British Red Cross Society

Red Cross Crisis Intervention Community Support

Inspection report

Humanity House
Colliers Way
Nottingham
NG8 6AT
Tel: 01158528000
Website: www.redcross.org.uk

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out an announced inspection of the service on 22 June 2015.

Red Cross Crisis Intervention Community Support provides short term personal care and support to people in the Nottingham area. There were 22 people receiving care in their own homes at the time of our visit.

There was a manager registered with the Care Quality Commission (CQC). 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 felt the service was safe and reliable. The provider had arrangements in place to identify the possibility of

Summary of findings

abuse and to reduce the risk of people experiencing abuse. Appropriate risk assessments had been undertaken to make sure people's needs were met in a safe way.

People were supported by appropriate staff, because the provider had a robust recruitment process in place. There were sufficient numbers of staff to cover calls in an effective.

People were not protected from the risks associated with managing medicines. There were no robust processes in place to ensure medicines were handled and administered safely.

People were supported to make informed choices and staff had awareness of the Mental Capacity Act (MCA) 2005.The Mental Capacity Act 2005 is designed to protect people who do not have the capacity to make certain important decisions for themselves.

People and their families were involved in decisions related to their care and support. Care plans were clear, precise and contained information to reflect people's needs.

Care plans contained information relevant to the person, but they did not identify individual life stories to make their care personalised to them. People were encouraged to be independent and received relevant information on how the service was run. People felt that they could express their views about the service that they received.

People received good care which met their needs. They were treated with respect and the staff provided the care in a caring way.

People knew how to raise any concerns and they knew who they should contact and raise the concern with. The provider followed their procedures to ensure any complaints or concerns were dealt with in a timely manner. Outcomes of complaints were reviewed by the registered manager to improve the practise and to reduce the risk of reoccurrence.

The service was not monitored regularly by the provider and registered manager to make sure a quality service was provided at all times.

People were encouraged to express their views and comment on how the service was run.

The management team worked well and supported staff accordingly. The service worked well with other professionals and the care commissioners.

Overall, we found shortfalls in the care and service provided to people. We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

People felt safe with the staff who cared for them and with the care they received in their own homes. The provider had arrangements in place that supported people who used the service against the risk of abuse. Although staff training regarding safeguarding was not up to date. Appropriate risk assessments had been undertaken to make sure people's needs were met.

Staffing levels were sufficient to meet people's needs. Recruitment processes were in place to help support suitable staff to be employed.

Medicines were not always managed well and there were no assurances that people were receiving them as prescribed.

Requires improvement

Is the service effective?
The service was not consistently effective.

People received care from staff who felt fully supported by the management team.

Staff obtained people's permission before they provided care and support.

Staff had awareness of the Mental Capacity Act 2005 and how it was relevant to people who used the service.

Staff training and development was not reviewed or updated appropriately during the course of their employment.

People were encouraged to be independent and where necessary they were supported to have sufficient to eat and drink.

Staff had a good knowledge and understanding of how to meet the needs of the people they cared for. Referrals were made to other healthcare professionals when required.

Requires improvement

Is the service caring?
The service was caring.

People were positive about the staff and the care they received.

People were treated with respect, compassion and in a dignified way at all times by the staff who cared for them.

Staff were encouraged to form caring relationships with people to make sure they experienced good care.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

Staff understood what people's needs were and responded to their changing needs in a positive way.

People and their relatives were aware of the complaints procedure. People who had used the complaints process felt that the provider responded quickly and professionally.

People's care plans were reviewed on a regular basis to ensure they received personal care relevant to them.

Is the service well-led?

Requires improvement 

The service was not consistently well-led.

Procedures were not fully in place to monitor and improve the quality of the service provided.

Appropriate policies and procedures associated with the running of the service were in place, but were not specific or relevant to the service provided.

There were plans in place for emergency situations. The manager and on call staff were contactable over a 24 hours period to ensure staff and people who used the service were fully supported.

Red Cross Crisis Intervention Community Support

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 22 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. The inspection team consisted of two inspectors 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.

Before we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We looked at the Provider Information Return (PIR). The PIR 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.

