

Bexley Crossroads Care Limited

Crossroads Care South East London

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out a comprehensive inspection on 28 October and 4 November 2016 and found breaches of legal requirements in respect of the monitoring of risks, management of medicines record keeping and systems to monitor the quality of the service. We undertook an announced focused inspection on 14 June 2017 to check that improvements needed to meet legal requirements had been made.

Crossroads Care South East London is a voluntary organisation and registered charity that provides a diverse range of support services throughout the year to family carers and people with support needs in their own home or on activities in the community. The service aims to encourage people's well-being, independence and involvement in their community as much as possible, as well as providing a respite service for some families. For some people and their family carers, this support includes the regulated activity of personal care which is regulated by the Care Quality Commission. At the time of the inspection there were approximately 60 adults, children and their families who received personal care and support from the service.

There was a registered manager in post who had been the registered manager at the service for several years. 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.

We found improvements had been made to the management of medicines. Care plans recorded whether the responsibility to administer medicines was with the family carer, or, the service, or, a combination of the two. Medicines records were completed accurately. Improvements had been made to the assessment and monitoring of risks. There was guidance for staff on how to manage risks to reduce the likelihood of them re-occurring. However some improvement was still needed to ensure these processes were applied consistently across all risks.

There had been improvements to the quality monitoring processes at the service and there were now effective systems to monitor quality across the service. Audits had been completed of staff files and action taken to address missing records. Care plan audits and medicines audits had been completed and action taken in relation to issues identified from external audits.

There was still room for improvement with the frequency of medicines audits to ensure any issues were identified in a timely way and medicines competencies had yet to be completed to verify staff competence in administering medicines. We will check on these issues at our next comprehensive inspection.

Although improvements have been made, the rating for the key questions and the overall rating for the home remains Requires Improvement in line with our characteristics for ratings.

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 not always safe.

There had been improvements made to the management of medicines and identification and monitoring and management of risks. However further improvements were still required to ensure all risks were consistently identified, assessed and effectively managed.

Requires Improvement ●

Is the service well-led?

Aspects of the service were not always well-led.

There had been improvements to the quality monitoring processes at the service and there were now systems to monitor quality across the service.

There was still room for improvement with the frequency of medicines audits to ensure any issues were identified quickly and medicines competencies had yet to be completed.

Requires Improvement ●

Crossroads Care South East London

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 checked 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.

At a comprehensive inspection of Crossroads Care South East London on 28 October and 4 November 2016, we found breaches of legal requirements. We undertook a focused inspection on 14 June 2017 to check that improvements needed to meet legal requirements had been made. We inspected the home against part of two of the five questions we ask about services: is the service safe, and, is the service well led. This is because the service was not meeting legal requirements in relation to parts of those questions at the last inspection.

This inspection was undertaken by one inspector and was announced to make sure that key staff were available at the office. Before the inspection we reviewed the information we held about the service, this included any notifications sent to us. A notification is information about important events that the provider is required to send us by law. We asked the local authority commissioner for the service for their views about the service.

During this inspection we did not speak with people or their relatives as the breaches of regulation were related to the record keeping at the service. We spoke with the registered manager and operations manager. We looked at seven people's care records and eight staff files and other records related to the management of the service such as audits and medicines administration records.

Is the service safe?

Our findings

At the last inspection of the service we had found breaches of regulation as risks to people were not always identified or guidance for staff not always in place to minimise possible risks. Records of people's care were therefore not accurate and did not always reflect current risks. The provider had sent us an action plan and told us the actions they would take to meet the regulations.

At this inspection we found considerable progress had been made to identify possible risks for example from people's health needs. Where people had conditions such as epilepsy there was an epilepsy protocol and guidance for staff about what to do to reduce risks and in an emergency. Where people had specific dietary needs there were risk assessments in place and guidance for staff on how to minimise possible risk. There were risk assessments for the use of equipment such as wheelchairs and health and safety risk assessments were completed to check for any environmental risks.

However there remained some room for improvement as we found two people with behaviour that can require a response that did not have a risk assessment to assess possible risks when they were supported in the community. For another person their moving and repositioning risk assessment that did not contain sufficient detail to guide staff on how to safely reposition them. A new more detailed moving and repositioning risk assessment was sent to us following the inspection and the registered manager told us there had been no incidents of concern in relation to people being supported in the community but they would complete a risk assessment to assess and plan for any possible risks.

At the comprehensive inspection on 28 October and 4 November 2016 we had also found a breach of regulation with regard to medicines management as some medicines records were not always consistently updated and, while staff knew people and their needs well, there was a risk that unfamiliar staff would not be aware of what people's needs were. Care plans did not always clearly record which medicines needed to be administered by staff and which medicines were administered by a family carer.

At this inspection on 14 June 2017 we found improvements had been made to the management of medicines. Care plans clearly showed the medicines people were prescribed and who had responsibility for the administration of the medicines. Medicines administration records were completed by staff accurately where they supported people with their medicines. Where people were assessed as able to safely manage their medicines this was recorded. Staff had received refresher training on the administration of medicines and the administration of emergency medicines where this was appropriate to their role.

Is the service well-led?

Our findings

At the last inspection on 28 October and 4 November 2016 we had found a breach of regulation as aspects of the service had not been consistently monitored for quality and safety. Staff training and recruitment records were not monitored adequately and we had found gaps in these records. Care plans and medicines records had not been audited on a regular basis to check for any problems or changes.

At this inspection we found improvement had been made to the quality monitoring processes at the service, the operations manager had developed a system for regular audits across different aspects of the service throughout the year and these were being completed in line with the plan. We saw medicines audits had been completed and any issues identified were passed to the operations manager to investigate. Staff records had been audited and an action plan drawn up to address a number of missing documents for staff who had worked at the service for a number of years.

External audits had been carried out by the Carers Trust, a voluntary organisation that supports family carers and the local authority commissioning service. Action plans had been drawn up from these audits to address the issues identified.

There was some room for improvement as medicines competencies to ensure staff demonstrated competency in the way they administered medicines had not yet been completed. The registered manager told us they had had difficulty arranging for effective training for senior staff to be able to carry out the competency assessments for all staff. We saw that this training had now been arranged for the beginning of July 2017. Medicines administration records were returned and checked on a monthly basis but this meant it could be some time before an issue was identified. The operations manager told us they would look to organise a more frequent check on the records. We will check on these issues at our next inspection.