

Crossroads Care Redbridge - Epping & Harlow Redbridge Office

Crossroads care (Redbridge)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



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 the Care Quality Commission (CQC) which looks at the overall quality of the service.

This was an announced inspection on the 16 July 2014. We told the provider two days before our visit that we would be inspecting their service.

Crossroads Care Redbridge - Epping & Harlow Redbridge Office provides respite care support for carers and the people they care for in their own homes. The care support workers enable carers to have a break from their

Summary of findings

caring responsibilities by providing appropriate support for adults or children who have care needs. At the time of our inspection there were 50 people receiving support with personal care.

The service had a registered manager in place but we learned later that the registered manager had been sick for six months and they had cover arrangements in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Our last inspection was in August 2013. At that inspection, the service was found to have met required regulations for care and welfare of people who use services, supporting staff, assessing quality, complaints and records.

People using the service that we spoke with told us they felt safe leaving their relative in the care of the staff. We saw that the care plans and risk assessments were regularly reviewed by staff and the carer receiving respite care.

We saw that some of the staff had not completed the training that had been identified as mandatory by the

provider including important areas such as first aid, infection control and manual handling. New staff completed a detailed induction programme which included shadowing experienced care staff.

The service worked closely with healthcare providers and voluntary organisations to ensure people could access the care and support they required.

Staff signed a code of conduct and people using the service we spoke with felt staff promoted their privacy and dignity when providing care.

We saw that the service carried out assessments of the quality of the service provided as part of the care plan reviews and through an annual questionnaire but the information received was not used to identify any areas of good practice or where improvements were required.

The service did not carry out regular spot checks on the quality of the care provided by its staff in people's homes.

Information on good practice and any changes to legislation or the way the service provided care was communicated to staff through quarterly staff meetings, emails and memos.

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. Safeguarding adults policies and procedures were in place and all the staff had completed safeguarding training.

People using the service had care plans and risk assessments that were regularly reviewed by staff and the carer receiving respite care.

The service had appropriate recruitment and disciplinary procedures in place.

The majority of staff had received training on the Mental Capacity Act 2005.

Good



Is the service effective?

Aspects of the service was not effective. Some staff had not completed training identified as mandatory by the provider.

Staff completed a detailed induction programme including up to four weeks of shadowing an experienced staff member. Staff received supervision every six months and annual appraisals.

Some staff had received specialist training in relation to supporting people with swallowing difficulties.

The service worked closely with healthcare providers and voluntary organisations to ensure people using the service's individual day to day health needs were met and any referrals made when required.

Requires Improvement



Is the service caring?

The service was caring. Care files included information on people using the service's personal history and the people that were important to them enabling staff to understand the background of the person they were supporting.

People using the service felt staff promoted their privacy and dignity in the way they provided care and support. Staff signed a code of conduct agreeing to treat people with respect and in line with the values of Crossroads.

Good



Is the service responsive?

The service was not always responsive. The service carried out a review of the care provided as part of the annual care plan review and sent questionnaires every year to people using the service and their relatives. However the information obtained from the questionnaires was not used to make improvements at the service.

Care plans and risk assessments were reviewed annually or whenever a change in people using the service's care or support needs was identified.

The service referred people using the service to relevant voluntary and statutory organisations if they required further support or advice.

Good



Summary of findings

The service had a complaints policy and procedure in place and we saw a complaint that had been received and had been investigated resolved to the satisfaction of the complainant.

Is the service well-led?

Aspects of the service were not well-led. The quality of care provided in people's homes was not regularly monitored as unannounced spot checks were not regularly carried out.

The service had a registered manager who had been absent for approximately six months. The deputy manager and the head of operations were providing management cover during this period.

Quarterly staff meetings were held and information on good practice and any changes in legislation was also distributed through regular emails and memos.

The service had a clear statement on the organisation's mission, values and vision.

Incidents and accidents were investigated by senior staff and discussed by the trustees' of the service.

