

## Harrogate And Craven Crossroads Caring For Carers

# Harrogate and Craven 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

Harrogate and Craven Crossroads is a service registered to provide personal care to adults and children living in their own homes to enable carers to have a break from their caring role. People's needs ranged from those living with dementia, learning disabilities and/or autism spectrum disorder and people with complex health issues.

We inspected this service on 23 May 2017. The provider was given 48 hours' notice of our inspection because we needed to be sure that someone would be in the location's office when we visited. At the time of our inspection there were 58 people using the service. At the last inspection, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

People who used the service felt safe with the care that staff provided. People were protected from the risk of abuse by staff trained to identify and respond to safeguarding concerns. The provider had robust procedures to ensure effective recruitment of staff. There were sufficient staff employed to meet people's needs.

People were supported to communicate their needs, make choices and this meant they had maximum control of their lives. Where people were unable to make their own decisions, the provider needed to ensure they recorded decisions made in people's best interests in line with the Mental Capacity Act 2005.

Care plans and risk assessments were used to provide guidance to staff on how to safely meet people's needs. Care plans were person centred. They contained details of how people preferred their support to be delivered.

People told us they had regular staff that supported them. This enabled people to develop positive caring relationships with the staff that visited them. This also enabled staff to get to know people and how best to meet their needs. This had led to staff supporting people's interests, hobbies and social networks in innovative ways. People told us this had increased their feeling of wellbeing and prevented social isolation for some people.

Systems were in place to support staff to safely administer medicines. We made a recommendation that the provider implement all good practice guidance regarding medicines management.

Staff received training, on-going supervisions and appraisals to enable them to perform their role. The provider checked staff performance through observing their practice in people's homes.

People provided very positive feedback about the kind, caring and motivated staff that supported them. Staff supported people to maintain their privacy, independence and dignity.

There was a system in place to gather and respond to feedback about the service provided which included

an annual survey and complaints procedure. People and their carers were positive about the service they received and they told us it was well led.

The manager had systems in place to monitor the quality and safety of the service. Although they communicated with the provider regularly, the provider did not check that the work the manager completed ensured a safe and quality service. We made a recommendation that the provider review arrangements to ensure a robust quality assurance system was in place.

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

# 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 registered provider was 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.

This inspection took place on 23 May 2017. The inspection was announced. This meant the provider and staff knew we would be visiting because we needed to be sure that someone would be in the location's office when we visited. The inspection was carried out by two adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people who used the service and their relatives to find out their views on the care and service they received.

Before our inspection, we looked at information we held about the service. We contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information to share about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

As part of this inspection we spoke with three people who used the service and 13 people's relatives. People's relatives are referred to as carers throughout this report. This is because the aim of the service is to provide carers with a break from their caring role.

We spoke with the registered manager, care coordinator and four members of staff. We looked at seven people's care records, three staff recruitment and training records, meeting minutes, medication administration records, audits and a selection of records relating to the running of the service.

# Is the service safe?

## Our findings

Without exception people told us they felt safe. People and their carers told us this was because of the staff approach and the confidence they had in the staff's abilities. For example, one person told us, "They [staff] lock the door, put the key through the letter box when they leave." Carers said, "My relative needs a bit of assistance, they can be a bit wobbly, they [staff] hold their hand, which they like" and "It's confidence. I am quite happy to leave my relative in good hands. No worries while I am having a break" and "My relative feels very confident with staff and I know that they are safe".

Staff understood how to recognise signs of abuse and they had received training in children's and adult safeguarding. No safeguarding concerns had been raised since our last inspection. A safeguarding policy was in place and the manager was aware of their responsibilities should they need to report concerns.

People's needs were assessed before they started using the service. Care plans included risk assessments which described how to keep people safe from avoidable harm and they had been reviewed regularly. Areas of people's needs such as mobility, their environment and risk to their health had been assessed.

Systems were in place to ensure accidents and incidents were recorded and reported to the manager. They ensured changes to people's support were recorded to prevent further occurrences.

