South Thames Crossroads-Caring for Carers Limited

South Thames Crossroads

Inspection report

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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

This inspection took place on 6 January 2015 and was announced. We told the service two days before our visit that we would be coming. At the last inspection of the service on 28 February 2014 we checked the provider had taken actions to make improvements in respect of the care and welfare of people who use the service. We found this regulation was being met.

South Thames Crossroads provides support to approximately 350 carers living in the London Boroughs of Merton, Wandsworth, Sutton, Lambeth and Croydon. Staff employed by the organisation provide short respite breaks for carers by taking over the care and support tasks for people or children they care for. The breaks can be anywhere between a few hours a week or over a number of days. Approximately 80 adults, with a wide range of health care needs and conditions, receive help with personal care and support from this service. The majority of people receiving this support were funded by their local authority.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the

Summary of findings

service is run. The registered manager for the service had been absent for more than 28 days prior to our inspection. In the interim an acting Head of Care had been appointed and was managing the service.

During this inspection we found the way the service managed medicines required improvement. There was no written guidance or instructions for care workers on an individual's care records as to when, how and why an 'as required' medicine should be administered to them. We also found information recorded by staff did not sufficiently detail, where this was appropriate, when, how and what dosage of medicines people had been prompted to take.

We recommend that the provider considers guidance from a reputable source on the management of medicines in a domiciliary care setting when reviewing their arrangements in this respect.

People and their primary carers told us they felt safe with the care and support provided by the service. Care workers knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed by senior staff. Care workers were given guidance on how to minimise identified risks to keep people safe from harm or injury in their home and community.

There were enough care workers available to meet the needs of people using the service. Senior staff matched people with care workers who were able to meet their specific needs and preferences. The provider ensured they were suitable to work with children and adults whose circumstances made them vulnerable, by carrying out employment and security checks before they could start work. Care workers received appropriate training and support and senior staff ensured their skills and knowledge were kept up to date.

People's consent to care was sought by the service prior to any support being provided. Where people were unable to make decisions about their care and support because they lacked capacity to do so, people's primary carers and other professionals were involved in making these, in their best interests. Support plans reflected people's specific needs and preferences for how they wished to be cared for and supported.

People were encouraged to eat and drink sufficient amounts to reduce the risk to them of malnutrition and dehydration. Care workers monitored people's general health and wellbeing. Where they had any issues or concerns about this they informed people's primary carers and senior staff promptly so that appropriate medical care and attention could be sought from healthcare professionals.

People told us care workers looked after them in a way which was kind, caring and respectful. People's rights to privacy and dignity were respected and maintained by care workers, particularly when receiving personal care. People were supported and encouraged, where the service was responsible for this, to take part in activities at home or out in the community.

People were encouraged to make comments and complaints about the care and support they experienced. The service had appropriate arrangements in place to deal with these effectively.

The quality of records maintained by the service was inconsistent and required improvement. The provider had made resources available to the service to do this. A new management structure had been put in place at the service and people, staff and other external professionals such as local authority commissioning and contracts teams were kept informed of important changes taking place within the service.

There were systems in place to monitor the safety and quality of the service and senior staff were accountable for making any changes or improvements arising from quality monitoring visits. People's views and experiences were sought about how the service could be improved.

The service used learning and best practice from similar types of services to drive improvements to the quality of care people experienced.

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?

Requires Improvement

The service was not as safe as it could be. There was no guidance for staff on how and when to administer an 'as required' medicine to ensure an individual was safeguarded from the risks of inappropriate or unsafe use of this medicine. Information recorded by staff did not sufficiently detail, where this was appropriate, when, how and what dosage of medicines people had been prompted to take.

There was guidance for staff in how to minimise known risks to people to keep them safe from injury and harm at home and in the community.

There were enough suitable staff to support people. Staff knew how to recognise and report any concerns they had to protect people from abuse or harm.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to support people who used the service. They received regular training and support from senior staff to keep these updated.

People were supported by staff to eat and drink sufficient amounts. Staff monitored people's general health and wellbeing and reported any concerns they had about this promptly to senior staff.

Senior staff were aware of their responsibilities in relation to obtaining people's consent to care and support and ensuring people had capacity to make decisions about specific aspects of this.