Requires Improvement



Crossroads care (Redbridge)

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We visited the service on 16 July 2014. We told the provider two days before our visit that we would be inspecting their service. Following the inspection in July 2014 the provider has deregistered the service. We are required by law that, as the service was registered at the time of the inspection, we must publish this inspection report.

The inspection was carried out by one inspector and an expert by experience. During this inspection we spoke with the head of operations, the deputy manager and one staff member. An Expert by Experience contacted 14 people who received respite support from the service to carry out telephone interviews. An Expert by Experience is a person who had personal experience of using or caring for someone who used this type of service. We also contacted 38 care support staff via email to ask their feedback and 15 of them sent us their comments regarding the service.

During the inspection we looked at the care files of ten people using the service and the personal files of ten care support workers.

Before our inspection we reviewed information we held about the service and information sent to us by the provider (Provider Information Returns). This is a form submitted by provider giving data and information about the service.

Is the service safe?

Our findings

People we spoke with during our telephone interviews told us they felt safe and staff treated them well. One person told us “I feel ever so comfortable when they are around; I know my relative is safe here because they are look after her – all the time.” The service had effective policies and procedures in place so that any concerns were responded to appropriately. During our visit we saw policies on safeguarding adults which focused on the responsibilities of managers, care staff and volunteers. There were similar policies relating to safeguarding children and child protection.

We spoke with the deputy manager and one member of staff about safeguarding. All the staff we spoke with had completed training on safeguarding adults and children and the staff training records we saw confirmed this. The service had a whistle-blowing policy for staff and guidance for managers and trustees of the service on how to respond to any concerns raised.

We saw the policies and procedures used by the service in relation to the Mental Capacity Act 2005 (MCA), autonomy, independence and behaviour management. From the 15 staff who responded seven said they had attended MCA training. Three staff members told us that the MCA was covered as part of the safeguarding training. Four staff said they had not completed any training on the MCA. At the time of the inspection there were no plans for MCA training.

The deputy manager told us that people providing care and relatives could contact the service directly to arrange support. People could also be referred by the local authority or other health and social care professionals. We looked at the care files for ten people using the service and saw the detailed assessments and referral information. These assessments indicated if the relative had received a carers assessment, details about the health of the person applying for respite support and the support needs of the person who would be receiving care during the respite sessions. We saw the initial assessments carried out by the service, current care plans and risk assessments. These included information on daily activities and details of the other health professionals that were involved in providing

care. The care plan for each person provided care support staff with details about the person receiving support, their next of kin contact details and when the care started. There was a section which detailed the person’s care needs including information on the person’s medical condition, continence, nutrition and mobility. We saw a range of current risk assessments in place such as food preparation, medicine management and manual handling. There were also behaviour management risk assessments which identified things that triggered challenging behaviour and described any actions staff needed to take to reduce associated risks.

The level of support required by the person using the service was identified through the initial assessments. The deputy manager reviewed the support needs and allocated either one or two care support workers and this was recorded in the care file.

If the staff member was required to provide support or administer medicines it was recorded in the care plan. A separate form was also completed identifying each medicine, dosage and when it should be administered. We saw completed forms in all the care files for people who received support with their medicines. The staff we contacted confirmed they had received training in administering medicines. One staff member told us “I have received training in administering medicines to clients whereby I give prescribed medicines to clients from their doctor from a dosage box. I am not authorised to give any over the counter medicine.”

The service had clear recruitment and disciplinary processes in place. The deputy manager explained that the human resources role was carried out by an external company. We looked at the personal files for ten members of staff and saw that two references had been obtained for each person before they commenced employment with the service. We saw the staff disciplinary policy and procedures used by the service had identified the roles for different senior staff and defined each level of disciplinary action that could be taken. Staff completed Disclosure and Barring Service (DBS) checks every two years and we saw records of these checks on the staff personal files.

Is the service effective?

Our findings

The provider had identified training they considered mandatory including first aid, personal care, safeguarding adults, health and safety, challenging behaviour management, medication, manual handling and hygiene and infection control. We looked at the training records for 48 care support workers and found people using the service were being supported by some staff who had not completed training identified as mandatory by the provider or had not completed a refresher course to meet the frequency required by the provider.

