Care Quality Commission

Harrow Crossroads with Outreach

Crossroads Care - Harrow

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
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 undertook an announced inspection on 12 March 2015 of Crossroads Care – Harrow.

Crossroads Care Harrow is registered to provide the regulated activity personal care and provides support for family carers and the people they care for by supplying them with care workers. At the time of the inspection, the service was providing care for 140 people and 28 care workers working for them.

At our last inspection on 7 February 2014 the service met the regulations inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People using the service were protected from avoidable harm and abuse. There were safeguarding policies and procedures in place. Care workers had undertaken safeguarding training and were aware of what actions to take if they suspected abuse.

Risks to people were assessed and managed to enable people to be safe and be supported to take responsible risks with the minimum restrictions.

Care workers had not received training on the Mental Capacity Act 2005 however they were able to demonstrate a good understanding of how to obtain consent from people. Where a person was unable to give verbal consent records showed the person's next of kin had been involved in decisions made in the person's best interest.

We have made a recommendation about staff training on the subject of the Mental Capacity Act 2005.

Care workers generally spoke positively of the organisation and told us "It is a very good company", "I enjoy my job and they are always there at the end of the phone if you need them". However care workers were not being supported and did not receive regular supervision meetings and team meetings. One care worker told us "There is not much communication and no 121 meetings."

This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Positive caring relationships had developed between people using the service and staff and people were treated with kindness and compassion. Care workers understood the importance of building caring relationships with the people they support. One person using the service told us "So far [care worker] who helps me from Crossroads makes me cheerful and has a way to make me laugh. The care worker is a great character and cheers me up." Family carers told us "They have been excellent", "What I wanted was someone I could trust and they have earned this. They have been very kind and caring" and "It's still a very personal service."

Family carers told us care workers turned up on time and there were no missed calls. They also told us they received the same care workers on a regular basis and had consistency in the level of care they received.

Care plans were person-centred, detailed and specific to people and their needs and included details of things which were important to them. Family carers told us "They know about [person's] likes and dislikes and these are in the plan. The service encouraged and prompted people's independence. There were arrangements in place for peoples' needs to be regularly assessed, reviewed and monitored.

There was a management structure in place with a team of care workers, three office staff and the registered manager. The registered manager told us the organisation had been going through a difficult period and it was a challenging time for the service. The registered manager had also come back from long term sickness.

We found little evidence of how the service was assessing and monitoring the quality of care being provided. Records showed that no quality monitoring spot checks had been conducted for staff performance. There was no evidence that staff team meetings were taking place or how issues about the service were being communicated to staff on a regular basis.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Questionnaires had been sent out to people using the service and their family carers. We saw that positive feedback had been received and family carers felt that the service made a positive difference to their lives.

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?

Good

The service was safe. One person using the service told us "'I feel very safe and relaxed with them and that includes the manager".

There were safeguarding and whistleblowing policies and procedures in place. Staff undertook training in how to safeguard adults.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

There were suitable arrangements in place to manage and administer medicines safely.

Care workers turned up on time and there was consistency in the care being provided and familiarity to people using the service.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. Care workers generally spoke positively of the organisation however did not feel supported.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People received the assistance they needed with eating and drinking.

People's health care needs were detailed in their care plans.

Is the service caring?

Good

The service was caring. One person using the service told us "So far [care worker] who helps me from crossroads makes me cheerful and has a way to make me laugh. The care worker is a great character and cheers me up."

Positive caring relationships had developed between people using the service and staff and people were treated with kindness and compassion.

People were being treated with respect and dignity.

Is the service responsive?

Good

The service was responsive. People using the service received personalised care that was responsive to their needs.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The home had clear procedures for receiving, handling and responding to comments and complaints.

Summary of findings

Is the service well-led?

Some aspects of the service were not well led. There was a clear management structure in place with a team of care workers, three office staff and the registered manager.

Records showed that no quality monitoring spot checks had been conducted for staff.

There was no evidence that staff team meetings were taking place or how issues about the service were being communicated to staff on a regular basis.

Questionnaires had been sent out to people using the service and their family carers. We saw that positive feedback had been received about the service.

Requires Improvement

Crossroads Care - Harrow

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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

Most of the people being cared for were elderly people who had dementia or a specific medical condition and could not always communicate with us and tell us what they thought about the service. Because of this we spoke to family carers and asked their views about the service and how they thought their relatives were being cared for.

We spoke with one person using the service, fifteen family carers, eight staff, two office staff and the registered manager. We reviewed seven people's care plans, seven staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Good

Is the service safe?

Our findings

People using the service told us they felt safe with their care worker, one person told us "'I feel very safe and relaxed with them and that includes the manager". Relatives told us "[Person] obviously feels safe and relaxed with them", "[Person] and I are both very safe and at ease with their staff. If not we would not have them" and "They keep [person] safe and they are very relaxed with them."

