

## Slough Crossroads - Caring For Carers

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### Inspection report

The Corner House  
254A Farnham Road  
Slough  
Berkshire  
SL1 4XE

Tel: 01753525796

Date of inspection visit:  
03 March 2016

Date of publication:  
11 May 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

Slough Crossroads – Caring for Carers (Slough Crossroads) is a voluntary organisation which provides care and support to carers and people with personal care needs. The agency provides support and personal care to children, younger adults and older people.

This inspection took place on the 3 March 2016. We gave 48 hours' notice of the inspection to make sure the people we needed to speak with would be available. We previously inspected the service on 12 September 2013. The service was meeting the requirements of the regulations at that time.

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 were positive about the quality of the care they received and the capability of the care staff who supported them. They were satisfied care staff stayed for the time they were supposed to.

People's safety was maintained and protected. Staff were aware of the service's safeguarding procedure and were able to describe what they would do if they suspected someone was being abused in any way. The service responded appropriately to any safeguarding concerns they became aware of.

Staff received the training and support they required to provide a high standard of care to meet people's needs. Care plans set out clearly how people preferred their care to be provided. People were involved in making decisions about their care.

The provider sought feedback from staff, people who received care, their relatives and from professionals responsible for arranging care. This information was then used to improve the service provided to people.

## 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.

People were protected by robust recruitment processes. Before prospective staff started work, the provider had obtained information about their conduct in previous employment, their health and fitness for the role and any criminal records which might be relevant to their employment.

Risks to people's health, safety and welfare were assessed and then eliminated or managed to protect them from avoidable harm.

People were protected from abuse because staff received safeguarding training to ensure they could recognise abuse if they saw it, knew what action to take and how to report it.

### Is the service effective?

Good ●

The service was effective.

People received the length of visit they expected, their visits were usually at the time they expected and usually from a consistent team of care staff.

Staff had the skills and training required to provide good standards of care. This included assisting people to eat and drink, manage their medicines safely and provide assistance with their personal care.

Staff understood the implications of the Mental Capacity Act 2005 for the way they supported people to make decisions for themselves wherever possible.

### Is the service caring?

Good ●

The service was caring

People were positive about the way their care was provided. They told us they had a good relationship with their regular care staff and were always treated with respect.

People were involved in decisions about their care and staff supported them to remain as independent as possible.

People told us that their dignity and their confidentiality was protected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff were able to tell us about the care needs of the people they regularly provided care and support for and were able to identify events and people who were important to them.

People said they felt their regular care staff were interested in them as individuals. They said they were able to make adjustments to the way their care was provided where that was necessary.

People and their relatives knew how to make complaints if they needed to.

### **Is the service well-led?**

**Good** ●

The service was well led.

People who received care and those responsible for arranging it for them benefitted through improvements made over time by the provider to systems and ways of providing care.

Staff were provided with appropriate leadership and support. The manager and staff were open, willing to learn and worked collaboratively with other professionals to ensure peoples' needs were met consistently.

There were effective quality assurance systems in place to both monitor the quality of care provided and drive improvements within the service.

# Slough 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 3rd March 2016 and was carried out by one inspector. We gave 48 hours' notice of the inspection to make sure the people we needed to speak with would be available.

Before the inspection we reviewed the Provider Information Record (PIR) for the service and previous inspection reports. The PIR is a form that asks the provider to give some key information about a service, what the service does well and improvements they plan to make. We also reviewed notifications and other information about the service we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted four health professionals, for example, GPs, to seek their views about people's care. We also asked for feedback from six community social care services who had knowledge of the service

During the inspection we received feedback from six people who used the service and five care staff plus the registered manager and senior staff. We looked at four care plans including medicines administration records, three staff recruitment files and training and supervision summary records for all staff.

We were readily provided with additional information from the service management team in response to any requests we made for clarification or to provide further evidence where that was needed.

# Is the service safe?

## Our findings

People who received care told us they were very satisfied the service provided by Slough Crossroads was safe. "I feel myself to be secure and in capable hands" was one comment and another person said; "Very satisfactory and safe at all times".

Staff confirmed they had received appropriate safeguarding adults and children training. This was supported by staff training records. These included details of initial safeguarding training for new staff as part of their induction, with periodic refresher safeguarding training thereafter for all staff. Staff were able to explain to us what constituted abuse, how it might be recognised and what they would do if they saw or suspected it. Copies of the provider's safeguarding policy and procedures were readily available to staff.

People were protected from identifiable and avoidable risk whilst care was being provided. Risk assessments were carried out when initial referrals for care were received. Care plans included risk assessments for moving and handling, environmental risks, health and safety and medicines, amongst others. Risks to staff were also identified and plans put in place to manage or eliminate those risks. We confirmed risks were reassessed at regular intervals or when any change in risk became evident. This meant people continued to receive safe and appropriate care and support.

People told us their care workers did all they could to prevent and control infection, for example, by using hand gels, gloves and aprons appropriately. " They are quite fastidious" was one person's assessment.

