

Crossroads (Barnsley) Ltd

Crossroads (Barnsley) Limited

Inspection report

Maple House
Maple Estate Stock Lane
Barnsley
South Yorkshire
S75 2BL

Tel: 01226731094

Website: www.crossroads.org.uk/barnsley

Date of inspection visit:

12 July 2016

13 July 2016

Date of publication:

08 September 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out 12 and 13 July 2016 and was announced. The service was last inspected February 2014 and was found to be fully compliant at this time.

Crossroads (Barnsley) Ltd is a charitable not for profit organisation that offers support and personal care and respite services to people who are cared for by a family member. People who use the service have a wide range of needs including physical and learning disabilities and older people who are living with a diagnosis of dementia or who have suffered a stroke. At the time of our inspection there were 61 people receiving support.

There was a registered manager who had been with the service since it was opened in 1993. 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 supported told us they felt safe with the staff that supported them. Staff had undertaken safeguarding training which was regularly refreshed. Staff understood their role and responsibility to keep people safe from harm.

There were robust risk assessments in place which covered the environment in which people were supported and any assistance they required with moving and handling. There were risk specific assessments which identified risks and the measures which were put in place to minimise the risks to people.

There were sufficient staff to meet people's needs and there was a high level of consistency in the staff who attended each person. People told us they found this reassuring as they knew the staff who were supporting them.

Recruitment procedures were thorough and robust, with clear evidence of the pre-employment checks which had been carried out. This included disclosure and barring service checks (DBS) which help employers make safer recruitment decisions.

Staff were trained in the handling and administration of medicines, and there was a process in place to ensure staff were competent in their daily practice. Records of medicines given were detailed and we found no omissions in the records we reviewed.

Staff received a comprehensive induction and regular refresher training in all mandatory subjects. New staff who were new to the care sector also undertook the care certificate to ensure they had all the relevant knowledge to carry out their roles. Staff had access to a good range of additional training and nationally recognised qualifications to enhance their skills and knowledge. This meant that staff were knowledgeable

and skilled.

People supported, their relatives and staff told us communication within the service was very good. People told us they were always contacted if staff were running late or there was a different carer attending for any reason.

We saw the registered manager had ensured consent to care had been sought and gained in all cases we reviewed. Staff told us how they would always ask for verbal consent before assisting people.

Staff had undertaken training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff were all able to explain how this legislation related to the people they supported, which meant people's rights were being protected.

People supported spoke with the highest praise and regard of the staff that provided support and the office team including the registered manager. People told us staff treated them with dignity and respect and were kind, caring and sympathetic to them.

The care plans we reviewed were very detailed and person centred. They included personal details and preferences throughout, along with good practice reminders for staff. Care plans were regularly reviewed and we could see they were evolving as people's needs changed.

There was a robust process in place to deal with any complaints, however there had been very few complaints received.

People supported told us the service was well-led. They told us they were asked for their input and feedback regularly, during verbal contact and more formally in reviews and an annual satisfaction survey.

The registered manager was insightful, and found ways to offer 'free hours' to people who needed more support than their care plan allowed, or where they were just starting to need extra support to be able to remain at home with their family carer.

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

Staff had been trained and demonstrated a good understanding of their role and responsibility in safeguarding the vulnerable people they supported.

There were detailed risk assessments in place which ensured the environment was safe for both staff and people who used the service. There were also risk specific assessments which showed the measures which had been put in place to minimise those risks.

Recruitment processes were robust and all necessary checks had been completed to ensure staff were suitable to work with vulnerable people in their own homes.

Is the service effective?

Good ●

The service was effective.

We saw consent to care had been sought and gained from all the people whose care records we reviewed.

Staff had undertaken training on the Mental Capacity Act 2005 and were able to explain this legislation and how it related to their roles.

Staff were well trained, and received regular refresher training sessions to ensure their knowledge was up to date. Staff received regular supervisions and appraisals to ensure they were well supported.

Is the service caring?

Good ●

The service was extremely caring.

People told us the staff that supported them were kind, considerate, patient and sympathetic.

People told us and care plans confirmed that they were completely involved in the creation and review of their care

plans.

Staff were passionate about their roles, particularly in their efforts to maintain the privacy, dignity and independence of the people they supported and the family carers involved.

Is the service responsive?

Good ●

The service was responsive.

Care plans were very detailed and person-centred. There was a high level of personal preference incorporated into all the care plans we reviewed.

Care plans were reviewed regularly and whenever there was a change to a person's needs. This meant care plans were continuously evolving and were up to date with current information.

In cases where staff supported people to go out, there was clear evidence of the level of thought which had been put into ensuring chosen venues were not only suitable, but also varied.

