

Oxfordshire Crossroads

Crossroads Care (Oxford)

Inspection report

Crossroads Centre
Harberton Mead
Oxford
Oxfordshire
OX3 0EA

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Website: www.oxfordshirecrossroads.org.uk

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

About the service

Crossroads Care (Oxford) is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 102 people were supported by the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People continued to receive safe care. One person commented: "I couldn't feel safer in their company actually". Measures to manage any risks assessed were appropriately put in place. People received medicines as prescribed and staff knew how to maintain good infection control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to have a balanced diet and various professionals were regularly involved in people's care to ensure they received the right care and treatment. People received effective support from staff who were suitably trained and skilled.

People told us staff were caring and kind and provided compassionate care. People complimented the staff saying: "They are all absolutely marvellous" and "I have perfect carers". Staff treated people with dignity and respect and people were supported to remain independent. There were processes in place to maintain people's confidentiality.

People's care plans were personalised to reflect people's personal preferences and choices. Staff knew people's needs well. People were supported to maintain social relationships and other activities of their choice to reduce social isolation. People knew how to complain, and complaints were investigated and responded to appropriately.

People's views were considered to improve the service. A number of methods were used to monitor the quality of the service people received. The management team had plans around continuous improvements and improving the standards.

The provider and registered manager ensured they met the regulatory responsibilities including requirement to display the rating and to return the Provider Information Return (PIR) to the Care Quality Commission.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 21 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Crossroads Care (Oxford)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We contacted 15 people who used the service and five relatives to get their views about their experience of the care provided. We spoke with, the registered manager, development manager, care manager, one coordinator and four care staff.

We reviewed a range of records. This included five people's care records and samples of medication records. We looked at three staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including complaints log and the audits were also viewed.

After the inspection

We contacted the local authority and professionals who work with the service to obtain their views about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when supported by staff. Comments included: "I feel very safe with all of them (carers)" and "I couldn't feel safer in their company actually".
- Staff had received safeguarding training that ensured they had up to date knowledge about the protection of people from the risk of abuse. There was evidence the provider appropriately reported any safeguarding concerns to the local safeguarding team to protect adults at risk.
- The provider had clear policies for staff to follow that included whistle blowing. Staff confirmed they knew how to escalate and report any concerns, including reporting to external agencies. A staff member said, "They (management team) do take whistle blowers seriously".

Assessing risk, safety monitoring and management

- People's individual risks had been identified and the necessary risk management plans were in place. For example, risk assessments included moving and handling, falls management, skin integrity and equipment used. When applicable the risk assessments included the information when a piece of equipment was last serviced. For example, one person's risk assessment showed the date of when their stair lift was last checked.
- Risk management considered people's environment ensuring any risks were outlined and management systems put in place if needed.
- The provider had a business continuity plan with information of what to do in various emergencies, such as an adverse weather scenario. There was a system in place that ensured the most vulnerable people, for example who lived alone would always have a visit. The provider ensured access to four wheel drive vehicles where needed, such as for driving in the snow.

Staffing and recruitment

- There were sufficient staff to keep people safe. People appreciated timekeeping could vary due to the traffic, but people were informed if staff were to be late. One person said, "If they are going to be a little late they phone up to tell me". People received information of which staff member was due to visit them for the week ahead and for continuity of care. There had been a small number of missed visits because of the rota or a human error. These had been rectified, apologies made, and systems put in place to prevent reoccurrence.
- Staff told us they had regular rotas and they were able to build up trusting relationships with people they regularly supported. Staff said rotas were done in a way they did not need to rush and had sufficient time to travel between people's visits. Staff appreciated the importance of continuity of care, one staff member said, "They (people) may forget the (carer's) name but not face or voice, familiarity is really important".
- The provider ensured safe recruitment and selection processes were in place. This helped them to make

recruitment decisions and helped to prevent unsuitable people from working with people at risk. The provider used the Value Based Recruitment approach that enabled them to source staff with the right attitude and skills.

Using medicines safely

- People received varying levels of support with taking their medicines this included prompting or assisting with taking these. People told us how staff supported them, "Yes I take tablets, I do that myself but they (carers) always check that I have taken them" and "They (staff) remind me and ask if I have taken it".
- Staff received training to safely administer people's medicines and the management audited the records on regular basis to ensure these reflected accurately the support people had.

Preventing and controlling infection

- Staff had training and knew how to follow infection control procedures. Personal protective equipment such as gloves and aprons were readily available in the office for when assisting people with personal care.
- People told us staff followed good practice infection control guidance. One person said, "They put gloves on when they wash and shower me and aprons when they prepare the meals, it is always correct".

