

Crossroads Care East Anglia Limited

Crossroads Care in Norfolk







Inspection report

Dereham Hospital
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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?	Requires Improvement	
Is the service well-led?	Good	

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection. A previous inspection to this service had been completed in January 2014 and the service was found to be meeting the requirements of our regulations.

Crossroads Care in Norfolk provides support to carers of vulnerable children and adults. The service provided by care staff gives the carer a break from their caring role. It offers care and support to approximately 50 people in and around Dereham in Norfolk.

Summary of findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe and well cared for by a team of staff who had worked with them for a long time.

Records showed that staff went through robust procedures to ensure they were suitable to work with vulnerable people.

Risks were assessed and acted upon to reduce or remove the risk. We had not received any safeguarding or whistleblowing concerns.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA).

Training was provided or planned for all staff and specialist training was given prior to specialist care being provided to ensure staff were skilled and able to do the job required.

We found the service offered care and support to people that was kind, caring, compassionate and respectful.

Most people using the service could not find any fault with the care and support provided. They told us that they had received the same carers for a number of years who knew them well.

Family members were happy with the care provided but some told us the care plans were not up to date and that there were problems on occasions when contacting the office which sometimes caused problems when trying to change the care required.

Improvements were required on the methods used for communication in the office with answer machine messages not always acted upon.

The systems used for reviewing individual people's needs required improvement to ensure the current information was recorded and that care provided was suitable.

People using the service were asked their opinion on the quality of the service and action was taken on areas requiring improvement. Complaints were dealt with and although some people did not know how to complain said they could find out if they had a complaint to make.

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 were cared for safely. They said the staff knew what they were doing and had supported them for a long time so knew their care and support needs well.

Records showed staff were recruited using safe procedures.

Risks were assessed and acted upon to ensure people were supported safely.

Staff had some knowledge of the Mental Capacity Act but further training was planned.

Good



Is the service effective?

The service was effective.

People told us that staff were flexible in their approach and would adapt to what care and support was required at the time.

Staff received specialist training so that the correct care could be offered to someone with complex care and support needs. They told us they felt the training was effective and gave them the skills to do the job that was required of them.

Good



Is the service caring?

The service was caring.

People using the service talked positively about their care staff member. They told us how kind they were when dealing with any of their needs.

Family members spoken with also commented positively about the care staff and their caring role.

Good



Is the service responsive?

The service was not always responsive.

People told us that care staff were responsive to their needs when delivering the care and support. However, they said the office and communication methods were not so responsive and problems occurred on occasion when trying to speak to management.

Not everyone was aware of how to make a complaint.

Not all care plans were updated regularly. Therefore, if a new staff member was put in place they would not have current information and may not deliver the correct care and support.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well led

People were asked for their opinion on the quality of the service provided and action was taken to make improvements.

The manager was aware of the problems with the communication systems. Improvements had started to be made but more was required .

Incidents and accidents were recorded and acted upon when required to ensure any risks were identified or any patterns merging were dealt with.

Good



Crossroads Care in Norfolk

Detailed findings

Background to this inspection

The inspection team consisted of an inspector and an expert 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. Our expert by experience had experience in inspecting services for children.

We looked at all the information we held about the service prior to the inspection. Before the inspection, the provider

completed a 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 the improvements they plan to make.

The methods we used on our inspection included speaking with 28 people who used the service and some of their relatives. We spoke with three care staff members, one manager and looked at four sets of care plans, staff training records and two sets of recruitment records held in the main office for this service. All this information helped us with the inspection process.

Is the service safe?

Our findings

The training records showed that staff had attended training on safeguarding of people (SoVA) which also included the safeguarding of children. Two care staff we spoke with told us about the training. They told us about how they would report on any concerns that they may have if they suspected abuse might be happening.

We discussed the Mental Capacity Act 2005 (MCA) with the manager. Staff members working in health and social care who work with people who may lack capacity to make particular decisions have a duty to know about and follow the Act's codes of practice. However, the two staff we spoke with could not remember receiving specific training on this topic. They had some knowledge when questioned but it was unclear how much information they had or how it affected them during their work. The manager was aware of the lack of training in this subject and had training planned in this subject in the following two months.