Is the service well-led?

Good ●

The service was extremely well-led.

The management team were very visible and operated an 'open door' policy. Staff reported the office team were always available to them to offer support and advice.

There were clear processes in place to monitor the quality and safety of the service, and this was overseen by a committee of trustees. The auditing of the service included external audits which were nationally recognised (ISO 9001).

There were initiatives in place which allowed 'free care hours' for people with particular needs to allow their family carer to have some respite. The funds for this were sourced by the registered manager. There was also a client fund which allowed the service to provide extra care when this was needed. This was funded by fundraising activities undertaken by the staff.

Crossroads (Barnsley) Limited

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 12 and 13 July 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service, and we needed to ensure the office would be open and staff available to speak to us.

The inspection was carried out by one adult social care inspector on both days. Prior to the inspection we gathered information from health professionals who work with the service, the local authority commissioners, and reviewed the information we hold on the service. During the few days prior to this inspection telephone calls were made to people who used the service and their carers to gain their views. We spoke with 14 people.

During the inspection we spoke with the registered manager, care manager, care coordinator and four members of care staff. We reviewed the care records of 4 people, the staff recruitment and training records for four staff, auditing records, quality assurance records, complaints and compliments, accidents and incident records and a variety of other records relating to the safety and quality of the service.

Is the service safe?

Our findings

People who used the service told us, "I feel very safe with them [care staff]." And "I definitely feel very safe with them [care staff]." A relative told us, "I've always been reassured and trusted them [staff]. I felt as ease leaving [person], because I knew by their demeanour they are in safe hands."

Staff we spoke with told us and records seen confirmed they had undertaken safeguarding training and that this was regularly updated. Staff were able to demonstrate their understanding of the training they had received and knew what their role was in safeguarding the people they supported. Staff were clear about the processes they would follow and who they would report any concerns to. Staff all told us they had never had to raise any concerns but were unanimous in feeling that if they needed to raise a concern it would be promptly and appropriately dealt with.

We looked at the risk assessments which were in place in people's care files. We found there were detailed, robust environmental risk assessments which covered all areas from the staff arriving to them leaving the person's home. Environmental risk assessments are very important when staff are supporting people in their own homes, to make sure the home is a safe working environment and that any risks are identified and measures are put in place to minimise the risks and ensure the safety of the person and the staff who are supporting them.

We also saw there were risk assessments for moving and handling people. These assessments looked at the mobility needs of each person and what equipment and processes needed to be used to assist them to move around. These assessments were detailed and clearly identified the risks and the measures which were in place.

There were risk specific assessments in some care files, the ones we saw were for people who were assisted to go out and access public venues. We found the risk assessments were very detailed and venues had been contacted to ensure they were suitable for the person who would be visiting and also that there was appropriate public liability insurance in place at each venue. We found a person had been supported to take a holiday abroad. The office team had planned the trip in minute detail to ensure the person was able to travel as comfortably as possible. Staff had arranged for bulky medical supplies to be sent on ahead to ensure they were available to the person when they arrived.

We looked at the accident and incident records held by the service. We found that whilst there had been very few accidents and incidents, those which had occurred had been recorded in detail. There were records of the investigation which had taken place and any actions which had been taken. We asked the registered manager why there were so few accidents and incidents. They told us this was because of the level of training and support which was given to staff, which meant there was a very low incidence of this kind of issue.

We reviewed the staffing levels which were in place and found that there was sufficient staff to meet the needs of the people who were using the service. We saw from staff rotas a very small team of staff was

allocated to each person who required support. These were the only staff who attended that person. Staff spoken with and people supported confirmed this. This meant that people knew who was arriving and staff knew the needs of the person they were supporting.

We asked the registered manager whether there had been any missed calls as we saw no records to indicate there had been any, they confirmed there had not been any missed calls for as long as they could remember. We contacted the local authority safeguarding team who also confirmed they had no concerns about the service.

We reviewed the recruitment records for staff. We found the records were very detailed and the process was robust and thorough. All necessary checks were carried out to ensure staff were of good character and suitable to work with vulnerable adults in their own homes.

We looked at the policy and procedures which were in place in relation to the administration of medicines to people who used the service. The medication policy was regularly reviewed and was robust and comprehensive. There was very clear guidance to managers and staff for a range of scenarios including if medication was refused, or there was a medication error identified.