During our visit we spoke with seven people who used the service, three relatives, three health care assistants, one care coordinator and the registered manager.

We looked at the care plans for seven people, the staff training and induction records for staff, three people's medicine records and the quality assurance audits that the registered manager completed.

We also consulted with commissioners of the service who shared their views about the care provided.

Requires improvement

Is the service safe?

Our findings

People were not protected from the risks associated with managing medicines, because the processes in place were not robust or followed safely to ensure medicines were handled and administered safely.

People told us that staff made sure they took their medicines. One person said, "Staff make sure I have taken my medicine and then write it down when I have taken it."

Staff confirmed they had received training to administer medicines, but their competencies in doing so were not regularly assessed. Staff we spoke with had good knowledge on how to complete a medicine administration record (MAR), which was used to record when a person had taken or refused their prescribed medicines. We saw copies were completed, but not always completed correctly. The provider did not undertake any checks or monitor to ensure people received their medicines appropriately and in a safe way.

Staff told us they only prompted people to take their medicines. However the provider's medication policy talked about how staff should administer. The policy we looked at was a generic policy and was not specific for this service. The process for ensuring people received their medicines as prescribed stated staff were to copy and check medicines that people received from the pharmacist label or original prescription. However, staff confirmed they copied information from the blister pack provided in a person's home. The procedure also stated staff should sign to say the information had been checked and was correct. We looked at three people's MAR sheets and found none of them had been signed by two staff members to clarify the information was copied correctly and as prescribed. On some MAR charts we saw they contained only one signature when the information had been handwritten by staff. Relevant medicine management guidance states it should be two signatures to ensure the information had been checked and was correct. On the records that we looked at there was no record of the dose of medication the person should take. There was a risk the information may not be copied as it should be. The provider's procedure stated MAR sheets must be completed in black ink and we found this was not always the case. This showed staff were not following the provider's processes and procedures.

We looked at three people's MAR sheets and they contained gaps or were not completed correctly. One person's MAR sheet commenced on 10 July 2015 and we found there was a gap on 14 July 2015. There was no information recorded on the back of the form to say why there was a gap. We looked at the person's daily notes for the same date and found the health care assistant had noted they had seen the person take their medication at the morning call. There was a risk the person could have been given the medicines again by another member of staff as the MAR was not up to date.

On another person's MAR sheet we saw it had been recorded that the person should take Flucloxacillin 250 mg. There was no dose or how this should be taken recorded in the box provided. It was recorded on the MAR sheet that they were prescribed the tablets four times a day. However, we found only the morning and tea time sections had been completed on the MAR sheet. There was no record why the other two doses had been missed or why it was not relevant for the person to take the tablets at those times. We could not tell if the person was taking their medicine as prescribed by their doctor.

We also found one person was to take Riveroxaban once a day with food. We found on 6 June 2015 the code stated O, but nothing had been recorded on the back of the MAR. On 7 and 8 June 2015 there were two gaps on the front of the sheet, but nothing recorded on the back of the form to identify why. This showed us medicines were not managed safely.

This was a breach of regulation 12 of the Health and Social care Act (Regulated Activities) Regulations 2014.

The provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

People told us they felt confident that the service was safe. Everyone we spoke with said they felt safe with the staff who supported them. One person said, "Once I was out longer than anticipated. The care worker was concerned when they arrived as they thought I was at home. They could not get an answer, so they contacted my daughter to make sure I was safe.

Staff we spoke with had a good understanding of how to recognise the possibility of abuse and how they should keep people safe. They confirmed they had completed

Requires improvement

Is the service safe?

safeguarding training, but could not remember if this was recent. We saw policies and procedures were in place, but these were generic and not service specific. This could cause staff confusion when following processes for staff reporting any allegation of abuse as some instructions may not be relevant to the service. Staff were aware of the policies and where they were kept.

We looked at the provider information return (PIR), completed by the provider. It stated all staff had completed safeguarding training in order to support people safely. We saw on the training record only eleven out of eighteen care staff had completed any recent safeguarding training. The manager told us they had identified that a number of staff required refresher training in this area. This was also identified on the provider's development plan.

