Surrey Crossroads

Crossroads Care Surrey

Inspection report

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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

Crossroads Care Surrey is a charity run domiciliary care agency that provides support to family members who care for people in their own home. The aim of the service is to provide short periods of respite (normally 3 - 3 ½ hours per week) for the carer by giving care and support to the person they care for. At the time of our inspection the service was supporting 950 people. Approximately 200 of these people were children. Support for adults was mainly provided in people's homes and for children in their homes after school and in Saturday clubs. Everyone receiving support had personal care planned, but for most people this was never or only occasionally provided.

There was a registered manager in post. 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.

There was a risk that people's rights would not be protected because people had not consented to care in line with the Mental Capacity Act 2005 (MCA). The registered manager accepted this and planned to carry out mental capacity assessments at people's next reviews.

Carers felt that the people they cared for were safe. People's care records contained up to date risk assessments to guide staff in how to protect people from risks whilst enabling them to remain independent. People were protected against the risks of potential abuse because the provider followed safe recruitment practices and staff knew how to safeguard people. People were supported by sufficient staff to meet their individual needs, and medicines were administered safely.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff were supported and received regular supervision.

People's dietary needs and preferences were met. People's health care needs were monitored and any changes in their health or well-being were reported to their carer. For those people receiving end of life care staff worked in partnership with hospices, palliative care teams and community nurses to support people.

People were treated with kindness and compassion and staff knew people well. People were matched with staff according to their interests and received care from regular staff. Staff promoted people's privacy and dignity and encouraged their independence.

Care plans were detailed and contained information on how people's needs should be met as well as their lifestyles and preferences. Carers and the people they were cared for were involved in developing their care plans. People's needs were assessed and their care was regularly reviewed.

People had access to activities and were able to choose what activities they took part in. Carers knew how to

make a complaint and raise concerns. Carers had their concerns responded to.

The registered manager promoted a positive culture and supported their staff. Staff were involved in the running of the service. Carers had opportunities to feed back their views about the quality of the service they received. Audits and surveys were completed and were used to make improvements to the service carers and the people they cared for received.

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 supported by sufficient staff to meet their individual needs.

Carers told us the people they cared for were safe.

Care records contained up to date risk assessments so staff had guidance in how to care for people whilst protecting them from risks.

The provider had followed safe recruitment practices.

People were protected against the risks of potential abuse because staff had been trained to recognise and report any concerns.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

There was a risk that people's rights would not be protected as staff had not worked in accordance with the principles of the Mental Capacity Act 2005.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager.

People's dietary needs and preferences were met.

People's health care needs were monitored and any changes in their health or well-being were reported to their carers.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff.

People had their dignity and privacy maintained because staff knew people very well and treated them with respect.

People were matched with staff and received their care from regular staff

Staff encouraged people to be independent.

Is the service responsive?

Good

The service was responsive

Peoples care had been planned with the carers' involvement. These plans guided the staff in providing individualised care focussed on people's needs, lifestyles and preferences.

People had a range of activities they could be involved in which carers said they enjoyed.

Carers knew how to complain and their complaints had been used to make improvements.

Is the service well-led?

Good

The service was well led

Audits and spot checks were completed frequently and were used to make improvements to the service.

Carers had opportunities to feedback their views about the quality of the service they received.

Staff were involved in the running of the service and they felt supported.

The service had a positive culture and the registered manager and staff were involved in other key local organisations and forums.

Crossroads Care Surrey

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 22 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure the registered manager would be available to assist us with the inspection. The inspection team consisted of two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with nine carers, seven staff, the registered manager and the deputy care operations manager. We also reviewed a variety of documents which included the care plans for 17 people, 20 staff files, training records, quality assurance monitoring records and various other documentation relevant to the management of the home.

This was this service's first inspection since being registered in November 2015.

Good

Is the service safe?

Our findings

Carers told us they felt their relatives were safe. One carer said, "They (the person) are safe. We have had the same staff member for 17 years and they are like family." A second carer said, "Yes they are safe. There are no problems there," and a third carer said, "The staff member is very good with my husband and I trust them completely." In the 2016 annual survey one carer said, 'I know my son enjoys time with the support worker and I have peace of mind while I leave him with you'. A second carer said, 'It is a fantastic service - it enables my husband and I to go out - with the knowledge that our daughter is in wonderful safe hands.'