Learning lessons when things go wrong

- There was evidence the management team reflected on how things could be improved and took appropriate, corrective action when needed. For example, when it had been identified staff struggled to keep up with timely audits of medicines records, an additional administrator had been appointed. Their role was to carry out initial checks and provide feedback to team leaders. This meant any individual issues, such as when a gap in recording was identified, could be raised with the relevant staff. The registered manager told us the new system was going well and they identified an improvement in recording.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to supporting a person, an initial assessment of their needs and care was carried out. This identified all tasks to be completed at each visit to achieve good outcomes for people. Where applicable an assessment from commissioners was used to inform this process.
- People and their relatives where appropriate, were involved in the process of the initial assessment. One relative said, "I did some research and someone at the GP surgery mentioned them (Crossroads), I think a nurse. I rang them, and they arranged assessment to make sure the expectations were clear. They explained 3 - 4 carers will provide care, they look at premises and equipment, very efficient".

Staff support: induction, training, skills and experience

- People and their relatives said they thought the staff were well trained and competent in their jobs. One person commented, "They all seem to know what they are supposed to be doing".
- Staff told us, and records confirmed staff received the training and support needed to carry out their roles effectively. New staff were paired up to work with experienced staff to shadow correct practices and get to know the people they would care for. Staff also felt they were well supported and had regular supervision with their line manager to discuss work related practices and training needs. A staff member said, "We are well supported".

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans contained information about people's nutritional needs and any likes or dislikes. For example, one person's care plan stated, "Soft and bite sized food". Another person's care plan stated, "Strongly dislikes bananas".
- Where people needed assistance with meal preparation they were supported to maintain a balanced diet. Staff also helped with preparation of food and snacks.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People told us how staff supported them with accessing health services. Comments included, "One morning I wasn't feeling good at all, my carer telephoned my GP and she stayed with me until the GP came to see me" and "They phoned the paramedics when they found me, I had fallen and grazed my knee".
- Where required, the service worked alongside other professionals, for example district nurses, local hospitals or other care agencies to ensure people received good care and relevant support. There was evidence where required staff had been trained by a medical professional to ensure they were able to meet people's specific needs, for example, around using a specialist equipment.

- We received positive feedback from an external professional who said, "We find them to be very reactive to training needs and happy to help where they can".
- Staff knew people's needs well therefore they were able to respond to people's specific health and social care needs. For example, recognising changes in a person's behaviour and well-being.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

We checked whether the service was working within the principles of the MCA

- Staff ensured people before receiving care were asked for their consent. People's individual wishes in how they wanted their care to be delivered were respected. We saw people signed their care plans and assessments.
- People's rights were protected as staff knew how to support people to ensure they worked in line with the MCA. One staff member said, "Not to assume the person you work with cannot make own decisions".
- People's care plan highlighted the importance of respecting people's rights to make own decisions. For example, one person's care plan stated, "Always consult me about every aspect of care".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were complimentary about the staff who supported them. Comments included, "They are all absolutely marvellous, I am so, so grateful for all they do for me they really are fantastic. I would give them five stars, they go the extra mile, they go beyond the formal requirement and do lots of extras" and "I have perfect carers, there are no problems, and everything runs smoothly for me".
- Staff demonstrated a very caring approach. One staff member said, "Caring is so much more than (giving) cups of tea and taking someone to toilet. It's about the person behind it. It's someone's mum, someone who used to be a doctor – and you make their lives better".
- Staff built positive, meaningful relationships with people. People commented, "I am fine with them (staff) all, they are relaxed, I have no problems at all and most of the time I am given the same ones. They are often in good spirits when they are here".
- The team was committed to respecting equality and diversity. One staff member said, "We had equality training, we would treat everyone the same". The provider produced a leaflet around LGBT (lesbian, gay, bisexual, and transgender) community to raise the awareness and ensure staff knew how to empower people to be more open about their needs.

Supporting people to express their views and be involved in making decisions about their care

- People said staff listened to instructions of how they wanted their care and support delivered. One person said, "If I ask them to do anything, they always will do it". Another person added, "They are wonderful, I have no problems at all, they are busy, busy people but they always make me a cup of tea and take out the rubbish and help me with little things like that".
- People commented the support they had met their choices and expectations. One person said, "They don't rush at all, but they always manage to do everything that they need to do for me".