People received a safe standard of care from the correct number of staff. People told us whilst there could be changes to the staff that provided their care, there were always the right number of staff.

In our contacts with people who received a service or commissioned them, we found people were very complimentary about the reliability of the service, including one person who had experience of the support provided for a member of their family for 20 years.

People received the support they required with their medicines. Staff confirmed they had received appropriate medicines training and this was supported by training records seen. There was a detailed medicines policy and procedure in place.

The provider confirmed there was a business continuity plan in place and we discussed details of how the service responded to, for example, adverse winter weather conditions. This included a system to prioritise those visits where no informal support for people was available.

Computers were password protected where they contained confidential information. Systems were backed up. Staff received training in first aid and knew how to respond to emergency situations in people's homes, for example in the event a person had fallen and injured themselves.

We looked at the most recent staff recruitment files. We found people who received care and support were

protected from the employment of unsuitable staff as appropriate checks had always been made and recorded about the applicant's conduct in previous employment, their health and their suitability to provide care to sometimes vulnerable people, including children.

# Is the service effective?

## Our findings

People who used the service told us they did not have any particular issues with communication. "On the whole it is very good" was one person's assessment. In the current satisfaction survey 34 out of 37 people (92%) who responded said they were satisfied with communication. The feedback we received from community professionals, including those who arranged services for people was positive about communication and responsiveness.

People's right to make decisions about their care and support were understood and supported. Staff were aware of the implication for their care practice of the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people's right to take decisions over their own lives whenever possible and to be included in such decisions at all times. We confirmed with staff, the provider and from training records that training on the MCA was included for all staff within the safeguarding training they received at their induction and through subsequent updates.

People received care from staff who received the support they needed to help them do so effectively. Staff confirmed they were supported through periodic supervision. Whilst the frequency of formal supervision was variable, all the staff we spoke with said they could ask for support or discuss any issues or concerns at any time. There were, in addition, team meetings and annual appraisals and we saw records of these. For example, we saw minutes of monthly staff meetings for December 2015 and January and February 2016. These gave staff an opportunity to raise any concerns, ask about training and share best practice amongst their teams. The minutes we saw included details of upcoming training, safeguarding procedures and whistleblowing for example. Good practice issues were also discussed together with updates to people's risk assessments where changes to the pattern of their care had been identified.

In the annual employee satisfaction survey of 2015, approximately 89% of staff who responded said their line manager or another manager gave them advice and support when needed. "Wherever advice has been needed I have always been able to contact a manager to talk to" and "I don't have to wait for the official supervision to speak with my manager or assistant manager, I've done it when I needed and they have been very helpful" were two typical assessments of the support available to staff.

People received care from staff who received training to enable them to do so safely and effectively. Staff told us they received appropriate training. They said they felt they had the necessary skills and experience to meet people's needs effectively. We saw training records which detailed the training staff had received and when it had been undertaken. Where training required periodic updating, this was done. Training records showed staff undertook recognised national training qualifications, and specific training in, for example, dementia awareness and palliative care. In the annual employee satisfaction survey of 2015 17 out of the 18 staff who answered said they received the training they required to effectively carry out their job. Staff were slightly less positive about the opportunities available to them to develop their career.

The service checked on staff performance and obtained feedback from people about the skills of staff. People also told us how the service's management contacted them to ask if staff performance was



satisfactory. People and their relatives said the registered manager had responded when any issues were raised or when a change of care staff was requested. "When the need arises the manager is always available to discuss any issues".

Care plans we saw included contact details for family and health services relevant to the person. Staff told us they would support people to attend appointments, for example by calling earlier than usual to help them get ready. They were able to give examples of how they passed on concerns about people's health to family carers or health professionals to ensure people had access to the specialist health support they required.

Care plans and care staff programmes of work included details of any support people needed with food and drinks. Training records confirmed staff had received appropriate training in food hygiene and safety. This meant people were protected by safe and effective support with food and drink.

## Is the service caring?

### Our findings

People who received care and support were very positive about the standard of care they experienced. People told us they were happy with the support they received. "Care is excellent", "Very happy to recommend Slough Crossroads" were some comments made to us.

The people we contacted by telephone said they were treated with dignity and respect. "The visits are enjoyable as the carers are always cheerful and promote self-respect and confidence". When we contacted staff, we found they understood the need for people's dignity to be protected during the provision of care and how this could be achieved.

People were able to influence the way their care and support was provided to ensure it met their needs in the way they wanted it to. People were supported to express their views and to be involved in making decisions about their care and support. When we spoke with care staff they were able to tell us how they made sure they supported people where necessary to ensure they were able to express their views and make decisions about their day to day care.

Care plans included contact details for family and professionals involved with the person's care. People told us they were able to discuss their care with their care worker and that they felt able to ask them to do things in the way they preferred. Those care plans we saw included very detailed information about what was to be done and people's preferred routines. Staff told us they always asked people, when they first provided care for them, how they liked things done. "They (the office) always provide information about the new clients". Staff had a good understanding about how independence and choice could be promoted and supported.