Care records contained up to date risk assessments to keep people safe. People had risk assessments for falls, mobility, mental health, their accommodation, fire, social outings, and pets. For example one person who was assessed as at medium risk of falls due to being unsteady had a risk assessment that said staff should, 'give prompts and reminders if required' when out in the community with them. Another person who had poor mental health could become ill if they became hot. Their risk assessment said staff were to avoid direct sunlight to avoid triggering them becoming ill. The risk assessment also detailed how the person's behaviour would change if they became ill and staff were to report back any concerns they had.

There were sufficient staff to meet people's needs. The service employed 165 care staff working in six teams across Surrey, 22 office staff and 22 volunteers. The volunteers worked in the clubs preparing meals and supporting activities. Carers told us there were sufficient staff, that staff arrived on time and that the service would change their time if needed. One carer said, "The staff member is always on time and they do the best to cover for them when they are on holiday." In the annual survey one carer said, '[Name of staff member] is always punctual and very accommodating if I need to vary times and dates which is a comfort for me when arranging appointments'. A scheduling system was in place that ensured consistency. People always had the same staff, except when they had leave. The system was up to date and used maps to locate replacement staff when needed. Staff told us that the scheduling worked well. One staff member said, "They work with us, I work very much how I want to work. They are very good in that respect," and a second staff member said, "We cover a few areas and the scheduling works fine." Ninety seven per cent of carers in the 2016 carers' survey said that staff arrived on time.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff understood what to do if they suspected any type of abuse. One staff member said, "First of all I'd report back to my manager. Depending on the situation, I might ask the person about it. We can write reports and use body maps. If I wasn't happy I'd speak to the social workers and raise my concerns." A second staff member said, "I would record and report it. If I didn't have any joy from the office I'd go further and speak to social services." A safeguarding policy and whistleblowing policy were available to staff. Staff had received training in adults and childrens safeguarding.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults and children. Records seen confirmed that staff members were entitled to work in the UK.

People's medicines were managed and administered safely. Records were kept of people's medicines and medicines administration records charts (MAR) were available. However very few people received support with the administration of medicines. This was confirmed by carers. One carer said, "I do the medication, they (the staff) only rarely have to give them medication and they know what they are doing." A second carer said, "They (the staff) are authorised to, but I do it."

We checked the records in relation to accidents and incidents and found that appropriate action had been taken following accidents and incidents. In 2017 there had been 54 accidents and incidents. Incident forms were completed for a range of reasons, and actions identified to prevent them reoccurring. For example one child had thrown an object out of the window when staff were supporting them. This was something the child did not normally do. The staff member fed back to the parents and healthcare professionals and the care plan was updated to ensure staff were aware of this when supporting them in the future. Another person had missed a bus. The family were called and informed and the bus company were spoken to as they had come at the wrong time and were not aware the person could not wait alone. There were procedures in place for staff and the managers to follow should an accident or incident occur.

The provider had developed plans to help ensure that people's care would not be interrupted in the event of an emergency.

Good

Is the service effective?

Our findings

There was a risk that people's rights would not be protected because people had not consented to care in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw recorded on people's files details of whether someone could make a decision or not. However, no mental capacity assessments had been completed for specific decisions. Some people had their consent to care being provided signed by a relative but there was no evidence in the records that the relatives had lasting power of attorney. Staff told us they had received training on the MCA and this was confirmed by records.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. One carer said, "I leave them (the staff) to it, I feel they are confident enough." A second carer said, "They are very experienced and know [name of person] well". A third carer said, "They are very, very good staff." Ninety six per cent of carers in the 2016 carers survey said that staff were well trained. One carer said, 'I know all your carers get up to date training.'

Staff had received induction training which included completing the Care Certificate and shadowing more experienced staff for three weeks. The Care Certificate is a nationally agreed framework which sets a basic standard for the skills staff need to have in order to support people safely.
Staff received refresher training to help ensure they remained up to date with best practice and were able to meet the needs of people. One staff member said, "The training's always up to date. I did dementia awareness and learnt how little things make a big difference to people living with dementia." A second staff member said, "I did PEG (this is a feeding tube that allows nutrition and fluids to be put directly into the stomach) training recently. I support a child who uses a PEG and now I feel much more at ease." A third staff member said, "The training is very good. Some of it is eLearning. The last one I did was epilepsy training. This helps me support one person who has epilepsy." Records demonstrated that staff received regular refresher training. This included training in dementia, moving and handling, epilepsy, nutrition, lone worker, care planning and risk assessment.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager. All staff said they received regular supervision. Some said they did theirs on the telephone, others face to face. They said they could choose what suited them best. One staff member said, "I do face to face supervision and it's very helpful. We have a choice and can do telephone supervision."