Safe recruitment practices were followed to ensure suitable staff were employed. We reviewed recruitment records relating to three members of staff. These included an application form, record of an interview, references and the checks made with the disclosure and barring service (DBS). DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable adults and children.

Sufficient staff were employed to meet people's needs. People and their carers told us the service was reliable and flexible. Each person had an allocated member of staff who provided their support. People and their carers told us this provided them with consistency. They had the option of different staff when their regular staff member was on leave or they could re-arrange their visit to suit their request. Carer's said, "They [staff] are always on time, and they leave on time. I was asked what would be convenient for me, and it suits me, the times in the afternoon" And "Staff are always very punctual, always on time. I can definitely rely on them."

The provider followed a medicine policy and staff completed training on medicine management. The manager or care coordinator spot checked staff to monitor their medicines management skills and assess competency. The manager told us this was an area they were developing further to better monitor staff performance.

People who used the service told us they were satisfied with the support provided to take their prescribed medicines. We saw that care plans and risk assessments were in place and staff recorded when they had administered medicines. Systems did not include all good practice such as protocols for 'as and when required' medicines or assessment of people's individual medicines needs. We discussed new good practice

guidance available for providers to ensure they had robust systems in place. We made a recommendation that the provider update their policies using the good practice guidance.

# Is the service effective?

## Our findings

People and their carers told us they felt staff were well trained and had the skills and knowledge to provide good support. A carer told us, "I think they [staff] are well trained. They seem to know what they are doing. I would leave them with my relative anytime. I am confident."

The provider ensured staff were trained in all areas identified by them as mandatory. This included first aid, moving and handling and safeguarding. Additional training had been sourced where staff required specialist skills to support people. For example, healthcare professionals had trained staff to understand and use specialist equipment so people could receive nutrition and hydration through a percutaneous endoscopic gastrostomy (PEG). This is where a person received hydration and nutrition via a tube directly into the stomach.

We saw the manager had an effective system to understand when staff required refresher training. They had also sought additional training from partner agencies to increase staff knowledge. For example, they had arranged a bespoke training package for staff around mental capacity following this inspection.

The manager was working to introduce the care certificate and had developed specific documents around each area of training to make them relevant to the service they provided. The care certificate sets out learning outcomes, competences and standards of care that are expected.

Staff told us they felt supported by the manager and care coordinator. We saw that a system was in place to ensure staff received regular supervisions and annual appraisals. Staff were also observed annually via a spot check from a member of the management team. This helped the manager ensure staff performed effectively and to a high standard.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

At the time of our inspection, no one who used the service was deprived of their liberty. We saw descriptions in people's care plans of how staff should empower people to make their own decisions. Staff were also able to describe how they offered choice and supported people to make their own decisions. This meant staff were working within the principles of the MCA. Where people lacked capacity, appropriate records were not in place to evidence what had been agreed in their best interests. The manager told us they would start to record such decisions following the inspection.

Where necessary, staff supported people who used the service to do shopping and to prepare meals and



drinks. Daily notes demonstrated that people received regular support to ensure they received appropriate nutrition and hydration. One person told us, "Sometimes they make me a sandwich, it depends on whether I am hungry or not."

People who used the service told us they were supported to promote and maintain their health. People's care records contained information about their significant health needs as well as details about any support required from staff to meet those needs. Where needed we saw the staff had liaised with health professionals.

## Is the service caring?

### Our findings

People and their carers all felt staff were caring and that they were treated with dignity and respect. This included staff support to carers as well as the people who required personal care. Carer's told us, "Staff spend time with my relative and they are extraordinarily supportive" And "Our carer is very cheerful, a very positive person. We do have some fun sometimes trying to sort out our gadgetry technology." A person said, "My staff member is a brilliant person." Another person told us, "Caring just comes naturally. Emotionally the staff help. I trust them, I can tell them anything. When you are as ill as I am it is nice to get things of your chest."

