

Crossroads Care Staffordshire Limited

Crossroads Care Staffordshire

Inspection report

Clive Villa
22 Cemetery Road, Shelton
Stoke-on-Trent
ST4 2DL
Tel: 01782 268391
Website: www.example.com

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place between the 12 and 17 August 2015. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

At the last inspection of August 2013, we found improvements were needed to ensure the provider was compliant with Regulations. At this inspection we found some improvements were evident.

Crossroads Care Staffordshire provides a range of services to people in their own home. The services include respite services for carers, palliative care services, domestic homework services, an emergency service, one to one and group activities.

There were approximately 300 people using the service. 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

Summary of findings

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.

Improvements were needed to ensure medicines were safely managed, applied and recorded and staffing levels were not always sufficient to ensure people received their care call.

Risks were assessed and action plans developed to ensure risks were minimised in accordance with the person's needs and to afford them the independence they wanted. Staff knew how to report and recognise suspected abuse, and policies were in place to ensure they had the information they needed.

Staff were properly recruited, with pre-employment checks undertaken to ensure they were suitable to work with people who used the service.

Staff received induction to the service and felt equipped to deliver the care and support people needed. They were subject to regular unannounced checks of their care practice and received one to one supervision to discuss their progress.

Staff were able to demonstrate how they sought consent to deliver care, regardless of people's mental capacity.

People received the support they needed to maintain their health and welfare including assistance with eating and drinking if required.

People told us they felt they were treated with care and respect and did not have any concerns about how their privacy and dignity was upheld.

Care was personalised to each person's individual care needs. People told us how the service was flexible in how it delivered care and responded to any requests they may have had.

Complaints procedures were in place and people had access to the contacts they needed to make a complaint.

Improvements had been made since the last inspection of the service and people's views of the quality of the service were being sought.

Families of people who used the service are referred to as carers throughout the report and staff as care staff.

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 not consistently safe.

Medicines were not always managed in line with people's care plan or as instructed. Procedures for staff recruitment were robust but there were occasions when staffing levels were not sufficient to meet people's needs at all times.

People felt safe and care staff knew how to recognise and report abuse. Risks were assessed and plans were in place to reduce any risks to people or the care staff supporting them.

Requires improvement



Is the service effective?

The service was effective.

Staff confirmed they received the training, support and supervision they needed to meet people's needs. People's capacity to make decisions was assessed and staff understood how to obtain consent. People were supported to take sufficient food and drink to maintain their health and welfare.

Good



Is the service caring?

The service was caring.

People and their supporters told us the staff supporting them, were caring and respected their wishes. People's privacy and dignity was upheld and respected. People were involved with decisions about their care.

Good



Is the service responsive?

The service was responsive.

People received care and support that was personalised to their needs. The provider had a complaints procedure in place for people to follow and people knew how to make a complaint if they needed to.

Good



Is the service well-led?

The service was not always consistently well led.

The service delivery was audited but improvements needed to the management of medicines had not been recognised or action taken.

People's views were sought about the quality of the care they received and changes were being made where needed.

There was a clear management structure and staff felt supported by the management team.

Requires improvement



Crossroads Care Staffordshire

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 was 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 12 and 17 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team included an inspector and an 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. The expert had experience of providing support to older people who were living with dementia.

We reviewed the information we held about the service, this included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. Notifications are reports of accidents, incidents and deaths of service users.

We met with six people and spoke with an additional 24 people who used the service or their relatives. We did this to gain people's views about the care and to check that standards of care were being met. We spoke with seven members of senior and care staff including the registered manager.

We looked at 11 people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff recruitment and training records and other records related to the management of the service.

We also gathered information about the service provided from other sources. We spoke with commissioners of the service; commissioners are people who fund placements and packages of care and have responsibility to monitor the quality of service provided. We spoke with Healthwatch Stoke-on-Trent; Healthwatch helps adults, young people and children speak up about health and social care services in Stoke-on-Trent.

