication audit process.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- People told us they were confident in staffs' skills and knowledge when providing care.
- New staff completed a comprehensive induction programme which included shadowing experienced members of staff and completing a wide range of mandatory training.
- Staff were very positive about the range of training and support provided. Staff said, "[Trainer's names] are the best-ever. They're knowledgeable and keep us up to date. We can discuss anything with them and they will come out and show us how to use new equipment."
- There was a proactive culture of staff seeking support when it was needed; staff received regular supervision and support from senior staff and the management team.
- The management team completed appraisals and monitored staff training; ensuring staff continued to follow best practice.

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

- Staff were knowledgeable about meeting people's nutritional and hydration needs. Staff referred people to relevant healthcare professionals and meals and drinks were provided in line with their recommendations.
- Care plans recorded people's meal preferences, allergies and the support they required, which ensured staff had relevant information to support people with their dietary needs.

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 professionals were positive about the support staff provided. One professional commented, "The staff team engage with us very well. We have a good working relationship."
- Staff were confident in recognising changes to people's health and wellbeing and knew how and where to seek professional advice and refer people to appropriate healthcare professionals.
- Staff worked closely with health and social care professionals and followed advice and guidance. People said, "Staff are very careful with managing my skin to make sure it doesn't get sore."
- Changes to people's needs were communicated quickly to staff by electronic systems so they could provide appropriate care and support for people's changing needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed, and their preferences were considered when arranging their care. The assessments were used to develop care plans to support staff to provide appropriate care.

Ensuring consent to care and treatment in line with law and guidance.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In the community, applications to deprive someone of their liberty are made by the local authority to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff sought consent from people. Care plans evidenced people had been included in their development and their consent was documented.
- People were encouraged to make their own decisions by staff who were trained and worked in line with the MCA. Staff worked with families to make decisions in people's best interests. Staff recognised restrictions on people's liberty and appropriate action had been taken.

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.

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 were positive about the relationships they had with staff. People said, "I feel like I know them now and they're all lovely and caring."
- Staff had a caring approach and were passionate about supporting people. A member of staff said, "I enjoy my job; there isn't a day I don't ever want to go to work."
- People told us they were supported at their own pace and did not feel rushed by staff.
- Staff were trained in equality and diversity and respected people and their culture whilst meeting their needs. A staff member told us, "We respect people's religion and make sure we support them in line with their values, such as with routines when washing. We are trained so we know how to support people in the right way."
- People were supported to socialise and access their local community. People told us they enjoyed talking with staff, going shopping with them and getting their nails done.

Respecting and promoting people's privacy, dignity and independence.

- People's identity and self-worth was promoted. Staff said, "People like to wear makeup; I will put that on for people and style their hair as they like it. People shouldn't stop being themselves because they need help."
- People's privacy and dignity was maintained. People told us staff maintained their privacy and dignity and staff were knowledgeable about how to do so.
- Staff promoted people's independence by providing encouragement and appropriate support where it was needed. Daily records evidenced this.

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

- People were supported to make decisions about their care. Staff supported people with their routines and offered them choices. Staff worked with people and their families to ascertain how they liked to be cared for and this information was recorded in their care plans.
- Relatives were included in people's care and could monitor the care provided. Staff completed electronic daily notes which could be accessed by people's relatives using a secure password. Care plans evidenced people's consent to share information.
- The service worked positively to communicate with people in ways they understood. This included matching staff members to people who spoke the same language. Staff worked closely with families to overcome language barriers and ensure the person was included in their care.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were respected as individuals and treated equally. Staff said, "Support is tailored to individuals; everyone has their own ways and different routines to suit their needs." Care plans contained appropriate details about people's routines; enabling staff to provide person-centred care.
- Care plans were reviewed regularly and updated with people to ensure staff had access to current information. People said, "I had a review not long ago and I have another one soon. I'm quite happy with everything."
- People's communication needs were assessed, and information was provided to people in a way they understood in line with the Accessible Information Standards (AIS).

End of life care and support.

- People were supported to have pain-free dignified deaths in their own homes. Staff worked closely with palliative care services; ensuring support was provided quickly and met people's needs.
- Staff provided compassionate care to people at the end of their lives. Staff said, "We give people the best possible care that we can. We make sure people are clean, comfortable and not in any pain. We liaise with the district nurses and the palliative care team at the right time."
- Health and social care professionals were positive about the service and their working relationship. One professional said, "The service is an extremely valuable and trusted part of the hub."
- Care plans did not always reflect people's wishes for their end of life care. We raised this with the management team who addressed this during the inspection.

Improving care quality in response to complaints or concerns.

- Complaints were responded to in line with the providers policy and procedure. Staff resolved issues where possible or passed on concerns to the management team.
- People knew how to raise a complaint and told us, "I've raised one issue and they sorted it out for me. If I was unhappy I'd look for another company, though I've been with them several years now."
- Staff had received a compliment and thank you cards for their hard work and caring approach.

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.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager was keen to provide a high-quality, person-centred service. They told us, "I want to get the best out of our staff. We provide continuity of care and don't send in different faces. It allows relationships to grow and to manage any changes in people's needs."
- Staff were supported by the management team and were confident problems would be resolved quickly. Staff said, "Office staff are always available to help. [Registered Manager's name] has an open door, they've supported me personally and professionally."
- There was an open and transparent culture. The provider promoted accountability in the service and held senior managers meetings. Events within the service were discussed with everyone and events from the provider's other services were used for learning.
- Staff aimed to help people stay healthier for longer. We saw that relatives felt they could care for longer and had a break from their caring role because of the support they received from Crossroads Caring for Carers.
- The registered manager understood the duty of candour and had processes in place to respond appropriately.

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

- Management staff were invested in to develop their skills. The management team completed a wide range of training to ensure they had the skills required to manage the service. They kept this up-to-date.
- Systems were in place to monitor and maintain the quality of the service, however they had not always identified or addressed problems and these were not always recorded. Audits included reviewing medicines and care plans, but medicines audits were not being recorded and care plan audits had not identified the lack of risk assessments. We raised this with the management team who amended their audit processes.
- The management team were knowledgeable about events within the service and worked to resolve issues quickly.
- The registered manager understood their responsibility to notify us of certain events and were reviewing their processes to ensure notifications continued to be submitted in line with the regulatory requirements.

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

- People were included in developing the service and completed questionnaires about their experiences. We saw that people had positive experiences contacting the office, being treated with dignity and were happy

with the information recorded in their care plans.

- Staff were encouraged to suggest how the service could improve and were part of the problem-solving team. The registered manager said, "I believe in giving staff ownership of the problem and helping them to develop solutions that work."

Working in partnership with others; Continuous learning and improving care.

- The registered manager had established effective working relationships with other organisations and professionals to ensure people received a good service. The registered manager told us, "People are getting joined up care. We work with a range of highly qualified consultants, clinical and hospice specialists. We're part of the urgent response team that works together day and night."
- Changes to the service were being developed to increase the range of services provided and meet the needs of the local community. This included joint working with other organisations to provide therapeutic gardens.
- The management team participated in health and social care forums.