Is the service caring?

Good

The service was caring. People and their primary carers spoke positively about their care workers.

The service ensured people's rights to privacy and dignity were maintained, particularly when receiving care.

Staff supported people to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and support plans set out how these should be met by care workers. Plans reflected people's individual choices and preferences.

People were supported and encouraged, where the service was responsible for this, to take part in activities at home or out in the community.

Summary of findings

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Requires Improvement

The service was not as well-led as it could be. The quality of records maintained by the service was inconsistent and required improvement.

The provider kept people and staff informed of important changes within the service. They asked people for their views on how the service could be improved.

There were systems in place to assess the quality of service and senior staff were well informed about the changes that were needed to make improvements. The provider had ensured there were suitable resources available to make these.

Best practice and learning from similar services was used to drive improvements to the quality of care that people experienced.

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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 checked 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 6 January 2015 and was announced. We did this because senior staff are sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of an inspector and an Expert by Experience – this is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. We also spoke with a local authority contracts team.

During the inspection we went to the provider's head office and spoke to the Chief Executive Officer, the acting Head of Care, two service managers, and a care support worker. We reviewed the care records of seven people that used the service, reviewed the records of four staff and other records relating to the management of the service. After the inspection visit we undertook telephone calls to people that used the service and spoke with 18 people and their primary carers. Two relatives of people using the service also contacted us by email after the inspection to share their experiences.

Requires Improvement

Is the service safe?

Our findings

Some aspects of the way the service managed medicines administration were not as safe as it should be. The service did not have guidance for care workers for when, why and how medicines prescribed to one person 'as required' (PRN) should be administered. On their record we saw as part of their care plan, they may request pain relief (paracetamol) from their care support worker. However there was no guidance for the care support worker on how to do this safely. We checked the person's daily records and noted over the last six months this pain relief had not been requested. However in the absence of this guidance the service had not taken adequate steps to ensure care workers had the information they needed to properly safeguard this individual from the risks of inappropriate or unsafe use of this medicine. We discussed this with the acting Head of Care who made arrangements to have this aspect of the individual's support plan reviewed.

The acting Head of Care told us only five of the people that use the service required prompting or help from their care worker to take their prescribed medicines. We were able to check medicine administration records for one person and these were not completed appropriately. Care workers should sign these records to confirm medicines had been given. In some instances the care worker ticked the records rather than sign them to confirm that the individual had received their medicines as prescribed. In two other people's daily records care workers had noted people had been prompted to take medicines. However, in both these cases staff were not required to do this and it was unclear if they had done this or the person's primary carer, who had been present at the time. We discussed medicines records kept by care workers with the acting Head of Care. They acknowledged where staff were prompting people to take their prescribed medicines, improvements were needed in the quality of information recorded about who had prompted this, and if care workers had done this, which medicine this related to and the dose taken.

People and their primary carers told us they felt safe with the care and support provided by the service. One person told us they had received care for 10 years and said they had always felt safe with their current care support worker. A relative told us, "I can't fault [them] as they respond to my questions and requests promptly and politely. I feel they are primarily concerned about the safety of [my relative]." And another relative said," [My relative] has Alzheimer's and Parkinson's. He has now had the same carer for over a year and I find him brilliant. Safe and trustworthy."

The service had taken appropriate steps to safeguard vulnerable adults at risk. People using the service were provided with information in their service user guide about how the service would protect adults at risk. This included having policies and procedures in place to train care workers to appropriately protect people who were vulnerable. The service was also committed to working closely with other agencies to ensure people were sufficiently protected. Staff had received training in safeguarding. All staff had been issued guidance on their responsibilities for safeguarding the people they cared for, how to recognise whether a person may be at risk and how to report their concerns and to whom.

Assessments were undertaken by senior staff to identify any risks of harm or injury to people using the service in their home, and where this was appropriate in the community. This included any risks due to the health and support needs of the person. There was information and guidance for staff on people's records on how to minimise these risks to protect people from the risk of injury or harm. Identified risks were reviewed annually or sooner if there were any changes to people's care and support needs. Of the 7 care records we looked at, six had been reviewed within the last year. However although one person's care and support needs had recently been reviewed by senior staff, we did not see records to indicate known risks to them had been also been reviewed at the same time. The acting Head of Care said this information would be updated immediately and was able to confirm no new risks to this person had arisen since their last assessment.