We had received concerns about delays in seeking health advice. These concerns were subject to investigation at the time of the inspection.

Is the service safe?

Our findings

At the last inspection we identified the provider breached Regulation 11 of the Health and Social Care Act 2008, Regulated Activities Regulations 2010 by not ensuring that staff knew how to recognise and report suspected abuse. We found that improvements had been made to the safeguarding procedures to ensure all staff had access to the information they needed to report their concerns, this included an easy to use flow chart. Adult and child protection guidance and training were also provided.

People who used the service gave mixed views about staffing levels but most told us how they received their calls at the time they were agreed and received support from a staff team that knew them well. They told us, “It’s important that we have the same staff. It means they are familiar with how things are done”. A relative confirmed that having regular staff meant they were able to recognise and appropriately respond to their relative’s anxiety, saying, “There are the odd occasions such as holidays and sickness where staff don’t know [person using the service] well. This can be difficult and sometimes we’ve said we’d prefer to wait for the regular care staff to return”. Another relative commented, “We have two staff provide support four times a day but have the same team of 10 girls”. A further person told us, “I think that they have lost some staff and told sometimes that they can’t get a carer to come as they are short staffed. It seems to happen on Fridays mainly and often at last minute when [person using the service] is ready to go out and this can cause me problems”. The provider told us, “When we have staffing difficulties we inform the carers as soon as we can. To ensure they know we can’t provide support”. This meant there were not always sufficient staff deployed to meet people’s needs. Which presented people and their carer’s with problems if they had pre planned appointments, to reorganise at the last minute or to make alternative arrangements.

We looked at how the provider recruited new staff to ensure they were suitable to work with people who used

the service and their families. Staff told us recruitment checks had been carried out. We saw appropriate checks of people’s character and suitability were sought; criminal record checks were undertaken and staff completed applications outlining their previous care experience.

We saw that improvements were needed to ensure people’s medicines were administered safely and as was planned for them. In one example we saw that staff supported a person to take an ‘as required’ medicine, when the care plan showed that they had no responsibility to do so. In another example staff were applying topical creams when the person’s care plan stated they were not prescribed creams. Meaning the medicines record conflicted with the stated plan of care therefore it was not clear when and why the creams had been prescribed. One carer told us, “Yes I feel [person who used the service] is safe and confident that the care worker, who is marvellous, and makes sure they have their tablets”.

People who used the service and their relatives told us they felt safe. One person told us, “I feel very safe and would tell [carer] if not comfortable. Care staff take me out and look out for my safety”. A carer said, “Safe and well treated? Absolutely. The very second I go through the door, it never crosses my mind once that [person using the service] will be anything but secure”. Staff told us how they had been trained to recognise and report any suspected abuse or poor care. One care staff said, “I know what to look for and have every confidence that the management team here would report any allegations to the council”. Another told us, “We receive that training during induction and I’ve been told what I need to do if I see or hear anything untoward”. We looked at how risks to people were assessed and the action taken to ensure all care staff had the information they needed to protect people from the risk of harm. Risks included those associated with the property utilities and access, assistance helping people to mobilise safely and when taking people into the community. We found that risks to people had been assessed and were subject to reviews.

Is the service effective?

Our findings

People and their carers told us they care staff supporting them knew them well. One person said, “I have the same care staff so they have got to know me really well, they know me better than I do”. A relative said, “We tend to have the same staff, which is good. There are occasions when we don’t because of training or holidays, but that can’t be helped”. We saw and staff confirmed they received supervision of their practice and performance, this included one to one meetings with a senior or registered manager. Unannounced spot checks were also carried out while care staff were delivering support to people who used the service and their carer’s. One care staff told us, “I think the spot checks are a good thing” another said, “I haven’t had a spot check yet but I know they are done. I haven’t got a problem with it. If you’re doing what you are supposed to do, why should you”. This showed that the provider monitored the standards of care being provided.