As part of the initial assessment when a person first required a service from Crossroads Care in Norfolk we found risks were assessed and acted upon to reduce or remove the risk. We discussed with the manager how one person was wishing to be transferred without using the correct equipment. The risk was assessed as too high for the staff and the person receiving the care. We heard how this was managed and how the situation was resolved. This ensured both the person receiving the care was transferred safely and that staff members offering care and support were following safe procedures.

Everyone we spoke with told us they felt safe with the staff who were supporting them. "I cannot fault the way I am

supported. I feel secure and safe with my staff member." They said their personal needs were met and that they were cared for in a safe manner. The majority of people we spoke with were positive about their involvement in their care package. They told us that risks were identified and that care staff dealt with them appropriately and that they felt the service was offered safely.

We read within staff training records that specialist training was provided to staff who offered care and support for people who had certain needs such as tracheostomy care or specialised nutritional support. A staff member told us that they would not be expected to offer support and care to a person without having received the relevant training. This would ensure the care and support offered was safely carried out by skilled staff.

Three staff members spoken with gave examples of how emergencies or urgent messages were acted upon. One staff member told us about a situation when an emergency had arisen. They told us how the service 'on call' system acted quickly to ensure people did not miss out on their scheduled visit and were safely provided with the care and support required. This assured us that emergencies were acted upon.

The manager told us about the on-going recruitment drive to try and ensure they could meet the demands of the service now being asked for. They told us that two new staff members had recently been recruited to the service. We saw personnel files that showed safe procedures were followed, such as criminal records checks, work references and various means of identification to ensure the staff members were suitable to work with vulnerable people.

Is the service effective?

Our findings

A number of staff had worked for Crossroads Care in Norfolk for many years. Those spoken with told us they received regular updated training to ensure they had the current information on care related topics such as moving and transfers, first aid and medication administration.

Records showed how training for all staff was kept up to date. The company that provided the training was in regular contact with Crossroads management and we noted that training was booked well in advance. Staff who were off sick or on annual leave had a second training date given to them to ensure they did not miss the training required.

The majority of the people we spoke with who used this service were positive about the staff members who supported them. They told us how the flexibility of their needs would be met by the staff team according to their needs at the time. For example, on some days they felt well enough to do certain tasks and on others they required full help. One person told us they had been cared for by the same care staff member for six years. They said how well that staff member knew them and that they would ensure the correct support was in place. This person said, "They only have to look at me and see what needs to be done."

We talked in detail with one staff member about the induction and training received on first working for Crossroads. They said that the induction and training was suitable and gave them the skills they needed to do the job required.

One family member said, "The care is five stars. I cannot fault the abilities of the staff member I have. They know what to do and do so efficiently." Another relative said, "Although the care is good I sometimes question their professionalism." However, the majority of the feedback we received was positive with people telling us they could not fault the support provided.

The staff we spoke with told us that most of the support they provided was around care and staying with people while their family member or carer had a break. None of the staff we spoke with prepared or cooked a meal. They told us this was done by the family. However, they did oversee snacks and drinks to ensure people were hydrated.

Staff who supported people with Percutaneous Endoscopic Gastrostomy (PEG) were trained by a specialist prior to offering this type of care. This is how people received nutrition through a tube in their stomach. The staff told us they would always be trained in individual care needs when someone required specialist care. Records and certificates we saw in staff's personnel files, which were held securely in the office, showed that specialist training had been completed.

Within the three care plans we looked at in the office we noted that contacts for next of kin and GP's were listed. This would ensure that a change to a person's health could be acted upon by a care staff member if and when required.

Is the service caring?

Our findings

We read in the PIR that all people requiring support from Crossroads Care in Norfolk and their families were involved in the development of their own care plans. The information stated that they would ensure people's rights and dignity were respected. We were told by the manager that this would be started when a face to face meeting for the initial assessment of need was made. The manager stated, 'We will ensure people are protected from discrimination.' This was confirmed when we spoke with the care co-ordinator and two staff members. They told us that the people receiving the service were fully involved from the onset of receiving support. Staff we spoke with told us they received a full briefing on the needs the person had, prior to commencing the care and support.

The people we spoke with told us that the staff treated them with dignity. One person said, "I cannot fault my care staff member. They are always thinking of my needs." Another person who had been having the same carer for six years was full of praise for the support they had received.

