

Crossroads Caring For Carers Wokingham Limited

Crossroads Caring for Carers

Inspection report

Wokingham Community Hospital
41 Barkham Road
Wokingham
Berkshire
RG41 2RE

Tel: 01189795324

Website: www.wokinghamcrossroads.org.uk

Date of inspection visit:
30 August 2016

Date of publication:
20 September 2016

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

This inspection took place on the 30 August 2016 and was announced.

Crossroads Caring for Carers - Wokingham is a charity run domiciliary care agency. Crossroads provides non-emergency support to family members who care for people in their own home. Crossroads provides this support for both older people and children. The aim of the service is to provide short periods of respite for the carer by giving care and support to the person they care for. At the time of our inspection the service was supporting 84 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were thorough and medicines were managed safely. There were sufficient staff to provide safe, effective care at the times agreed by the people who were using the service.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. The induction process corresponded with the 15 standards that health and social care workers need to complete during their induction period. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People and their families were complementary about the services provided. The comments we received demonstrated that people felt valued and listened to. People were treated with kindness and respect whilst their independence was promoted within their homes and the community. People received care and support from familiar and regular staff and would recommend the service to others.

People's needs were reviewed regularly and their care and support plans promoted person-centred care. Up to date information was communicated to staff to ensure they could provide the appropriate care and support for each individual. Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The provider had a system to regularly assess and monitor the quality of service that people received and identify areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to protect people from abuse.

People felt they were safe when receiving care and support from staff.

The provider had emergency plans that staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People were supported by staff who had received relevant training and who felt supported by the registered manager.

Staff sought advice with regard to people's health, personal care and support in a timely way.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. Their privacy and dignity were protected.

People were encouraged and supported to maintain their independence.

People were involved in and supported to make decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and responded to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture in the service. People and staff found the registered manager approachable, open and transparent.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored and action taken when issues were identified.

Crossroads Caring for Carers

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 30 August 2016. It was carried out by one inspector.

We gave the service 48 hours' notice of the inspection because it is small and office based and we needed to be sure that relevant staff were available.

Before the inspection the registered manager 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 improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law.

We spoke with the registered manager and the assistant manager. We received feedback and specific comments from two people and nine relatives of people who use the service. We also received feedback from five care staff and three health and social care professionals.

We looked at four people's records and documentation that was used by the service to monitor their care. In addition we looked at three staff recruitment files of the most recently appointed staff. We also looked at staff training records and other records used to measure the quality of the services.

Is the service safe?

Our findings

People were safe at Crossroads Caring for Carers-Wokingham. One relative said, "My carer provides my husband with excellent care - and treats him as an individual. I know he is safe and happy with her. I can go out confident that he is being looked after". Another said, "He is safe with the carers." Relatives also spoke about their family members being safe in the hands of kind and attentive carers. One staff member commented, "We have enough time to give people a safe service and treat everyone with respect and empathy." People were protected against the risks of potential abuse. They informed us that they felt safe from abuse and/or harm from their carers (staff). One community professional told us, "I never heard any patient /carer mention any concerns around safety or that people are not treated well." The service had no reported incidents of alleged abuse/or abuse since the last inspection in September 2013.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They informed us that they knew what to do if they suspected one of the people they supported was at risk of abuse. Staff were provided with details of the company's whistle blowing procedure and had the training and knowledge to identify and report safeguarding concerns to keep people safe.

Any identified risks to people were included in their care plan together with guidance for staff on how to manage and/or minimise the risks. Routine risk assessments included manual handling, medicines, functional capabilities, dietary needs and any likes/dislikes or allergies. Staff safety had been risk assessed and included risks related to staff working alone. All risk assessments were reviewed regularly and included guidance for staff on what to do to minimise any identified risk, such as environmental risks within people's homes. There were on call numbers and guidance available for staff should there be an emergency.

People's relatives informed us that feeling safe extended in other areas such as the prevention and control of infection, confirming that staff always used hand gels, gloves and aprons when they provided personal care. Staff had attended health and safety training that included infection control, moving and handling and fire awareness. The registered manager told us that training was carefully sourced to ensure it aligned with the needs of the service and provided staff with the knowledge and skills to fulfil their roles.