Staff told us and records seen confirmed they undertook medication training. Staff were knowledgeable and able to explain to us the different levels of assistance which they were able to carry out. There was clear guidance in the medicines policy seen about tasks which were not permitted to be carried out by care staff. We saw there was a new process in place to assess the competency of each member of staff when administering medicines. This was a two part process, the first part was a knowledge test completed by each member of staff. These were reviewed by the registered manager to identify any weaknesses. The second part of the process was then a direct observation of staff managing medicines in people's homes which was led by their answers to the knowledge test. This process was newly implemented and the registered manager told us they would have the first cycle completed within two months.

Staff confirmed they were clear on the correct procedures for hand washing and the wearing of personal protective equipment, which they told us, was readily accessible. There was guidance and reminders about good infection control processes included in the care plans we reviewed. One person told us, "They put cream on my back and prepare my meals. It's all very professionally done. They always wear gloves."

Is the service effective?

Our findings

People who used the service told us, "The carers have meetings and go on courses." "They get proper training and they're really good carers, very respectful."

We looked at the training records for staff. There was a newly implemented training matrix which was in the process of being completed. We were able to look at training records which allowed us to verify that staff were up to date with their mandatory training and staff had access to other training which helped them to perform their roles to a high standard.

The registered manager told us staff were routinely trained in supporting people with dementia and Parkinson's disease, as the service had a high level of people with these conditions. Staff had also accessed training in the five principles of end of life care, the Mental Capacity Act 2005 and DoLS. The registered manager told us they accessed training opportunities which were offered by the local authority whenever they were available. This included higher level qualifications for themselves and the care manager and care coordinator. Staff were routinely offered the opportunity to undertake nationally recognised qualifications in health and social care at levels two and three.

The induction programme consisted of a thorough introduction to the organisation and dependent on whether the inductee had worked in care previously the induction programme was then individually designed. This ensured staff had all necessary training and if they had not worked in a caring role that they completed the care certificate. The care certificate is a standard programme of knowledge which is designed to ensure staff have a good knowledge of all the essential standards for their roles.

Staff of all levels we spoke with told us they received a high level of support from the organisation which included regular supervision and appraisal meetings. The registered manager told us there was also direct observation sessions which took place although these had not been as regular as they would have liked. This had been identified and the registered manager had assigned this task to the team leader who would ensure these were completed regularly.

We asked the registered manager how they ensured good practice was shared, they told us they were very keen to ensure that examples of good practice were recognised and celebrated. They told us this was carried out via team meetings and the monthly staff newsletter which was created and circulated to all staff.

People we spoke with told us the communication from the office team was very good. A relative told us, "There's plenty of communication. It's good, nothing's a problem." People supported told us they were always contacted if there were any changes, for example if a member of staff was running late, or a different carer would be attending due to sickness. A relative told us, "They always ring if it's not the same carers as [relative] doesn't like strangers. I can prepare [relative] for having someone different. When a new person starts they always ring after the visit to check how it's gone." Staff told us the office was in very regular contact with them and communication was very good. Staff confirmed they were welcomed into the office and support was always available as the on call service was very good and reliable.

Some people who used the service found it difficult to communicate; staff were skilled at finding ways to communicate in these cases. A relative told us, "[Staff member] who comes is absolutely brilliant. They are very understanding and know what [relative] needs. [Relative] is hard to communicate with, but [staff member] seems to have the knack, chatting and socialising with [relative]. They relive what [relative] had. Nothing's a problem."

We found there were records which showed people had been asked for their consent to the care they received and staff told us they always checked with people before carrying out personal care.

Staff demonstrated a good level of understanding of the Mental Capacity Act 2005 (MCA) and were able to explain how they used this legislation in their daily duties. Staff told us they encouraged people to make their own decisions wherever possible, as they understood the importance of this and explained how they would offer support to people if they were struggling to make a choice, for example they would show the person the options and let them make a visual choice. This meant that staff were protecting people's rights to make their own decisions.

Some of the people who used the service required support from staff in relation to their nutrition and hydration needs. In some cases this was simply serving a pre-prepared meal and in other cases staff were required to prepare the meal. The records seen were very detailed and showed what had been offered, what had been prepared and what had been consumed. This meant other people involved in the person's care would be able to monitor what had happened in their absence. This is particularly important if a person has lost weight or has been unwell, as medical professionals can gain insight into how they have been over a period of time.

Some of the people who used the service had specific dietary needs. A relative told us, "They feed [relative] and support them while they do voluntary work. [Relative] has special diet, staff know all about it, it's all in his care plan, and it gets reviewed." This showed that staff were able to meet people's specific care and support needs in relation to their nutritional needs.

Is the service caring?

Our findings

People who used the service told us, "I think the carers are brilliant. I'm really happy with how they are with me and how they looked after [relative] before they died. They're very respectful and kind." "I'm highly satisfied with the service. They're always efficient. They fall over themselves to help." A relative told us, "We have regular carers that [relative] knows and is used to. It's been excellent. They [staff] have a good rapport with them."