The staff met people's dietary needs and preferences. One carer said, "They cook Monday lunch time. [Name of person] seems happy enough and they eat what is offered." A second carer said, "Staff cook and [name of person] loves it". Most people did not have support with eating and drinking but where they did people's food preferences were recorded and support was planned. For example one person who liked to have a cake after drinking tea had this in their records. Another person who needed their drinks thickened had a

care plan that contained information for staff on how much thickener to add and where it was to be stored safely.
People's health care needs were monitored and any changes in their health or well-being were reported to their carer. This was confirmed by carers. For those people receiving end of life care staff worked in partnership with hospices, palliative care teams and community nurses to support people.

Good

Is the service caring?

Our findings

Carers told us that their relatives were treated with kindness and compassion in their day-to-day care. One carer said, "They are caring. I wouldn't mind them looking after me". A second carer said, "They are always advising me and are very caring indeed. They have bought [name of person] out of their shell. They have built a fantastic rapport with us both". A third carer said, "Yes staff are caring, very much so." A fourth carer said, "They are really good. They are always helping [name of person] and me; they go over and above their duties. A fifth carer said, "I think they do this selflessly, I am very, very lucky." A sixth carer said, "I had to go to the doctors the other day and I wasn't sure how long I would be there so I needed someone to look after [Name of person]. They sent someone straight away."

Staff were matched with people. At reviews, people were always asked if they got along with the staff allocated to them. The rostering system matched people to staff which meant people always saw the same staff and could build up relationships with them. Where carers had requested changes, these had been made. Ninety five per cent of carers in the 2016 carers survey said that they got the same staff member on each visit. One carer said, 'We have had the same care worker for a number of years now and she is like part of our family.'

Carers were involved in decisions about their relatives' care. One carer said, "If I am here they (the staff) will ask me what I think. If I think she is unwell I will ask her opinion and we work as a team." A second carer said, "They (the staff) involve me in decisions about (name of person's) care. For example should they be taken out or not?"

Staff knew people well. They were knowledgeable about people's needs and backgrounds. Care plans had details of people's backgrounds, their family life, what was important to them and their interests. This was used to plan their support. For example one person's care plan said, 'Family is very important to them and they enjoy their company.' It said they enjoyed TV, Sudoku, crosswords, shopping and washing their hair. Staff supported them to go to a day club to play games. They also went shopping together sometimes and were supported to have tea with their family. A child's care plan said they enjoyed playing games like round and round the garden, loved musical toys and enjoyed singing'. Carers confirmed that care was planned according to people's interests. One carer said, "They (the staff) read to [name of person], sing to them and play games, I can't praise them enough." A second carer said, "One of the staff reads to them especially poetry and they like that."

Staff treated people with respect and promoted their privacy and dignity. A staff member said, "One client is cared for in bed. I always talk him through it and we have a special 'cover up towel' he uses to cover himself. I also check the curtains and doors are closed." Care plans gave detail on how to maintain privacy and dignity and records of the care received demonstrated these were being followed. For example one person's care plan said they should receive continence care in the bathroom. A second person's care record said their hair was blow dried following a hair wash. A third person's care plan told staff they should be aware of where the toilets were when going out.

People were encouraged to be independent. One staff member said, "I always promote what people can do. I ask them what they can do and involve them in things." A second staff member said, "Being independent is better than just doing things for them. I ask them if they can do it. I try to get their confidence up." In the annual survey a carer said, 'With Crossroads help we are able to live independently in our own house.' One person's care record said, '[Name of person] helped me to dry the dishes.' A compliment received by the service said, '[Name of person] loves her outings with the staff member as it gives them some independence and makes them feel grown up.'

Good

Is the service responsive?

Our findings

Care plans were detailed and contained information on people's needs, preferences and what they liked to do. They were clear about in what circumstances people may need support with personal care. For example one person's care plan said that, 'there should be no need for personal care'. However, it did note that for using the toilet, the person would seek assistance if needed. Another person's care plan said they 'may ask to go on the commode during visit'. There were instructions for staff on how to support the person with this. A child would sometimes need support with showering. There was a plan in place for how staff should do this and how to use the required equipment. Records demonstrated support was being provided by staff according to people's needs, preferences and what they liked to do.

Carers and those they were caring for were involved in developing care plans. They completed one page personal profiles where they provided information on what people liked and admired about them, what was important to them and how to support them well. Ninety seven per cent of carers in the 2016 carers survey said that staff were providing care according to the care plan.