Staff had received training in the safe management of medicines. The registered manager regularly reviewed their policies which included reviews of their medicine policy, risk assessment and medicine administration records. A medicine risk assessment, where applicable, identified possible risks, support required and outcomes agreed for the person. Where the service supported people with medicines this was set out in their care plans, which detailed whether staff needed to prompt or administer the medicines. We noted that for those people whose ability to self-administer may fluctuate, the medicines administration chart did not indicate whether the care staff member had prompted the person or had administered the medicine on each occasion. We pointed this out to the manager who undertook to add a column to the chart to address this issue.

The provider's recruitment procedures were thorough and included completion of Disclosure and Barring Service (DBS) checks which the service planned to renew every three years. Due to financial constraints this

had not always been possible however, all staff were required to sign a declaration that they had not received any convictions each year. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. References were taken up from past employers to assess an applicant's previous performance and behaviour in their employment. However, we found that although a full employment history was requested from all applicants, the dates for employment in different positions was not always clear. The registered manager confirmed that this was always clarified at the interview but acknowledged that this was not always recorded. The registered manager undertook to ensure that any omissions were clarified and recorded in the future. This had not adversely impacted on people using the service.

There were enough staff employed by the agency to safely meet peoples' needs within the timeframes of their care packages. There were fifteen staff employed to meet the needs of the eighty four people who were using the service. Staff consistently told us that they had sufficient and generous time to undertake their duties with each person and that calls and routes were well planned with reasonable travel time. Because of the nature of the service call times were on average two to three hours in duration and allowed for a range of activities to be undertaken according to the preferences of the person that was cared for. We saw that there had been no reported accidents since June 2013.

Is the service effective?

Our findings

The service was effective. People informed us that they received care and support from friendly, familiar, well trained and consistent staff. One relative said, "The service we have received is great, all the staff are well trained courteous and respectful, we would not hesitate to recommend this service provider." Another told us, "Service very good, carers consistent. Service was excellent." Another said, "I find the service excellent in all respects." The registered manager told us that they would not consider calls that were insufficient in time to allow carers to undertake their duties to a very good standard.

Staff were rostered to cover calls to each person's home at variable times of the day using a manual system. Each staff member had a regular timetable of calls to people they were familiar with and who were familiar with them. This was to provide support and / or personal care. It was planned that an electronic system of call allocation would be introduced when sufficient funds were available. Staff stated that they were allocated travel time between calls which enabled them to arrive on time and stay for the agreed length of time. A person's relative said, "I can confirm the carers are very kind to my father-in-law, they arrive at the time agreed most of the time." A member of staff told us, "I love how much time is given to deliver the care or companionship that is needed. I never worry when I leave that I have not been able to complete all tasks in the time given and also sit and chat with the client (this is very important to me)."

Changes in people's health and or well-being prompted a referral by the service to the appropriate health or social care professional and examples were evident within people's records. People who required support with their meals received assistance from staff within an agreed and appropriate timescale to promote their nutritional needs. This included time to prepare meals and ensure that food and fluids were available and accessible between the calls if their main carer was not available to undertake these tasks. People's dietary requirements, where relevant were recorded and monitored.

People's relatives said staff had the skills and knowledge to give the cared for person the care and support they needed. Relevant information was provided within a staff handbook which was made available to all staff. Staff told us they had received a thorough induction that enabled them to support people confidently. They told us that they completed regular updated training, attended staff meetings and received one to one supervision which supported their development needs. Spot checks were carried out to ensure that the care provided was of a good standard. A spot check recording tool was used to capture details of the observation which was signed by the cared for persons relative who also had the opportunity to add any comments. We were told that all spot check visits were known about in advance by people but not by the staff. The schedule of staff supervision was that each staff member received four sessions each year including an annual appraisal. One staff member told us, "They are really supportive in all areas. I have never worked for such good company and have never seen or heard anything that I am at all worried about". The service benefitted from a very low rate of staff sickness and low staff turnover. Only two members of staff had left the service in the last two years which contributed to the effective running of the service and enabled consistent care to be provided by regular staff support workers.

The registered manager stated that as part of staff's initial induction they did not work alone unsupervised

until they were confident within their role to support people. The service used a shadowing assessment form to capture feedback about performance and to identify any training or support needs. The registered manager had reviewed the staff induction which was being aligned with the care certificate. We saw some induction check lists that had been completed by staff. The care certificate is a set of standards that health and social care workers need to complete during their induction period and adhere to in their daily working life. The registered manager provided training in some topics but core areas such as moving and handling and first aid were provided by an external trainer. Specific topics such as autism, stroke awareness and diabetes were covered by invited speakers.