We saw that five staff had not completed the first aid course and four staff had not attended the refresher course as required by the provider. The personal care training, which the provider required the staff to complete every two years, had not been completed by seven care support workers and another four had not attended the refresher within the specified time period. The provider indicated that manual handling training should have been completed annually but we saw that eight care support workers had not completed the training and 12 staff had not attended the refresher course since before May 2013. Nine care support workers had not completed the infection control training and three staff had not attended the refresher course within the previous two years. The challenging behaviour management training should be completed every two years but we found that 31 care support workers had not completed the course and 11 had not attended the refresher session.

This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the back of this report.

The head of operations told us that a recent audit was carried out of the training records. They found that some staff member's training records were not up to date. A new process was being developed with a local college to provide induction and training courses identified as mandatory by the provider.

New staff completed an induction course for up to eight days based on the Skills for Care core induction standards. New staff would also complete all the training identified as mandatory by the provider. New staff completed up to four

weeks of shadowing a more experienced staff member. We looked at the records for two staff members who had joined the service within the last 18 months and we saw they had completed core induction standards workbooks.

The deputy manager told us that staff had a supervision session with their manager every six months but from April 2014 the service was aiming for quarterly supervision sessions. Annual appraisals were carried out as part of the supervision sessions. We saw notes from supervision meetings in staff personal files.

We asked the staff we contacted if they felt they had the appropriate support and training to do their job and meet people using the service's needs. Fourteen of the staff who responded told us they felt well supported and had confidence that they knew what they were doing in relation to their role. Two staff members said "Yes I do feel confident within my role as a care support worker and naturally all the training I am provided with enhances the knowledge I have gained. I am able to tailor my skills to the different roles I am given", and "Yes I do feel properly supported and have received appropriate training to meet people's needs and if I am not sure about anything I feel I can approach the office and managers with any concerns."

We saw that the care plan for each person using the service identified if the care support worker would be required to prepare food or provide the person with help to eat. The care plan also identified any specific issues related to food and drink including if the person needed soft food or had any specific likes, dislikes or allergies. We asked the care support staff what training they had received, all confirmed they had completed food hygiene training. We saw the food handling and hygiene policy and procedure used by the service. The deputy manager explained and records confirmed that four people using the service had swallowing difficulties and the staff who provided care for these people had received training from the speech and language therapy team during 2011 and 2012. No further training had been completed since then. The deputy manager told us that staff would receive training to meet individual needs when required.

If the care support worker or senior staff member identified any changes to a person's health or support needs the staff would discuss any issues with the carer who receives the respite support. The carer would be supported in contacting the relevant healthcare professional or with the carer's consent the service would make an appropriate

Is the service effective?

referral to, for example, district nurses, speech and language therapist or the local mental health team. The deputy manager said they regularly liaised with specialist

services including Macmillan nurses and Admiral nurses who provide support for people living with dementia. This ensured that people using the service could access appropriate support and medical care when required.

Is the service caring?

Our findings

People told us they felt the staff were very caring. Relatives told us “They are very caring and treat them as an individual” and “The staff ask for permission all the time and they really care for my relative very well”. We saw that care files included personal history information relating to the carer and the person they cared for. This enabled care support staff to know the background of the people they were supporting.

The deputy manager told us people using the service were involved in the initial assessment and the development of the care plan and risk assessments. A person using the service we spoke with said “At the beginning we sat down and I told them about my relative’s needs.”

The majority of staff told us that they read peoples care plans and risk assessments at the start of every visit to check for any changes following any planned or emergency reviews. One staff member told us “I check both the care plan and risk assessment for amendments on each visit and then read fully approximately every three months to refresh myself”.

The head of operations explained that staff signed a code of conduct document which included sections on staff behaviour in relation to privacy, dignity, respect, enabling choice and treating people equally. We saw signed copies of the code of conduct on the staff member’s personal files. There were also codes of conduct for volunteers and trustees.