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they encouraged people to complete tasks for themselves to promote people's independence. One staff member said, "People's all needs interlink and it's all about the person, we need to be more positive (with approach), it's not about what they can't do but about giving people as much control as they can have".
- People's dignity was respected and people told us they felt comfortable when staff supported them. People said, "I would recommend them to anyone" and "I have recommended them to other people too".
- People's confidentiality was respected, and care records kept securely. People told us staff never discussed other people's issues with them. Where an information was sent electronically the provider used a

secure email system.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received support that was flexible, responsive and met their needs. One person said, "The carers all know that they have to wait after they knock the door, they are patient and a couple of them always offer to take my rubbish out to the dustbin for me". Other comments included, "I like an early visit and they come for an hour at 7.00 o'clock" and "After a serious injury and stay in hospital it is only because of Crossroads that I managed to be able to live in the community".
- People's care plans were developed from assessments that identified people's care and support requirements. These were detailed and current. People's care records were reviewed routinely and when people's needs changed. Staff were well aware of people's needs they supported. An external professional said, "The initial assessment, care plan and risk assessment documents that I saw were of a high quality and person-centred and this is the area in which I think Crossroads does well".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us that he would provide documents in different formats if required, there was large print information available as well as information leaflets in other languages. The staff used flashcards and storyboards to aid communication if needed. People's communication needs were reflected in their care files. For example, one person's care plan stated staff needed to ensure 'good, clear speech' for the person to fully understand them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider proactively encouraged people to take part in social activities. One person told us about one of the extra initiatives that Crossroads provided for them over the years. They said, "They (staff) knew that I was interested in an event, an annual Art Event in Oxford that they knew I had always gone to and they suggested they could provide me with two carers and take me".
- The staff appreciated the importance of people leading active social life and ensured people were supported to attend their chosen activities. One staff member said, "One person goes to day centre, we must do her visit in time for her (to be ready) to go there, it is part of her routine and it is essential that she goes there".
- The provider created opportunities for people to access various free or heavily subsidised services, such as

gardener - handyman, provision of emergency continence aids, music group, Forget-Me-Nots dementia group, befriending, community garden project, adapted vehicle hire, The Vincent Project - helping people access the arts for free. They also stored and deliver food and household goods to people in need.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain, and they were happy to ring the office if needed. One person said, "We know to ring the Crossroads office if anything goes wrong or if we want to report something".
- The complaints log demonstrated complaints were dealt with as per the company policy. There were numerous compliments received by the team from people and relatives.

End of life care and support

- No people were receiving end of life support at the time of our inspection. However, staff had end of life awareness training and would work with other professionals if needed to ensure people had a pain free and dignified death. To provide added peace of mind to people, the provider fundraised to provide support for family carers when a person who used a service passed away. The registered manager arranged this to support the bereaved family with daily tasks or give guidance after losing the person they had cared for. This gave the person peace of mind that their loved one is not left alone immediately after they passed away.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Crossroads Care is a registered charity and the feedback we received showed they were able to meet their aim of "Whatever your need, we will strive to accommodate you with an inspiring package of care that fits around you and your family". The team were passionate, enthusiastic and motivated to provide good care to people.
- People complimented how the service was run. One person said, "The administration (office team) is good and the carers are fantastic". Another person said, "They are very good, there are some really nice people, they are flexible and do care".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by an experienced registered manager who worked at the service for 19 years. He was well supported by the directors. There was a clear staffing structure and each geographical area had a designated care manager and care co-ordinator.
- Staff demonstrated a strong sense of belonging to the company. One staff member told us they had previously worked for Crossroads Care and they returned to work for the organisation after working elsewhere. They said, "You don't realise what you got unless you lost it".
- The registered manager ensured their quality assurance system remained effective, they regularly monitored a number of areas such as
- The provider met the regulatory requirements, including ensuring their latest CQC inspection rating was displayed at the office and on their website, to inform people seeking information about the service of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider ensured people were able to feedback about the support they had in a number of ways. There was open door policy, people were telephoning the office and regular spot checks and reviews took place. One person said, "They send a (survey) questionnaire around to us from time to time and sometimes one of the senior carers come around to make sure everything is going alright".
- The provider issued regular newsletters, for both people who used the service and staff. Examples of areas covered in people's newsletters included; important updates and signposting to local and national carers' initiatives and schemes. The staff newsletter reminded about good practice guidance and celebrated

individual staff's good performance

Continuous learning and improving care

- There was an emphasis on continuous development. The registered manager was in a process of sourcing a new electronic system to be used for care planning and staff login. They ensured the team was involved and a demonstration session took place. They hoped the introduction of the new system would reduce the need for paper documentation and allow instant monitoring of the records.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood his responsibilities under the duty of candour and they kept people and where applicable their relatives informed when needed.

Working in partnership with others

- The team worked closely with a number of local health and social professionals, other care companies, care providers' associations and various charitable organisation to make sure the service they offered to people met their needs. The registered manager signed up for update emails from the Medicines Healthcare Products Regulation Agency (MHRA), and the Health and Safety Executive (HSE) to ensure any alerts were reviewed against their own practices. There were regular meetings held with the carers' organisations to discuss best practice and changes in care trends.