In the latest service quality evaluation study for 2015, 35 (90%) of people who responded said they were 'satisfied' with care workers level of confidentiality. 34(87%) were satisfied with the communication between themselves and Crossroads Slough. One parent reported in the same survey ; "It gives (their young adult) opportunities to practice social skills to be independent". Another person said; "The carers are very caring and encourage me to do what I can for myself".

There were details of advocacy services available to people where this was needed (Advocacy is independent support provided to ensure and facilitate the person receiving care's voice is heard and understood.) We were told that in most cases, people were able to self-advocate. The role of advocate, where required and appropriate, was usually filled by significant family members.

The service did not routinely provide end of life, palliative care although they did have appropriate policies, procedures and training in place were they to do so. They told us they would ensure appropriate specialist services were engaged in those circumstances. Where people who received care and support died, staff would be offered any counselling or support they required.

The provider had an equality and diversity policy in place and equality and diversity training was provided for staff. The current workforce was representative of the local population served by Slough Crossroads.

## Is the service responsive?

### Our findings

People were very satisfied with the care they received. They told us they usually had the same team of care staff, except when their 'usual' care staff were on holiday or sick. They told us they had a good relationship with them and that the care staff knew how they liked things done. "We have been with Crossroads for nearly six years and have been extremely pleased with the service they have given us."

People said they felt they were treated as individuals, that regular staff knew how they liked their care provided and were flexible and adaptable. This included if they required specific help, for example, in order to keep a community health or family appointment. One comment we saw recorded said; "I could not manage without Crossroads, having the service makes a huge difference".

People's care needs were assessed prior to them receiving care. This helped to ensure that staff could effectively meet their needs. These assessments were then used to develop care plans and guidance for staff to follow. Assessments and care plans included information about people's health, physical and social support needs. They also included information about what was important to the person and how the person preferred their care needs to be met. We looked at four care plans during our inspection. There were preferred visit times recorded and guidelines in place for each visit so that care staff were clear about the care and support that was to be provided.

Examples of care and support that people received included assistance with personal care, preparation of meals and drinks, assistance with medicines, household assistance, providing respite for family carers and social and welfare calls. We saw that there were agreements in place, signed either by the person or their representative, regarding the care and support to be provided.

Care plans were subject to periodic review to ensure they remained accurate and appropriate. Reviews of care could also be triggered at any time when there were significant changes in people's care and support needs.

Staff we spoke with gave examples of the different types of care they provided for people. They told us they were aware of people's family circumstances and important events and people in their lives. They told us when they provided care and support to people for the first time they were given the appropriate information they needed. They said they were able to read the care plan to get the key details they required and would also always ask the person themselves about how they wanted their support provided.

We saw copies of the compliments and complaints policy. This was provided to all people who received care and support. It included contact details for the service and local authority commissioners of care, the Local Government Ombudsman and the Care Quality Commission (CQC). People said they knew how to make a complaint. We looked at the most recent complaints records. In the current satisfaction survey responses, we saw all five complaints made had been resolved to the satisfaction of the persons concerned. There were significantly more compliments recorded than complaints and over half of those who responded to the satisfaction survey for 2015 rated the service as ten out of ten.

## Is the service well-led?

### Our findings

People were regularly asked for their opinion about the care service they received. We saw that there was regular contact with people to obtain their assessment of the quality of the services being provided. Surveys were sent to people who used the service. We found statistical analysis had been carried out on these surveys to identify areas of strength and where improvements could be made. For example, increased spot checks to improve the monitoring of home-held records. Identified, where possible, career development opportunities for staff through staff supervision meetings.

The service had a core staff team with many years' service, this included the senior management team and provided significant consistency and experience.

Care staff said they were confident about reporting concerns about care or poor practice to the service's management team. We saw examples of where this had been done and the action taken as a result to address those concerns and to improve, for example, the consistency of care provided.

There was an open culture within the service. Staff we spoke with were aware of the whistleblowing policy and said that they would not hesitate to report any incidents of poor care practice when this arose.

Staff told us they received regular supervision by their line manager. Records of supervision planned and those which had taken place confirmed this. We saw minutes of team meetings held, which recorded the exchange of information and discussions around best practice. This meant staff were able to be supported and to support each other as a team.

The management of the service had been proactive in seeking new and improved ways of commissioning and delivering care to people in their own homes. The registered manager was actively involved in discussions about the enhancement of services available to people within the Slough area with other providers and partner agencies.

Administrative roles within the service were well-staffed and equipped. For example key personnel had access to data and records through the computers and systems provided for their use. This enabled the service to operate effectively.

Audits were completed by members of the management team. These included observations of support being provided through spot checks in people's homes. These were also an opportunity to check the accuracy and completion of records held in people's homes. There were, in addition regular reviews of care

The provider's values and mission statement were clearly set out in communications with staff and people who used the service. This included a 'Why we are here' statement; "We're here to make lives that little bit better for carers and their families".

We found the provider understood the implications for them of the new regulations in respect of 'Duty of

Candour'. This requires providers to practice clear, honest and effective communication with people who receive care and support, their families and carers, including when things go wrong.