We asked the staff how they would respect and promote the person’s privacy and dignity. They gave us a range of examples of how they would support an individual’s privacy and dignity. The responses included “I ensure I treat all with respect, sensitivity, respect their privacy and person choice and I will not discriminate in any way. This is set out in our code of conduct which I will always follow and adhere to”, and “I always treat people as individuals and I listen to what they say, when providing personal care I make sure I give them space, leave them alone when needed, ask for their opinion, offer them choices, treat them with respect and using the appropriate tone of voice”. There was a general feeling from the people using the service and the carers we spoke with that the care support staff treated people as individuals and with respect. A carer we spoke with said “They treat my relative with respect and dignity.”

The deputy manager explained that they made sure that enough staff were initially allocated to a person using the service to act as cover during annual leave or if the regular staff member was unable to attend for example due to illness or family emergency. These staff would be introduced to the person using the service ensuring that staff were aware of the background and support needs of the carer receiving the respite visit and the person being cared for.

As some of the people using the service were living with dementia the deputy manager explained that they aimed for a maximum of three care support staff being involved in the care of a person with dementia to reduce the risk of confusion.

Is the service responsive?

Our findings

People we spoke with told us the care plans were regularly reviewed and one person told us “Every twelve months we get a review”. Care plans and risk assessments were reviewed by staff and the carer annually or if there had been a change in the person’s support needs or the risk associated with the care they required. We looked at the care files for ten people using the service and saw the care plans and risk assessments had been reviewed during 2014. We saw that some of the reviewed care plans had the details of any staff members and social workers who were involved in the review but did not indicate if the carer was involved. The deputy manager explained that this information was on the notes taken at the review meeting but was not transferred to the final copy of the care plan which was kept on file in the person’s home and in the office. We saw that the notes from these meetings were kept on a separate file for each person using the service to ensure any confidential information could not be accessed by unauthorised staff.

Care support staff completed daily records detailing the care provided during each visit and the interactions between the person and the staff member. The form had sections for a number of visits and when all the sections were completed the form was returned to the office to be reviewed by senior staff. If the care support worker identified any changes in the person’s care or support needs they recorded their observations as part of the daily record. They also informed the manager of their observations and a new review of the care plan and risk assessments would be carried out if required. During our visit we looked at the daily records for five people using the service and we saw some of the notes were detailed but other notes were out of chronological order making it difficult to track the information relating to the person and the care they had received.

People received the care and support they needed in accordance with their religious beliefs. A member of staff we spoke with told us that to support a person using the service who was Muslim to observe Ramadan the times of some of the daily visits were altered. Care support staff visited the person after sunset to support them in preparing meals.

The deputy manager explained that the service worked closely with local voluntary organisations and if a person was referred to them that they were unable to provide appropriate support for they could refer them to other services. In addition they could also refer people using the service to an appropriate voluntary organisation to receive additional assistance for example to the Citizens Advice Bureau for benefits advice. One person we spoke with told us “They send us information about specialist services and any relevant events in the area.”

When people started to use the service they were given information on the complaints process with a complaint form. We saw a copy of the complaints policy and procedure used by the service. Care support workers said that they knew how to respond to a concern or complaint raised by a person using the service. They told us “I would advise them to speak to the office about their complaint and check they have received or have the complaint procedure”, and “I would deal with the complaint by notifying the office and the manager, if there was a complaint on my behalf I would apologise and correct any mistake that has been made.” During our visit we saw completed complaints forms which included copies of any investigations carried out, correspondence with the person who raised the complaint and the outcome. All the complaint forms we saw had been resolved to the satisfaction of the person who raised the concern.

Is the service well-led?

Our findings

During our inspection we looked at 15 completed questionnaires that had been received as part of the recent survey. The majority of comments were positive about the care received including “I have peace of mind to know that someone is calling in who has care and consideration for your loved one”, “Very helpful and friendly staff who are always willing to assist” and “It has been very satisfactory”. We saw that a questionnaire had been sent out to the people using the service and their relatives earlier in the year.