Staff told us how they received the training and support they needed to provide people and carers with the appropriate care. One staff member told us, “I had a great induction. I was able to shadow other care staff for three weeks. This meant I could have confidence in what I needed to do before I was allocated to work with people. It was the best induction and introduction to people I’ve had”. Another staff member told us, “I love my job. I make a difference. I receive support when I need it”. Records provided showed that the provider had a programme of essential training for staff to attend, this included, safeguarding people against the risk of abuse, infection control and health and safety.

People who used the service had their ability to consent assessed during the initial introduction period. One person and their carer told us, “The care staff always ask how we want things done, even if they’ve been before. That’s a good thing”. One care staff commented, “We never

presume consent. We always ask permission of the person before we support them”. Most of the support provided was to enable carers to have a period of respite or some free time, or to provide the family with a ‘sitting’ service at night. Some people who used the service were living independently and were being supported to maintain their independence. The service provided staff who worked with people and their carers for set amounts of time per day, for example two or three hours or more.

People and their carers made positive comments regarding the support provided with eating and drinking, comments included, “They make [person using the service] a sandwich and a drink and check at other times that they have got a drink if they want one” and, “A lady comes twice a week to sit. Gives me a break and is a change of company for [person using the service] as they can chat away about things over a cup of tea. They always ask what they want for lunch out of fridge and prepare it for them. Also make sure they have water and juice within reach. [Person using the service] really enjoys them coming especially the regular one”.

Feedback from social and health care professionals was positive about how the service responded to and kept health professionals informed and involved where needed. None of the other people who used the service or their carers raised concerns about this aspect of their care. We were told, “They notice anything not quite right. For example they pointed out a rash on side of face and told me ‘need to keep an eye on that’, which I did but in this case it was gone in a couple of days”. Another person said, “Staff are very aware of what [person’s] condition is and its complexity and how it can impact on many areas, including physical condition. Very on the ball, notice any changes and if [person’s] condition deteriorates they get him back home” and, “Sitter will notice if something is wrong or different and they get me to ring the nurse if I need to”.

Is the service caring?

Our findings

All of the people we spoke with told us the staff that supported them were caring and kind. One person said, “I don’t know what we’d do without them. Another said, “I have the same care staff here I trust them and I like them. They know what I like; how I like it and treat me with respect”. A carer had written to the provider saying, “Crossroads carers are special, they want to be here, they care about our [person who used the service] and us, they are positive, supportive and have an attitude which is infectious”. We observed interactions between three carers and the people and families they were supporting. It was evident that there was a level of trust and friendliness between all parties. A carer told us, “[Care staff] is brilliant very dependable, kind and can be trusted with anything. We’ve been very lucky”.

One person told us, “He is very patient with me and always listens to me when I am talking which is much of the time”. One carer told us, “It’s skilled, individual and person centred. They care staff make eye to eye contact with [person] as soon as they arrive. This makes [person who used the service] feel important so they see it as friendship

and not a babysitting service. This shows respect and keeps her dignity”. People told us how they felt the care staff listened to them and acted to ensure their care was delivered in a way they wanted.

We were told that care staff respected the privacy of the people in their care. One person said, “They always knock and wait to be asked in. If I need help in the bathroom, they do so discreetly”. A carer told us, “[Person who used the service] is bedbound and can’t really be left alone but doesn’t like anyone in the room with them. So apart from when taking their lunch and drinks in, the care staff respects this and stays in the living room by the open door. They can see if they are safe and respond if need to”. We overheard a member of care staff speaking discreetly with a person using the service about the support they needed with their personal care. They did so in a way that afforded the person dignity and enabled them to maintain their independence.

We observed how some people using the service were supported to attend a ‘day care’ service. This enabled them to meet with other people which they may not have had the opportunity to do. Sessions promoting independence and encouraging social interaction were provided. People we spoke with told us how they valued this aspect of the service.