People had a review every year and an initial review after six to eight weeks of receiving a service. The computer system told staff which reviews were due each month and they scheduled them in. In February 2017 a review for one person had noted that they would respond better to an older member of staff. The staff member was changed following this. In March 2017, a review for another person identified that more support was needed with dressing and undressing due to deterioration in the person's mobility. This was updated on their care plan.

People and their carers had their needs assessed before they started receiving the service. Information had been sought from the carer and the person being cared for. Assessments included obtaining information on support needs, preferences, likes and dislikes, and interests and hobbies. Information from the assessment had informed the care plans.

Staff responded to people's changing needs. One carer in the 2016 survey said, 'My care support worker understands the change in my husband and adapts to his needs.' Staff told us they would raise it with managers if people's needs changed. One staff member said, "I always send through a change of circumstances form. We use them to keep the care plans up to date." Records demonstrated this was done for changes suggested by carers, changes in the well-being of the cared for person and changes in the presence of adults, children and pets.

People were supported with a range of activities. One carer said, "They (staff) all bring something different like balloons, picture cards, poetry, and I think that's wonderful. I count my blessings." Another carer said, "They (Crossroads) organised a club on Mondays they do bowling etc. The staff member will bring colouring etc." A third carer said, "They read to [Name of person]." A fourth carer said, "They (staff) read to [name of person], sing to them, and play games." Care records confirmed this. For example one person's care record said, 'We danced to songs on the radio' and, 'We read silly poems which caused lots of giggles.' Another person's care record detailed how they went for walks in the garden, looked at postcards and did colouring.

Carers knew how to make a complaint. One carer said, "I would call the office and speak to them". A second carer said, "I would speak to the head office." A third carer said, "I'd phone up and tell her (the manager)." The complaints procedure was available to carers in the form of a leaflet as well as in an easy read format. There had been six complaints in the last year. All had been investigated and responded to in accordance with the provider's policy. For example, in one complaint a member of the public was concerned about the person driving the minibus speeding near horses. A full investigation was completed, statements collected and a response sent. Complaints were discussed in staff supervision and team meetings.

Good

Is the service well-led?

Our findings

Carers told us they thought the service was well led. One carer said, "I think they (the management) are wonderful and really care about us." A second carer said, "I do very much think it's well led as I can compare them to other agencies and I am impressed." A third carer said, "As far as I'm concerned they are well led, they are very organised."

The provider had effective systems in place to monitor the quality of the service they provided. Quality audits of care records and incidents were completed by care coordinators every four weeks. Annually carers surveys were completed. In 2016 240 carers responded to the annual survey. 99% of carers said they would recommend the service to any carer. The registered manager had prepared positive and negative feedback for managers and care coordinators. The feedback was reviewed at a care coordinators meeting and the negatives comments were checked to see if there was anything they could change to do better. For example, some carers had suggested that care staff should wear uniform. The provider had responded to this and were in the process of introducing a uniform. Care staff were given positive feedback in team meetings.

Spot checks were regularly carried out on staff whilst they provided care to people. Staff told us they had regular spot checks and observations so that they could maintain good practice. These were then discussed in supervision. One staff member said, "I had an observation last week and there were no problems."

The provider had a quality assurance committee in place. This was made up of staff, volunteers, trustees and managers. In their April 2017 meeting they discussed the introduction of a safeguarding tool-kit, the care staff induction and data protection.

The service maintained good communication with carers and people receiving care Regular information on the service was provided to carers. One carer said, "They send newsletters via email." A second carer said, "They do keep us informed via 'phone or letter."
Staff told us the management were supportive. One staff member said, "They (management) are very, very supportive." A second staff member said, "This is better than anywhere else I have worked. They (management) are very accommodating and it's so flexible." A third staff member said, "They're (management) very good and very supportive."

Staff were involved in the running of the service. Each of the six care co-ordinators organised meetings for their areas every six weeks. They used these to do workshops as well as discuss practice. Staff told us they could contribute. One staff member said, "The meetings are very good. You can pick up things from other members of staff and get their view on things." A second staff member said, "At our meetings we are asked if we are up to date (with training). We talk about any policy updates, how we feel and any issues we have."
Records demonstrated staff discussed the provider's vision, confidentiality, training, safeguarding, health and safety, policies, social media, and compliments. Staff also received monthly E-newsletters.
The registered provider was aware of their responsibilities to report significant events, such as notifications to the Care Quality Commission. This meant we could check that appropriate action had been taken to keep people safe.

The registered manager and other managers were actively involved in key local organisations. These included an end of life carers forum, a young carers forum, the South East Cancer Clinical Network, the local authority short breaks parent/carers forum and play and leisure consortiums.