The head of operations told us the information from the annual survey had not been analysed in the past to identify any areas of good practice or possible improvement in the care provided. Any specific issues or concerns that had been raised in the questionnaire would be responded to. They explained that information obtained from the 2014 questionnaire would be reviewed; an action plan developed if required and the results would be discussed at the annual general meeting planned for November 2014.

The quality of the service provided by staff in people’s homes was not regularly monitored. The head of operations told us that they did not carry out regular spot checks on care support workers while they were providing care. We saw from the ten staff records we looked at that four care support workers who had worked for the service for at least six years had only had one recorded assessment via a spot check during that time. Three care support workers who had worked for at least three years had not been assessed by way of a spot check. The head of operations told us that since April 2014 the service was aiming to carry out spot check assessments for each carer quarterly.

The deputy manager told us that during the annual care plan review people using the service would complete a short survey to provide feedback on the service they had received. The head of operations told us that the feedback from the annual reviews was not analysed but any specific issues that had been raised would be responded to.

The deputy manager told us that policies and procedures were updated quarterly by The Carer’s Trust and any changes to the documents were easily identifiable as they were highlighted. The updated policies and procedures made available in the office and staff were required to read

the revised versions and sign to confirm they understood them. We saw that not all staff had signed to show they had read the amended policies from the April 2014 update. The deputy manager told us the administrator monitored which staff had not read the documents. If after being reminded they still failed to attend they would not be allowed to carry out visits until they had read all the updates. We did not see any evidence to show that staff who had not read the updated policies and procedures were not allowed to carry out support visits.

This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the back of this report.

At the time of our inspection the service had a registered manager but they had been on sick leave for approximately six months. The head of operations told us that the deputy manager was covering the day to day responsibilities of the service. The head of operations would deal with any other management issues. They also had access to support from other registered managers from local branches of Crossroads. A staff member told us “I do feel the service is well led and even in the absence of the manager, the deputy manager and senior managers have always been at hand to advise and support the staff and clients.”

We saw that any incidents, accidents or complaints were reviewed and investigated by the deputy manager. The results of the investigation were discussed at the board of trustees meetings and an action plan was developed if any areas for improvement to the service were identified.

The deputy manager told us the service was in the process of developing a newsletter for staff to cascade information relating to changes in policy, procedure or legislation and any other information relating to the service and their roles. The service currently used a memo containing relevant information which was sent to staff by email or in the post.

We saw the service had clear statements about the organisations mission, vision and values on their website. This information was also given to people using the service and the staff as part of the handbooks they received.

The head of operations told us that the service received information on best practice and any changes in legislation from the Carer’s Trust in addition to the expertise of the trustees. Senior staff also attended conferences, networking events and meetings organised by the local

Is the service well-led?

authority. Information obtained would then be feedback to staff through regular memos and at the quarterly staff meeting. Each quarter meetings were held in the morning, over lunch and in the afternoon to enable as many staff as possible to attend. We saw copies of minutes from previous meetings which were circulated to staff who were unable to attend the meeting. A staff member told us “The managers have been looking at ways they can improve the service and recently have had coffee mornings and open days about our service. We have had regular memos, emails and where possible staff meetings to keep us up to date about the service.”

The Carer’s Trust carried out an annual audit called the Crossroads Care Quality Evaluation Tool and reviewed all

aspects of the service to ensure consistency in Crossroads services. This service was last audited in October 2013 and received a level three grade which is the highest of the three awards available. We saw a copy of the October 2013 audit document during our visit.

The head of operations explained that since the service merged with another local Crossroads service in April 2014 they were working with staff to develop new formats for the care plans and risk assessment across the service. They explained that they were aiming to increase the number of outcomes related to planning care while ensuring the plans remained person-centred. We did not see any information from these discussions during our visit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>People using the service were not protected from the risks of inappropriate or unsafe care because assessment and monitoring of the quality of the service was not carried out fully. Regulation 10 (1) (a)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>People using the service were not protected from the risks of inappropriate care as some staff had not completed training. Regulation 23 (1) (a)</p>