People supported and their relatives all told us the staff were kind, caring, sympathetic and respectful. One person told us, "They're all very caring from the office down to the carers. They do a good job. I wouldn't change a thing." A relative of a person who used the service told us "They were very caring, understanding and receptive to [relative's] needs, such as not having different carers."

Staff we spoke with were very passionate about their roles and their drive to make a difference to the lives of the people they support. Staff demonstrated in depth knowledge of the people they supported, and could describe in great detail the person's needs and how they ensured these needs were met. A relative told us, "The ladies are very nice and helpful. [Staff member] is wonderful. My [relative] is a joker, and [staff] gives as much as them. They get on fine."

Staff explained to us because the visits were 30 minutes or longer, they had time to spend with people rather than just arriving and carrying out the support. Staff said they often sat and chatted with people as part of the support they gave.

We saw in the care plans we reviewed there was information about people's religious needs and the arrangements which were in place to ensure they were able to maintain any faith they had.

People we spoke with confirmed that they were involved in all aspects of their own care, and care planning and review. One person told us, "They always fill in my care plan. They involve me, very much so. They always talk to me about what I need. We all talk about any changes I need." A relative told us, "They always keep me up to date with how [relative] is. They write it down and tell me. In the last few months [relative] has deteriorated, the carers have noticed this and discussed it with me. They arranged for us to have a re-assessment."

People who used the service told us they were regularly asked for feedback on the service they were receiving. This happened during visits from the office team, phone calls and formal surveys which were regularly sent out to gain people's feedback. One person told us, "They appreciate feedback."

We saw from records and the care manager confirmed that there were advocacy services available to people who did not have family support and who may struggle to make their own decisions without support. An independent advocate is a person who works with people who need support to make or communicate their wishes to ensure people's rights are protected.

We saw there were confidentiality agreements in place for all staff. These explained the organisations policy and expectations for staff to maintain the confidentiality of the people they supported. People and relatives we spoke with had no concerns that there had been any breaches of their confidence.

People who used the service told us staff were careful to maintain their privacy and dignity. A relative told us, "I won't have anyone talk to [relative] like a child. The staff always ask, they don't tell, and they never speak down to [relative]." Another relative told us "Staff are very good and patient. They know exactly how to talk to [relative]. They're better than me sometimes, I can't praise them enough."

Staff we spoke with told us they encouraged people to do as much as they were able for themselves and we saw that care plans were written reminding staff to promote people's independence. Staff gave us examples of people they supported who had variable ability. They described how they always asked them to try to do things before offering to assist them.

Staff we spoke with confirmed they had undertaken training to help them understand the principles of end of life care and to have the skills needed to support someone at the end of their life. Staff confirmed they had cared for people at the end of their lives. The training had prepared them for this and given them the confidence to do this. The registered manager told us they created care plans which included people's wishes for the end of their lives where this was appropriate. They would include information on the whereabouts of any 'do not attempt cardiopulmonary resuscitation' orders (DNACPR) which were in place, to ensure staff were aware of this and these wishes were carried out.

The registered manager explained to us that due to providing respite care for family carers, they felt it was important to offer continued support to those carers for a period of adjustment after they had suffered bereavement. The registered manager told us they had a 'bereavement fund' which was possible due to fundraising carried out by the organisation. The fund allowed Crossroads to continue to offer support to the carer.

Is the service responsive?

Our findings

A relative told us "They [staff] utilise their time effectively and are really flexible. There's a full file with absolutely everything in it that you can read and understand, assessments, care plans, risk assessments. [Relative] had a review at six weeks, then six months and regularly after that. In fact there has just been a review as [relative's] needs have changed."

We looked at the care records for four people who used the service. We found there had been detailed assessments carried out of people's needs at the time they had commenced receiving support. Each person had a very detailed and person centred care plan, which had been created in partnership with the person who needed support and if appropriate their relatives.

We saw the care plans included a 'pen picture' of each person which gave the reader an insight into the life the person had led, what was important to them and who was important to them. The care plans were written sympathetically and described how the person liked things to be done, what they could manage to do themselves and what they may need support with. There were reminders of good practice for staff reference throughout the plans.

We saw care planning was always undertaken by senior staff, the quality of the care plans was consistently high as a result of this. People supported and their relatives told us they had been involved in the planning and regular reviews of the care plans. This meant there was an opportunity for people to give their observations and views. Staff we spoke with told us they were always asked to have input in the reviews of the care plans for the people they supported and knew well, to make sure nothing was missed.