The registered manager used the resources of the hospital where the service was located and had secured a speaker/training from staff of the memory clinic in the recent past. Staff training linked with the standards and included for example, awareness of mental health, dementia and food hygiene/handling which were covered during staff meetings. The majority of staff had qualifications in Health and Social Care with one working towards an award and another still within their qualifying period of employment. The registered manager told us that they were always looking for opportunities to improve staff training to promote further learning and development. Other training staff had received included end of life care through a recognised national provider.

Staff meetings were held every two months. We saw staff meeting records which confirmed that staff had been involved in appropriate discussions about a range of topics and were reminded about their conduct and what the service required of them. We also saw that there were two staff annual awards organised by the provider organisation. These were for an Innovative Approach and an Exceptional Worker. We were told that there had been nominees put forward from Crossroads for Carers-Wokingham who had been considered eligible for the awards.

People, their relatives and staff described communication as very good. In response to questions about effective communication a staff member told us, "Yes, whether by phone, email, text or in person any queries or questions I have had, have been dealt with quickly & efficiently." Any changes to the roster or to people's needs were communicated without delay to relevant staff and relatives. Relatives told us that they were always kept informed of any changes or incidents. One relative told us, "The office support staff are also friendly, approachable, caring (they are carers too) and accommodating. Frequently the plans change at short notice and they have not failed me yet."

People's legal rights to make their own decisions were upheld and understood by staff who had a clear understanding of the Mental Capacity Act (2005) (MCA). The 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 when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty must be made to the Court of Protection. The registered manager had received mental capacity training and provided staff with information through staff meetings. At the time of our visit, no one was being deprived of their liberty or lacked capacity.

Is the service caring?

Our findings

The service was caring. People were treated with care and kindness. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. One relative told us, "Care staff always treat my husband with great respect even though he has advanced dementia". Another said, "I would just like to say how much I appreciate the service given. It feels like a lifeline and wonderful to be able to have time to myself while knowing my husband is being well cared for". One local authority representative told us, "The feedback I have received over a period of time indicates customers are treated with respect and dignity and the service is tailored to meet their needs".

People's diverse needs and how to meet them were contained in people's individual care plans. Staff told us this included cultural and spiritual needs where they had been identified. People's relatives said they had been involved in planning and reviewing their care. Care plans included an area for people to sign to confirm they had been involved in care planning where appropriate. The registered manager and care staff kept in regular contact with the person's relatives by phone and in person. Written notes in the care plan recorded all communications undertaken by the relevant staff.

The registered manager told us the service through the senior carer frequently worked alongside care workers and also carried out regular spot checks of care practices. They told us they believed care staff were committed to maintaining people's well-being and were very alert to people's changing needs. Records seen and staff confirmed that unannounced spot checks were periodically undertaken whilst they were working with individuals in their homes. Information was provided for people and their carers which gave guidance about what to expect from the service and included contact details should they need to speak with someone either during or out of office hours.

People's care records were kept secure in locked cabinets in the office. The registered manager told us staff were fully aware of their responsibility not to disclose people's personal information to anyone, and not to refer to other clients or their carers when in a person's home. People told us they had no concerns about confidentiality and said their care workers were always discrete.

Is the service responsive?

Our findings

The service was responsive. People had individual care plans developed from an assessment carried out prior to them using the service. The catchment area for referrals covered the whole of the Wokingham Borough Council boundary. Wherever possible prospective care staff were introduced to people before the service commenced. One member of staff told us that they always tried to meet the person and their carer before they started to formally visit to cover the care package. Care plans were detailed and contained information about people's individual wishes, likes and preferences about how they were supported. They gave guidance to staff with regard to supporting people in all aspects of the care the service was responsible for. They also helped to ensure people remained in control of their lives and retained as much independence wherever they were able and when appropriate. Reviews of people's care plans were undertaken annually as a minimum or whenever people's needs changed. There was a periodic review of daily care notes which were used to improve record keeping overall. People told us they were involved in the reviews and had the opportunity to discuss their care and request changes.

Some of the care provided related to companionship for people whilst other packages were focussed on supporting people to be involved in activities either within or outside the home. Staff told us how they responded to people or their carers changing needs. This was confirmed through feedback from people and their relatives. One relative told us they were, "Very happy, particularly with them stepping in quickly when I was ill. They have been a blessing." Staff said they wrote any concerns in the daily notes and informed the office immediately. They told us the office would then inform the next care staff member due to visit the person and/or inform the carer. They would also take action if a more in depth review of the care was needed. Daily notes were generally of good quality and there was evidence that these had improved over time. They described people's health and well-being as well as the tasks completed. Daily records were audited by the registered manager or the assistant manager on a periodic basis dependent on the level of care provided.