The manager described the process required to contact the local authority and who they obtained advice from when dealing with safeguarding issues. Staff discussed the process they followed and confirmed who they contacted if there was a need to report any concern. We found the provider was proactive when issues of concern did occur.

Risk assessments were in place and centred around the person needs. Relatives told us they knew there was an assessment carried out with their family member to ensure any risks were eliminated and identified before the service started. We saw risk assessments completed on care files we looked at.

The manager told us these risk assessments were completed with the person and their family. Staff we spoke with confirmed people's needs were assessed before they provided care. Three staff described how the initial assessments identified people's needs and choices. They said people's assessments were an on going process. Even though the timeframe for providing support was short they felt they identified any risks the person may encounter. This showed people were supported to take informed risks in a safe way.

We found each shift completed a handover report to minimise and manage risk. These reports were shared with each coordinator at the beginning and end of the day. The coordinator updated people's care plans to make sure the information was relevant and up to date.

We found plans in place to cover emergencies. A 24 hour on call system was in place to ensure people and staff were fully supported should an emergency occur. People confirmed they had been given a contact number for an out of hour's service if they should have any concerns.

People didn't comment on the numbers of staff, but one person told us they had used the service before and they found them to be very good and could not do enough for them.

There were sufficient numbers of staff to keep people safe and meet their needs at the time of our inspection. Staff told us coordinators were sometimes required to carry out support tasks and when they did they also had to answer the on call phone. A coordinator told us that this was a little distracting, but they always apologised to the people they were supporting.

We discussed this with the registered manager who told us their development plan had identified that staff numbers and structure required improvements and was still being implemented.

Staff confirmed the numbers of staff were sufficient to meet the people's needs at the moment. One staff member said, "All calls are covered for now." Another staff member said, "There are enough staff to meet people's needs for now, but if the number of referrals increase or we need to double up (two care workers to support one individual) we would have to share extra shifts between us."

Staff files showed the provider followed safe recruitment practices, because the service had robust procedures in place to ensure staff were recruited safely.

Requires improvement

Is the service effective?

Our findings

The training was not adequate and staff were not always provided with appropriate support.

The registered manager told us all staff were trained, but that they had identified the need for training to be improved. We found this was not a true reflection for all staffs training. One of the care coordinators told us they had not completed all the required training to support them with their role. Staff who were employed as casual staff also confirmed they had not received any recent training. We looked at the provider's training programme and found there were gaps. None of the care coordinators had completed all the relevant training they were required to complete. There were no plans in place to ensure any casual staff employed would receive relevant training for their role. Although there were records to show that training was being arranged and delivered for staff, this was not reviewed throughout their employment. We found no competency assessments had been undertaken to ensure any of the staff were competent in their role. The manager showed us their development plan. We saw work in progress; we saw training had been implemented, which included training for all the coordinators, but it was too early for us to tell if this would be effective. We saw documentation that identified one staff member had signed up for the Care Certificate standards. (The Care Certificate is a nationally recognised set of standards for health and social care staff).

Staff confirmed they received supervision and appraisals regarding their work on a regular basis. We saw supervision had taken place. We found staff had requested and discussed training relevant to their role during supervision, but this had not always been actioned. The manager showed us that they had developed a supervision timetable, which they had recognised needed to put in place. The registered manager also told us they were looking at providing more specialised training in areas like dementia and end of life care which would ensure staff provided people with good effective care.

People told us they felt staff knew what they were doing. One person said, "The staff seem to know what they are doing, they seemed experienced and I am very satisfied with them." Another person said, "I think the staff are very dedicated people and they are high calibre."

We found staff who were responsible for providing people with care and support were knowledgeable about how to provide care that met their needs. We saw staff rotas demonstrated staffing levels were consistent and the level of staff was relevant for people's needs

People consented to care and support they received. Everyone we spoke with told us staff asked their permission before providing any care or support. We looked at seven care plans and saw people had given their consent by signing documentation to say they agreed to the care and support they received from the staff.

Staff we spoke with told us they were aware of the Mental Capacity Act (MCA) 2005 and had received training in this area as part of their induction. They were aware that it meant they needed to offer people a choice in the way they wanted to live their life. Through the PIR the provider told us staff had attended training sessions on the MCA to ensure people were enabled to make choices for themselves wherever possible. They told us consent and people's right to withdraw consent had been discussed at team meetings. We saw consent to support was discussed at the initial assessment for care.