Is the service responsive?

Our findings

People and their carers told us they felt the service offered care that was centred on each person's individual needs. One carer/relative told us, "The focus is very much on putting [person] at the centre of what they deliver and [person] is very much involved in what is happening to him. When the care staff arrive the first thing they say is, 'Right what are we going to do today'? There is an acknowledgement that [person] has a condition but it's about how do we make the most of it". Another carer/relative said, "[Person's name] has one care staff all the time who takes them out to group activities to socialise. [Person's name] is treated as an individual. The care staff talk to them not over them or about them. I feel they are well matched and [person] really looks forward to it".

People and their carers told us they had been involved in the initial assessment of needs, planning the care and also in any ongoing developments and changes to plans. We were told, "A manager came out and talked all about what was needed and we agreed on the plan". "We were fully involved in assessment and this is ongoing. Our care staff have the right personality for [person] they are quite laid back which suits him". The provider responded to people's changing needs by updating care plans if necessary and offering care at times the person or their carers needed it. Comments included, "Very flexible we have six calls a week and they do best to accommodate all our needs" and, "Flexible –100%. This was greatest surprise of all. I don't know how they did it but they did. I think they went well beyond the call of duty with me".

We spoke with people and their carers about how the provider responded to emergencies. One carer told us, "They know what they need to do usually". Another said, "The regular carers know how to deal with [person who used the service's] anxiety, but there was one occasion when a new member of staff didn't. That could have been handled better". Staff we spoke with told us that the care plans detailed the support people needed in an emergency and said if they needed further advice they were supported by the management of the service. A carer also said, "When they take [person] out they take the care plan with them in case of emergency and it is updated regularly if there are any changes". A new emergency service had been introduced to respond if a carer was not able to provide care.

People we spoke with were aware of how to make a complaint should the need arise. Some said they had raised 'concerns' on occasions and had been satisfied with the provider's response. We were told, "If I have a problem I ring them. I have a named person I need to speak to and they get back to me" and, "I know how to complain I would do it verbally to start with. They are very good as I have a named contact person at the office. There has never been a problem contacting any of them and they respond well". The provider had a complaints policy and procedure that was provided to each person or their carers when they started to use the service. The information contained details of how to complain and who to contact.

Is the service well-led?

Our findings

Following the last inspection where we had identified breaches in regulation, the provider had produced an action plan outlining the steps they would be taking to make the improvements required. We saw that action had been taken to improve the information available to staff regarding safeguarding reporting and care planning. Regular audits were also being carried out on the accuracy and relevance of care plans.

The provider used a quality auditing system to assess and monitor the quality of the service provided. At the time of the inspection the registered manager commented that they were 'part way through' the current audit. We noted the medication record errors had not been identified during the most recent audit, which meant that further work was required to ensure the effectiveness of the auditing procedures. For example we had seen that some medicine records had not been signed, or people were receiving topical medicines that were not included in the persons care plan. This lack of effective audit showed that issues were not being identified and therefore rectified.

People told us the service was a good organisation. Comments included, "Dealings with office are very good.

Very professional and very supportive. They cater for what we want" and, "They have good internal communications and I feel it is well led because the reliability of the service gives you confidence".

People who used the service had their views and opinions of the care they received sought annually. From information provided we saw that the majority of people were satisfied with the service they received. Comments included, "The carers themselves inspire confidence" and "Excellent punctuality". There was evidence of an action plan to address any areas identified for improvement and development in the latest survey for example, the action plan identified a need to improve communications to people who used the service and their supporters and staff. A newsletter was being developed.

Staff told us they received regular supervision with their line manager and access to staff meetings, quarterly. Records we looked at confirmed this. One staff member said, "The management are always available, there is an open door".

Other agencies we spoke with told us they had confidence that the provider delivered appropriate care and support to people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.