The service maintained records of accidents and incidents that occurred in people's homes or out in the community. Senior staff recorded details of the accident or incident and the actions taken by staff to investigate and ensure the on-going safety of the person involved.

There were sufficient numbers of suitable staff to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting

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Is the service safe?

a person could be increased if required. Senior staff planned visits in such a way as to minimise the travel time of care workers. This helped to reduce the risk of staff not turning up for visits on time.

Staff records showed the provider had appropriate procedures in place to recruit and appoint staff. The service carried out appropriate employment checks of staff regarding their suitability to work. These included evidence of relevant training, references from former employers and criminal records checks.

We recommend that the provider considers guidance from a reputable source on the management of medicines in a domiciliary care setting when reviewing their arrangements in this respect.

Good

Is the service effective?

Our findings

People and their primary carers said the care and support they received met their needs. A relative said, “Care is delivered promptly and intelligently.” Another relative told us, “I feel with our carer that everything is under control, medication, personal hygiene etc. There are no unpleasant surprises.” A primary carer said about their care support worker, “The care plan is carefully adhered to and looked at every time she comes, to monitor changes. She always checks with me what the recipient of care needs most.” The service ensured people were matched with care workers who were able to meet their specific care and support needs. Where people had specific needs such as support from staff with specialist skills such as peg feeding this was also documented. Senior managers used this information to match people with care workers who could meet these needs.

Care workers received appropriate training and support. Senior managers ensured staff received regular training in topics and subjects which were relevant to their roles. They monitored training records to assure themselves staff were up to date with their training and when they were due to attend refresher training to update their skills and knowledge.

Staff received appropriate support from senior managers to help them carry out their roles effectively. Minutes from staff meetings demonstrated care workers had attended recent supervision meetings with senior managers. Care workers were encouraged by senior managers in these meetings to discuss changes in the workplace, how these affected them and the support they would be provided in their roles. The acting Head of Care told us prior to October 2014, most staff had not received regular supervision. However, following changes to the management structure of the service, all staff had received a supervision meeting with managers and an on-going programme was in place to ensure these were scheduled to take place, minimally, every three months.

The acting Head of Care had received recent training in relation to the Mental Capacity Act 2005 (MCA). They had a good understanding and awareness of their role and responsibilities in relation to obtaining people's consent to care and ensuring people using the service had capacity to make decisions about specific aspects of their care and support. Records showed assessments of people’s capacity to make day to day decisions about their care and support were predominantly undertaken by local authority care managers prior to people’s referral to the service for care and support. However the service still sought people's consent to the care that had been planned for them and where people were able to, they signed their support plans to agree to this. Where people were unable to provide this because they lacked capacity to do so, there was evidence primary carers and healthcare professionals were involved in making decisions that were in people’s best interests. People’s care plans contained instructions for staff to ensure people’s consent was sought before they provided any care or support.

People were supported to eat and drink sufficient amounts to meet their needs. Care workers documented in people’s daily records the meals they prepared and supported people to eat during their visit. They also recorded how much people ate or drank. This provided important information about whether people were eating and drinking sufficient amounts, to everyone involved in providing them with care and support at home. Where people were at risk of malnutrition or dehydration there was guidance for care workers on how to encourage and support people to eat and drink enough. If people had specific dietary needs or preferences we were able to check from daily records that care workers were meeting these needs. Care workers were also prompted to raise any concerns about people's food and drink intake and we saw evidence in one case where this was raised and discussed between senior managers to agree the appropriate action to take.

Care workers also documented in people’s daily records their observations and notes about people’s general health and well-being. They noted any concerns they had about people's current health and the action they had taken as a result such as contacting senior managers for advice and support, and raising concern and issues with people’s primary carers so that they were made immediately aware of these. A relative said, “Our carer has suggested when [my relative] needs checking by a GP.” This ensured people received prompt additional medical care or support if they needed this.

Good

Is the service caring?