People told us that staff provided them with support with eating and drinking when required. One person said, "I do my own meals, but staff always ask me if I have had something to eat and drink." Staff told us they made sure people had enough to eat and drink. One staff member described how they sometimes monitored what people ate and drank. One staff member told us they had charts to complete to prompt and encourage a person to eat and drink more. They told us that if there were any problems they would follow procedures and contact their line manager or a GP. They said, "I have on occasions contacted a person's GP, because there were concerns." This showed people were supported to eat and drink and if there were any concern the staff would take appropriate action.

We looked at care files and saw the service took preventative action to ensure people were in good health. Referrals were made to external professionals when required. We received positive feedback from a number of healthcare professionals when we asked them about the support that people received and whether people's health care needs were met. We also received positive feedback from the commissioners responsible for commissioning people's care.

Good

Is the service caring?

Our findings

People praised the service and told us they received good care. We received positive feedback from people and their families. They complimented the service on the care they provided.

One person said, “The staff from Red Cross are brilliant, they do everything I ask them and I have never had any problem with the care.” Another person said, “They have been coming in for two weeks and I hope they keep coming to support me. They are fantastic, I cannot fault any of the staff and I could not have a nicer bunch of people to help me.” A third person told us the staff were excellent and they were very caring, they never rushed the person and always told them to take their time. The person said, “I don’t think they get the praise they deserve.”

Relatives told us they were happy with the care their family member received. One relative said, “We were happy enough with the service our relative received, we had no concerns and our family member seemed fine with the care workers that supported them.”

People told us they and their families were involved in decisions related to their or their family member’s care and support. One person described how staff visited them at their home and discussed what care and support they required and how they [staff] could help support them. The person said, “They checked if I had any preference about the staff who would be supporting me.”

We found staff demonstrated kindness and a caring attitude. Staff talked about how they ensured people’s dignity was promoted and how they respected people’s wishes.

Staff had knowledge about the people they cared for. One staff member said, “We have an incredibly committed team. I’m astounded at the level of care.” They said that all staff would ‘go the extra bit’. They also said that people’s privacy and dignity was always promoted and respected.

People commented and confirmed they had a care plan and that staff updated the records at the end of their visit. We found care plans were regularly reviewed and copies were kept in the person’s home

Care plans we looked at contained information relevant to the person and reflected people’s needs. However we found they had no information that was individual to them. Such as, life history, so staff could talk about what was important to the person. There was limited information about what the person liked and disliked or things that were of interest to them. The registered manager told us they would address and alter pre assessment forms to include this information.

People’s dignity and privacy was respected at all times. People told us staff were kind and caring. One person said, “They always have time for a chat and if I’m not feeling too good they have a way of making me feel better.”

Staff told us they asked people’s opinions about the care they provided. Two staff members described how they made sure people’s dignity was promoted when they provided personal care. Another member of staff said, “I speak to people in a calm way and call them by their preferred name. I make sure I respect their privacy when required or asked.”

The registered manager told us they encouraged staff to maintain people’s dignity and independence. They said, “Staff are patient and explain the remit of the service in easy understanding terms that people could understand.”

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs.

People were aware of and involved in their care plan reviews. Comments made during conversations with people confirmed that people knew they had a care plan and that staff updated support records at the end of each visit. Relatives described how the care plan was kept in the person's home and that care workers kept it up to date when they attended their family member's needs.

We saw assessments had taken place. The manager told us assessments were carried out to gather information and identify people's needs. People confirmed that pre-assessments had been carried out when they first started the care package. One person said, "They [the service] completed an assessment and asked me my preference of either male or female support."

There was pre assessments completed on care files we looked at, which included questions and choices on [Name] preferences about the support they were to receive." One relative said, "The service started after a referral by our GP, which included questions and choices on [Name] preferences about the support they received."

People received consistent care for the duration of the care package. They were involved in identifying their needs and preferences. Staff told us they discussed people's choices, such as what care and support they required and if they preferred a male or female member staff to respond to their needs. They said, "People have a choice, which is respected."