People and their families told us they had the information they needed to know what to do and who to go to if they had a concern or a complaint. The service had not received any formal complaints since the current registered manager's appointment in October 2014. We saw a number of recorded compliments, both written and verbal, which the service and individual staff had received. The complaint procedure detailed that complaints and concerns would be taken seriously and used as an opportunity to improve the service. There had been no safeguarding issues raised in the last three years. A local authority representative told us, "There are no concerns that we are aware of with the service or the management."

Is the service well-led?

Our findings

The service was well led. People and their families were complementary about the services provided by Crossroads Caring for Carers-Wokingham. They told us that the agency listened to what they had to say and acted on this to promote person centred care and improve services. Comments from staff about the service included, "I feel that Crossroads is a really good company to work for, and up hold the high standards that is laid out by the Care Quality Commission." Another said, "Excellent company to work for, open-door policy and issues raised are always quickly and compassionately dealt with." Overall comments were very positive about the management of the service. One professional who had responded to our request for feedback said, "From my perspective the service was well managed." A local authority commissioner commented about whether the service was well led, "In my opinion yes. The service they have been offering has changed over the years to reflect the changing needs and expectations of the carer." The feedback we received from people, their families and staff identified a positive culture, which was person centred and demonstrated an excellent understanding of equality and respect.

People benefitted from a staff team who were happy and well supported in their work. Staff told us they enjoyed working for the service. They were confident they could take any concerns to the management and they would be taken seriously. They were certain managers would take action where appropriate. Staff members told us their management team was accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice. Staff told us the registered manager was open with them and always communicated what was happening at the service and with the people they support.

The service had a management board which met every two months to discuss all aspects of the running and operation of the service. Management board members had specific roles covering for example, finance, health and safety, human resources and organisation development. There was a quality frame work in place which was linked to the Carers Trust quality award. A full assessment of the service was undertaken in December 2015 which linked to CQC's five key questions and they were awarded an overall good in all areas. We saw a development plan which covered the key questions and identified where improvements needed to be made. Actions to achieve the improvements were clear and included such areas as providing training for an additional senior carers support worker to increase capacity and bench marking with other Crossroads schemes to identify improvements to their risk management strategy.

The operation of the service was reviewed by the Chief Executive Officer and the board on a quarterly basis with the registered manager undertaking a similar internal exercise six monthly. This was designed to identify any areas for improvement and to ensure that all procedures were being adhered to. There was a policy and document review programme in place which ensured that all organisational policies and procedures were reviewed and updated if necessary on a regular basis. Care plans, daily records and risk assessments were reviewed on an on-going basis and any changes were recorded on the care plan and in daily records. Staff training was monitored and reviewed regularly by the use of a training matrix which linked to a two year learning and development plan.

Quality assurance systems were in place to monitor the quality of the service being delivered. The registered manager had recently sent updated questionnaires' to people to gain their views of the services provided. We saw the results of the last annual survey where 97% of respondents had rated the service either nine or ten, with ten representing excellent. Periodic unannounced spot checks were undertaken to observe the care practices of staff and to gain people's views. The service kept people and their relatives informed on what was happening with the service.

In June 2016 Wokingham Borough Council conducted a children's review on the quality of care the service provided. The report had not yet been received but the service was not informed of any issues as a result of the review. The provider sought advice from an organisation called the Carers Trust, on such matters as care practice operational issues and human resources. They ran periodic workshops and conferences specifically for registered managers and chief executive officers which the registered manager had attended. The registered manager also had access to personnel on the hospital site and had sought practice guidance from district nursing and the memory clinic. The service benefitted from a good relationship with Mencap who they liaised with regarding the care of certain individuals and could seek advice from them when needed.

There was a local organisation specifically set up to provide support to charities in the Wokingham and Bracknell areas. The registered manager had attended various workshops run by them on a range of topics. The registered manager told us that she also had access to periodic meetings with managers from other Crossroads schemes for discussion, sharing of ideas and general support.

All of the service's registration requirements were met and the registered manager was aware of incidents that needed to be notified to us. Records were up to date, fully completed and kept confidential where required.