We spoke with staff who explained some of them had been in a caring role for their own relatives in the past. Some of whom had received a service from Harrogate and Craven Crossroads when they were carers. They told us this meant they could understand the role of the carer and understood how important the service was to help them have a break. This was also the case for the registered manager. One member of staff told us, "I used the service before my relative died and I applied to work here because it is a wonderful service. I have experience from both sides and I know what it feels like to have two or three hours off from the caring role. I can appreciate what the carers are feeling."

Staff told us the service ensured each person had regular members of staff to support them which meant a real focus on the person and also meant they could build a rapport with people. A member of staff told us how they had worked with one person to promote them in accepting support with personal care. They said, "Other agencies had not managed to do this. I helped them feel in control and we did it together, the person's son was flabbergasted. Having a positive relationship really worked."

Another carer told us, "My relative can be difficult and staff have been fantastic because they look after their wellbeing. They chat about their day. They have been the only agency to persuade my relative to get into the shower. They support my relative to colour their hair. They have been astonishingly helpful with my relative's confidence because my relative has allowed the staff to look after them."

Staff we spoke with told us they received copies of the person's care plans to read and shadowed another member of staff when meeting someone new. This supported staff to develop meaningful, caring relationships with people who used the service. The manager told us they were developing 'life stories' to be included in care plans which would help staff develop meaningful relationships quicker.

People who used the service told us staff treated them with dignity and respect. People told us they were comfortable and at ease around staff. One carer told us, "Staff deal with my relative's personal hygiene including toileting and they are always very respectful with them."

Staff we spoke with appropriately described how they provided care and support in a way which maintained people's privacy and promoted their dignity. One member of staff explained, "If I am supporting a person with personal care I always ask if it is ok for me to do that and I would cover a person with a towel to maintain their dignity."

People and their carers told us they were supported to maintain their independence, one carer said, "Just enabling my relative to walk across the room is great, this is treating them with dignity." A person told us, "I walk a little bit, but the staff make sure everything is safe and well. They give me a lot of confidence."

The manager understood the role of an advocate and explained how they would support a person to access advocacy services if necessary. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them.

## Is the service responsive?

### Our findings

People and relatives we spoke with told us staff were flexible and responsive to their needs. Carers told us, "They are a lovely company. I was really pleased when I got them to provide my service" and "I would say it is a personal service for my relative, as compared to the task focused care we have seen before" and "I think they are brilliant. I don't think I could manage without them. I need a break and it does us both good."

We reviewed seven people's care records and found that they contained information about each person's needs and how the person preferred their support to be delivered. This meant they were person centred. We saw that care plans and risk assessments were reviewed and updated regularly. People who used the service told us they felt that staff listened to them and respected their decisions. One person told us, "Staff help with my personal care sometimes. I do like to be independent but my balance isn't good and I can't get in the bath by myself. Staff help me to have a bath and have offered to come in the evening instead if I want a bath because I'm so relaxed afterwards. They are very flexible".

People who used the service were involved in setting up their package of care and told us they were regularly consulted to ensure they were satisfied with how their care and support was being provided. One person told us, "The manager comes every year and reviews the whole thing. They always ask if there is anything else, any changes etc." This demonstrated that people were actively involved in decisions regarding their care and support.

We saw staff who supported people, were also involved in the review of the care plan. This meant the member of staff who knew the person most ensured the care plan was relevant and included everything each person needed to be supported well.

The attention staff, the care coordinator and the manager paid to make each visit for people meaningful and fun was extremely evident. Staff took time to get to know people, their preferences and interests. This had led to people experiencing very person centred care. For example, a person had taught a member of staff how to play chess and cards so they could enjoy the person's interests together. A member of staff had developed a scrap book with one person to record where they had been (museums, parks and gardens), after each visit they did drawings of their time out. Another person had been supported to feel confident to join activities at the place where they lived; this had prevented social isolation for the person.

People had been supported to sing, make rugs, bake, and attend dancing sessions amongst other things. One member of staff told us how they read to a person who was at the end of life. One person had said to a member of staff after a period off work, 'I have missed you, I didn't realise how much fun you were'. All of these examples described person centred care where people enjoyed positive outcomes.