Our findings

People and their primary carers spoke positively about their care workers. Many people told us they would recommend the service to others in the same position as them. One person said their care support worker was, “almost part of the family.” A relative told us they had initially felt uneasy about having a care worker stay overnight to care for their family member but said, “She is honest and kind, is patient and certainly knows her job. I need not have worried.” Other comments we received included, “The replacement carer is fantastic. She keeps [my relative] happily occupied”’, “She is an absolutely lovely carer”, “I am happy with the carer. She is very adaptable and willing’’ and “She is trustworthy and caring, she turns up on time and if she might be late, or unwell she lets me know in advance, if at all possible, in good time.”

People's support plans prompted care workers to provide support in a positive and caring way by ensuring people were comfortable and happy to receive the care being offered to them. Notes recorded by care workers at each visit were descriptive and informative. Care workers had documented in detail the care and support provided and also their general observations about the conversations had with people about topics that interested them, activities they undertook and whether people enjoyed these as well as information about people's general moods and wellbeing. In one instance we saw a care support worker had noted an individual didn’t seem quite themselves and they documented how they had supported them by checking if they were ok and asking how they could help to relieve any anxiety they may have been experiencing.

People and their primary carers told us care workers treated them with respect. One person said their care support worker “looks after my stuff as if it were his own.” The service supported people’s rights to privacy and dignity. People’s support plans gave prompts to care workers on how to do this when providing care and support. For example in one instance where a person needed help with using the bathroom, care workers were instructed to allow them the privacy they needed once they had been escorted there safely. One person we spoke with was not aware they could ask for a same sex care support worker. We raised this with the acting Head of Care who told us they would ensure people using the service would be reminded they had the right to request this.

People were encouraged and supported to be as independent as they could be. People’s records showed prompts and guidance for staff on how, when delivering care and support, people should be encouraged to do as much as they possibly could for themselves to allow them to retain some control and independence. For example, care workers were prompted to provide appropriate support to one person to encourage them to help with making and eating meals and taking their medicines.

Good

Is the service responsive?

Our findings

People's care records showed their care and support needs had been assessed and this information was used by staff to develop an individualised support plan for them. Staff had obtained information about people's life histories, likes and dislikes and preferences and then used to inform how care and support was provided to them. Each person's plan set out how their specific needs should be met by staff and were reflective of people's views and preferences for how care and support should be provided. For example, in one instance, the times that an individual wished to receive support were flexible each week and dependent on when they wanted this. Care workers respected their wishes and delivered the support at the times requested by them. In another instance, one person liked to have their clothes set out in the morning so that they were ready to put on after they had had a wash. This wish formed part of the support that was planned for them by the service. Manager's ensured people's preferences, such as whether they wished to receive support from a male or female or from someone from a specific cultural background, were met.

One person said their support plan was looked at regularly and any changes that were needed were discussed and agreed with other professionals involved in their care such as their GP. Another person told us their care support worker "makes sure my care plan is frequently updated." People's care and support needs were reviewed annually by senior care workers. Where changes to people's needs were identified, people's records were updated sooner. For example, an individual went into hospital for a short period of time and following their discharge their care and support needs were reviewed to check what changes were needed to the support they received from the service.

Where the service was responsible for this, people were encouraged to take part in activities to promote their overall wellbeing. For example, one person was encouraged and supported to go for walks locally. Another individual liked to listen to the radio and chat about news events with their care worker. Where people had specific dislikes these were respected. For example, care workers were prompted to encourage one person not to discuss certain topics as this could upset them.

People received care and support in a person centred way. Care workers made detailed notes at each visit in which they documented the care and support provided to people. These not only included details about specific care and support tasks but also information about how people were involved and engaged during the visit and the choices and decisions people made about how they were cared for and supported.

Where people had issues or complaints about the service people had positive experiences to share with us which indicated the service had been proactive in resolving issues. One person told us when they had complained about a care worker "[South Thames Crossroads] responded promptly and sent me my current carer whom I have now had for several years." Three relatives told us their complaints were taken seriously and dealt with appropriately and to their satisfaction. One of them said the agency also made follow up calls to check if their concern had been resolved.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. The provider had a complaints procedure which detailed how people could make a compliment or complaint. Information about how people could do this was detailed in their service user guide, provided to them when they started using the service. People were encouraged to make complaints as the service saw this as an opportunity to monitor and improve the service.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the way records were maintained did not always ensure people were protected from the risks that can arise from inaccurate records or if these cannot be located promptly. Our check of people's care records identified the quality of these had not been not consistently maintained. For example, we identified that paperwork relating to the reviews of people's care records were not always accessible on people's files so there was no clear audit trail of how and why people's support plans had been updated. In one care record, out of the 7 we looked at, senior staff had not documented their review of identified risks for the individual although we were satisfied these had not changed and care workers had access to the latest information about these. In another example we found a support plan which had been annotated with corrections needed to text but was not subsequently updated.