All of the people spoken with talked positively about their care staff member. They told us how kind they were when dealing with any of their needs. We were given descriptions on how they were listened to, responded to and communicated with in a non-condescending manner. One person said, "I have such a good relationship with [staff member's name]. They know me well, support me at my pace and in such a caring way that I do not know what I would do without her."

Crossroads enabled people to make decisions as to what they would prefer to do with the time they had been allocated. The people we spoke with told us that sometimes this might be a sitting service, a shopping trip or help with a bath or shower. It was their choice.

We were also told by the family members that this service enabled them, as the main carer, to build a relationship with the staff member and have trust in the care provided when they were having respite from their carers' role. One relative told us that, "The care staff take in to account my wishes. I can relax knowing the care is being provided by a staff member I trust."

Is the service responsive?

Our findings

The people receiving the care and support told us that the care staff were responsive to their needs. However, they said this was not so evident when they were trying to work with the office staff and management. Some people's needs were not regularly assessed and changing needs were not always recorded and care plans were not always updated. Therefore any current needs may not be known to some staff members.

One person receiving care and support told us they had only recently received a review after two years of receiving the service and the information on the care records, up to the review, was incorrect. This person could not be assured their care would be delivered correctly or safely if a new staff member was sent to their home where changes to their needs had occurred. However, the manager told us that improvements had been made to the methods used to carry out reviews and that all people using the service would have now received a review.

We spoke with a carer who felt the service was not always responsive. They told us that the service had not updated

the care plan of their relative even though the person had deteriorated. However, they said they were happy with the care provided and that the care staff had met the needs required. We were told by this carer that the office responded to messages left on the office answer machine and that they were dealt with quickly. However, other people told us that this was not always the case and that they could not always leave a message on the answer phone. The manager discussed the office concerns with us and said they were in the process of improving communication methods to offer an improved method of communication.

We looked at the folder in the office that stored the complaints and compliments. We read one complaint and the action taken to resolve the issue and found no further on-going concerns were raised. This told us that complaints were acted upon appropriately. However, the majority of people spoken with were unclear who to complain to. Although they had no complaints they also were unsure what the procedure was if they wanted to complain. The rest of the entries seen in the office were compliments and thank you cards from people's families who had used the service previously.

Is the service well-led?

Our findings

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We had been told by people who used the service that some parts of the service were not so good. They said the communication system was not reliable and that often the telephones were not manned. Of the people we spoke with approximately half said they were able to contact the management to make changes or solve problems. However, a significant number of people commented negatively about the arrangements for contact saying they had to leave messages on the answer machine which was left on, but not always responded to. The manager told us they were aware of the concerns and that more work to improve the facilities when the office was not manned was being addressed.

Two staff members told us that the service had been going through a lot of changes recently that had caused some unsettled feelings due to their terms and conditions changing. However, they said things were beginning to settle and that they had been kept up to date with those changes as and when they occurred via meetings or by direct contact.

The service had a policy on reporting incidents and accidents. One staff member gave us an example of when a report on an incident was necessary and how the outcome of that incident was quickly resolved. This told us that the service responded and acted quickly on urgent matters.

We had not received any safeguarding or whistle blowing concerns prior to this inspection. Three staff and the manager told us they would know what to do if they ever had concerns and would report on those concerns to the relevant authorities.

People we spoke with told us they were asked about the quality of the service provided. They said they completed a questionnaire on a yearly basis asking for their opinions. We were given the results of the latest quality monitoring survey carried out in March 2014. However, these results were combined with other Crossroads offices across Norfolk so we could not be sure which answers reflected Crossroads Care in Norfolk (based in Dereham).

We found that a high percentage of questions were answered on the questionnaire with 'very satisfied' or 'satisfied' showing people were happy with all aspects of the service. The report was completed in June 2014 and had action points identified to show where improvements were required.

The results from the 2013 survey and the results of the 2014 survey showed a significant improvement. For example, the question on 'courtesy provided by the service' had risen from 94.0% to 99.11%. People were provided with a service that the majority were satisfied with. However improvements in methods of communication were required.

The registered manager was aware of the shortfalls within this service and was working towards improvement following the many changes Crossroads had been through in the past year.