Staff described how people received personal and individual care, which ensured their needs were met. One staff member said, "The care plans are good working documents. They contain detailed information and are person centred. We update them daily to ensure the care people receive is current. Although interventions are relatively short, we feel that we get to know people really well."

We found referrals were received from the care commissioners at short notice and staff calls were adjusted to allow longer than average visits. Staff told us this allowed them to spend quality time with the person due to their call times being flexible. The provider told us their staff team were flexible and supportive of other colleagues who adjusted visits as necessary to provide the best service to people.

Although staff were not responsible for people attending social activities they were proactive and encouraged people to participate in activities that were of interest to them. The provider told us they encouraged people to be independent at all times and where possible to take part in social activities, for example, attending a day centre.

When we spoke with staff they had a good understanding of people they cared for and how they met their needs. They described how they supported individuals and what was important for that person. They discussed how they ensured they provided individual care that was relevant to the person's needs.

Systems were in place for people to feedback their experiences of the care they received and raise any issues or concerns they may have.

People told us they knew how to raise a concern and who they should contact if the need arose. One person said, "I did complain once." They told us their concern and that this had been resolved satisfactory. Another person said, "Yes I know how to make a complaint and would do so if I was not happy about anything."

We found there was a complaints process in place. We saw that when necessary the provider's complaints policy had been followed and they had responded in a timely manner.

Requires improvement

Is the service well-led?

Our findings

There were systems in place to monitor and improve the quality and safety of the service. However these were not robust enough to identify shortfalls and had not always been effective. We saw that regular medication audits had not been completed although medication had been discussed in staff meetings. We found some concerns with how medicines were managed. The provider did not complete audits of the service to ensure procedures were being followed as per their policies. No appropriate audits were in place to ensure the quality of the service was monitored correctly, for example, staff training (although this was being implemented), staff working practices and medication given correctly or in a safe way.

We found all policies and procedure were not specifically relevant to the service provided. The documents we looked at were generic and covered other services owned by the provider. They were not relevant for people who use this type of service. This may cause confusion for staff as they were following procedures that did not reflect the service they delivered.

People and their families were involved with the service and helped to drive improvement by completing a questionnaire once their care package was completed. The time frame for people to use this service was short and was used as a stepping stone to more permanent care. Feedback we received about the service was consistently good. One person said, “I was asked my views on the staff when the service was about to conclude. I think the staff are a credit to the company.” Another person said, “when they stopped supporting me they asked if we were satisfied.”

People told us they received information regarding the service provided. They also told us they were informed when the service was to be transferred to another provider, when their care package came to an end. One person said, “They [Red Cross] came to see me when the service finished and were involved with handing over my care needs to the new agency.”

Staff and people who used the service were encouraged and felt able to voice their views and concerns. The registered manager told us they openly encouraged staff to visit the office. We saw this in practice during our visit.

There were systems in place to monitor care calls and ensure all calls were met. We discussed with the registered manager the procedure for addressing missed calls should they arise. We were told there had been one missed call, but they had addressed this and put a backup system in place. We saw this process take place during our visit. This showed the service was proactive in their working practices to ensure people received quality calls that were relevant to their needs.

There was a registered manager in post and the care coordinator told us the staff team worked well together. All staff we spoke with felt the manager was approachable and listened to their views or concerns. One staff member said, “The manager is supportive, if I had a problem I am confident it would be addressed and I would be supported.” Another staff member reported that the service was more organised and that improvements were being made since the new manager had arrived.

The registered manager told us the vision and values of the service were to promote independent care for people and to make sure people received good quality care that protected their dignity and privacy. Staff felt confident that they provided a good quality service. One staff member told us, “People are always praising the service to us.”

Staff told us they felt there was a positive and open culture within the team. They were confident and comfortable to raise any concerns and that they would be supported through the process if the need arose.

The service worked with other health care professionals who were complimentary about the service provided. We contacted the local care commissioners who told us they had no concerns about the service provided.

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.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Service users were not provided with care and treatment in a safe way as the management of medicines was not safe and proper **12(2) (g) the proper and safe management of medicines.**