People and their carers told us they felt staff went over and above what they expected from the staff and that they valued the service greatly. There was a 'can do' approach. One member of staff told us, "If a person asks to do something out of the ordinary we call the office and they put plans in place so it can happen, we can support whatever it may be." A staff member told us about how they had developed a method of

communication to enable a person to make their own decisions when they were unable to speak. They asked the person to squeeze their hand once for yes and twice for no. This meant the person had choices and was in control of their care.

The provider had a policy and procedure in place providing details about how they would manage and respond to complaints. Information about the complaints procedure was provided to people who used the service so they had the information they would need to raise concerns.

There had been no complaints about the service provided since our last inspection. People told us they were happy with the way their care was delivered and were confident any concerns or complaints would be appropriately addressed if necessary. One person said, "We have a folder with everything in it and that tells you what the procedure is to complain." This meant people were actively encouraged to give their views or raise concerns.

## Is the service well-led?

### Our findings

The provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, there was a registered manager in post and they had been the registered manager since December 2016. They had previously worked as the deputy manager of the service. People and their carers knew who the manager and care coordinator were and told us they were approachable. They felt listened to if they had any issues or concerns.

We asked people and their carers what they thought of Harrogate and Craven Crossroads and whether they felt the service was well-led. Feedback included, "The whole thing I can't fault them. They always respond very quickly if you have any need to call them. The whole service is excellent. I only wish other care agencies were the same." Another person told us, "They are very professional. They have never had to ring and say we haven't got anyone" They always have somebody here" and "It's just overall professional, confidential, caring and reliable." A Carer told us their view on the manager's leadership, they said, "[Name of manager] is extremely efficient and on top on what's happening. Everything works very well including if we need to cancel and the billing side of things."

We found there was a positive culture within the service. Staff provided consistently positive feedback about the manager and care coordinator and their management of the service. Members of staff told us, "I have a lot of respect for [Name of manager] she is good at her job" and "[Name of care coordinator] is fantastic. When they and the new manager took over the office we saw a change, it is more organised, and they know everything about the job, we can talk to them."

The provider was part of a network organisation who supported them with their quality assurance and support of the manager. This included providing policies and standards required. The manager had access to a network of peers where they could share best practice and support each other, through this organisation. They met regularly as a group.

The network organisation conducted quality assurance visits. These had not been conducted for some time when we visited. The last one was in 2015. A newly designed self-audit had been devised and the manager told us once they submitted their self-audit the organisation would then visit to validate their self-audit score.

The provider consisted of a board of trustees who met monthly with the manager to discuss the quality of the service. The manager prepared a report to be discussed at the meeting which included topics such as staffing, safeguarding, accidents and incidents. As a team they made decisions on what action to take if improvements were needed. The provider also ensured the manager received support and supervision in their role. No recent audit of the quality and safety of the service had been carried out by the network organisation expected to do that role. This meant the provider could not be sure of the safety and quality of the service.

We discussed with the manager how the quality assurance systems were not consistent from the provider

and the network organisation. We made a recommendation that the provider review how they ensure quality and safety of the service.

The manager sought feedback from people and their carers via an annual satisfaction questionnaire. The 2017 survey saw 45 people return their feedback. We saw 100% of people felt the service met their needs.

Information was shared with staff through regular team meetings. Staff we spoke with told us there was good communication and they were kept up-to-date with changes in people's needs or important information about the running of the service.

The manager told us about initiatives to be involved with the local community. They had linked with Leeds University to support a project looking at the unmet needs of carers who have cancer or are living with dementia. The team were also taking part in national carer's week hosting a coffee morning to raise awareness of carer's issues. This demonstrated the motivation of the service to champion carer's rights.

We saw a member of staff had won 'Carer Supporter of the year 2016'. We asked the staff member why they had been chosen. They told us, "I got the award for how I cared for people and the positive feedback received about me by the manager. I was 'Over the moon'; the nice thing is to be recognised."