There were clear records which showed when the care plans had been reviewed and the changes made were evident. This demonstrated that care plans were evolving as people's care needs changed and meant they were up to date and would meet the person's needs. Staff told us they reported changes to people's needs to the office and this always resulted in a review and the care plan being updated.

Staff told us they would know when a care plan had been updated as they would be asked for their input. Staff told us that because the organisation did not provide short calls, they had the time to read the care plans and daily records as part of each visit.

Some people's support needs included being assisted to go out and take part in leisure activities. We saw from the daily records of these people that staff made every effort to vary the trips out to allow people to experience new places and activities. The office staff had contacted various venues to ensure their suitability prior to people visiting them. There were also cases where support to carry out work was part of a person's needs. Staff assisted people with their needs to allow them to attend work and maintain a higher level of independence.

There was a clear complaints procedure in place. People were given a copy of the policy when they started the service and were reminded of the process periodically. There were very few complaints recorded,

however the ones which were recorded were detailed and showed the actions which had been taken to investigate, resolve and feedback to the complainant. We asked the registered manager about the lack of complaints, they told us this was because they were in contact with people so regularly and people felt able to share their opinions, which meant any small issues were addressed before they became complaints. The example given of this was when new members of staff were assigned to support people; the office team spoke with the person who was receiving support to make sure they were happy with the member of staff before they were assigned permanently.

We found the office team were pro-active in their approach to finding other ways of supporting people beyond the planned care and support they provided. One relative told us, "They put me in touch with other services that might be able to help, for example one was a voluntary befriending group."

Is the service well-led?

Our findings

There was a registered manager in place. The registered manager had been in post for a large number of years since the service was opened in 1993. The registered manager was supported by a care manager and a care coordinator, both of whom had also worked for the organisation for a large number of years.

People told us, "From what I pick up it sounds like they have a good routine going. They do a wonderful job," "I do talk to management. They always involve me. They're very accommodating ""I've got the out of hours number and they always respond and don't get cross, even if you're cancelling services at short notice, nothings too much trouble."

The registered manager operated an 'open door policy' in the office. They told us they encouraged staff to come in whenever they needed for support or advice, and they told us this extended to anything which was bothering any member of staff. Staff we spoke with confirmed that they were always welcomed in the office and said nothing was too much trouble from the office team.

Staff told us they felt the registered manager was very approachable and supportive and they were encouraged to give feedback and suggestions. The office team were reported to be equally supportive and spoke highly of the registered manager.

Staff morale was high across all the staff we spoke with. Community based staff told us they felt included in the service and did not feel isolated as people were in touch with them regularly checking they were alright.

We found the communication in staff newsletters and staff meeting minutes was positive and open, with staff being asked to be a part of everything which was going on, this included regular fundraising.

There were robust processes in place to audit systems in the service and monitor the quality and safety of the service which was being delivered. There were external audits which took place in relation to the financial records of the organisation due to their not for profit status as a charitable organisation.

The service also undertook annual audits from an external provider looking at all aspects of quality. This was to achieve a nationally recognised award ISO9001. Crossroads (Barnsley) had recently completed this process and had achieved the status for the next year, there were no quality issues identified during this audit.

The registered manager also created management reports which were presented to the committee of trustees responsible for the oversight of the service. These reports were detailed and evidenced the level of oversight which was in place.

We found the records kept in the service were of a high standard and were very organised and accessible. The requirements of the service's registration with the Care Quality Commission were fully met. The registered manager was clear on the notifications they would need to make to inform us of significant

events.

The registered manager was insightful of the needs of the people who required support, but also of the family carers involved. The registered manager had set up a 'client fund'. This was possible due to annual fundraising and donations which were received. The purpose of the fund was to allow 'extra' care to be provided when there was a need for carers to attend to their own health needs for example, and which local authority funding did not cover.

There were also two initiatives which were in place to offer 'free care hours' to people who had been diagnosed with dementia or who had suffered a stroke. The funding for these initiatives was sourced by the registered manager, who was able to evidence the positive impact these schemes had on people who had accessed them. The registered manager had plans to apply for further funding to allow them to offer the service for a longer period (three to five years) based on the positive outcome case studies they had collated.

The registered manager had made links with a number of other organisations and departments within the local authority and NHS. They were involved in a number of projects to look at working in partnership with other providers to offer services. For example they were working with a therapy group who offered therapeutic treatments to carers, and Crossroads providing the support to the people the carers looked after to allow them time out to enjoy their pampering. The registered manager was also recently involved in a newly announced initiative launched by the Mayor, in relation to improving care services for people who are living with dementia.