The acting Head of Care acknowledged that since taking over the role in September 2014 it had been clear that significant improvements were needed to improve the quality of files maintained by the service. We saw that resources had been allocated to reviewing and checking people's care records and staff files to ensure these contained accurate and up to date information. However at the time of our inspection, the service was only part way through this programme. We will monitor and review the progress against this at our next inspection of the service.

The provider sought the views and experiences of people using the service to identify how the quality of service they received could be improved. An annual survey was sent to people, which asked them to rate their satisfaction with the support they had received and their suggestions for improvements. A telephone survey was carried out every six months to a sample of people. Staff asked people for their views, concerns and ideas for changes that may be needed. When people stopped using the service, senior managers carried out an interview with them to get their views and opinions about the support they had received and what changes they felt could be made to improve service quality.

The acting Head of Care told us changes had been made to the service in response to people's feedback. Some people had suggested communication from the service could be improved. Changes to the management and staffing structure had been made to address these concerns as staff now had customer focussed targets and goals to achieve. For example, the time taken to deal with a referral to the service was now being monitored weekly so that people did not have to wait long to start receiving the care and support they needed. Senior staff met once a week to review, plan and monitor the work of the service so that they were aware of any issues or concerns about current service delivery.

The registered manager for the service had been absent from their role for more than 28 days at the time of our inspection. We were notified promptly of this, by the provider. An acting Head of Care had been appointed to ensure the service was appropriately managed in the registered manager's absence. It was clear from our discussions with the Chief Executive Officer (CEO) that there had been significant changes within the service in the last six months. The CEO told us the provider was part way through a change programme aimed at improving the quality of the service.

The main changes made to date included a new management structure in place and changes to staff working hours and pay that took effect in January 2015. The CEO told us these improvements were needed to improve the quality of service people experienced. From the feedback we received from people and their primary carers, they were not aware of the recent changes to the management structure of the service. We discussed this with the acting Head of Care who said they would ensure information about these changes would be shared with people using the service. Further changes were planned to working practices and processes which were currently being reviewed. Minutes from staff meetings showed changes to the service and why these were needed to improve service quality had been discussed with all staff. The CEO told us they had attended meetings with commissioning local authorities to discuss the service's plans for improvements and the changes that were needed, so that they were kept informed and updated about these.

Managers encouraged care workers to take responsibility for managing their workloads and involving people to make decisions about when they received care and support. For example, when care workers wished to take leave, they were encouraged to discuss this with people they cared for so that people were aware how this would

Requires Improvement

Is the service well-led?

affect them and what suitable arrangements could be put in place to ensure they continued to receive the care and support they wanted. Care workers noted these conversations had taken place on their leave request forms which were then checked by managers.

The provider carried out checks of the service to monitor the quality of service provided. Trustees from the organisation had recently visited the service and a report of their findings following this quality visit was shared and discussed with senior managers in November 2014. The acting Head of Care said improvements for the service had been identified and senior staff were taking actions to address these. For example, records kept by the service were being reviewed to ensure these had been maintained to an appropriate standard. The acting Head of Care said Trustees monitored the service's progress against these actions to ensure these were being dealt with appropriately.

Managers looked to areas of good practice, identified elsewhere within the provider's organisation, to identify learning opportunities to drive improvement within the service. The acting Head of Care and CEO told us following visits to similar services, they were now reviewing working practices and processes to identify how these could be improved for people using the service. One change being made was to people's support plans which the acting Head of Care felt should have more information about people receiving the service rather than simply focussed on care and support tasks. The CEO told us a new management structure was introduced at this service based on learning from within the organisation. The purpose of this change was to improve reporting, accountability and communication within the service.