The provider had taken steps to help ensure people using the service were protected from avoidable harm and abuse. There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults When speaking to care workers, they confirmed this and were able to demonstrate an awareness of the importance of people not being subjected to abuse and neglect. Care workers were aware of the different types of abuse and actions to take in response to a suspected abuse. Care workers told us "I would report things immediately and share any concerns", "Abuse can be verbal, physical, sexual and anything not in the person's best interests" and "If I think something is not right I would report it."

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Risk assessment forms were completed for people using the service. The forms identified the risk and measures to manage the risk and were individualised to people's needs and requirements. The risk plans also covered personal care, potential hazards in people's homes and when people went outside into the community and travelled on public transport. Records also showed people were supported with their mobility if needed and the appropriate equipment was available such as wheelchairs, walking sticks and bath seats.

When speaking to the carers, they demonstrated a good understanding of risk management for the people they supported and consistently confirmed that they kept people safe from possible outside dangers. One care worker told us "I have done risk assessments and it's basically to ensure safety for the person and ourselves", "Risk assessing is about checking for dangerous health and safety issues and things they encounter inside or outside and the things that can be done in the plan to keep them safe" and "I will just go on bus with them or a trip outside. We assess the risks from pavements and kerbs and roads. Slippery pavements and things are a real danger for older people. The care plans will depend on each person and their own needs and on my own need to be safe and to keep them safe." This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum restrictions.

Positive feedback was received by the family carers who told us "They are very good at keeping [person] safe. For example, getting off a bus via the front door not the back door so [person] does not risk falls. The staff are very good at getting [person] to have a go at things", "[Person] does not use a wheelchair but uses a stick. They've had no accidents", "They have always tried to get [person] out and they have never done anything to risk them being safe" and "Any risks are set out for visits and [persons] fears are discussed beforehand."

There were suitable arrangements to manage medicines safely and appropriately. Records showed and care workers confirmed they had received medicines training and policies and procedures were in place. There were people who could self-administer their own medicines or were given to them by the family carer. Where people needed support by the care workers, the appropriate support for that person was outlined in their support plans. Care workers we spoke to understood their role to ensure people took their medicines safely and completed medicines administration records. Care workers told us "We follow the blister pack for whatever the times are and provide it according to their notes. Then we make a note in the care plan and we sign and date it", "We don't administer medication but help it get done by either a prompt or by seeing the items are in the blister pack for taking and to prompt or help them to do this. And make a note" and

"We just do medication from blister packs which are set out by the chemist so you can't make any mistakes that way." Family carers also confirmed this; one family carer told us "They make a note about [persons] medication on a sheet."

When speaking to care workers about staffing levels, they told us they received their rotas on time and had regular people they supported. One care worker told us "They are very good with the rotas, very systematic" and "We have regular clients, rotas are set."

We spoke to family carers and asked whether care workers turned up on time and if there were any missed calls.

Good

Is the service safe?

Family carers told us “The staff are usually on time but if they are running a bit late they let me know”, “They are generally on time and if anything they are a bit early. They have let us know if they are late. This is very rare”, “[Care worker] is very reliable. [Care worker] arrives on time and does the full three hours” and “They are on time and we usually have regular staff and we have not been let down.” One relative told us “They put their times in a book. They seem on time but they might be a few minutes late. They have always turned up.” Records showed that time sheets had been completed by staff and were signed off by the family carers.

We also asked people who used the service and family carers whether they received the same care workers on a regular basis and had consistency in the level of care they received. One person using the service told us “I generally have the same staff. I’ve had [Care worker] mostly by preference because [care worker] cheers me up. They are reliable and helpful.” Family carers told us “It’s generally the same person who has been able to get to know my [person]. This is less likely to cause them any upset”, “It’s wonderful and we’ve had the same carer for some years now. [Care worker] relates to [person] and it’s more like a friendship” and “It’s generally the same staff or from a pool of staff we know. There is some good continuity.”

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for seven care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Requires Improvement

Is the service effective?

Our findings

Training records showed that care workers had completed training in areas that helped them to provide the support people needed when supporting people and included safeguarding, medicines management and moving and handling.

We looked at seven staff files and although staff had received supervision and an annual appraisal to monitor their performance previously, records did not show any recent supervisions and that they had been conducted on a regular basis. When speaking with care workers they told us "Our 121's (supervision with a senior member of staff) are not as regular", "I have not had a 121 for a while and we do not get much praise….but they soon let us know if we have done wrong", "We don't get a lot of 121's" and "There is not much communication and no 121 meetings."

Care workers generally spoke positively of the organisation; however care workers did not feel they were currently being supported. Care workers told us "'I don't feel as well supported as I once did….but it's a good firm", "We do it because we love our clients. It never used to be like this. Now we get no acknowledgements or thank yous. It seems like the link has gone between management and staff" and "We are on own. We need and want a bit of encouragement, reassurance and support."

There was no evidence to show that any recent staff meetings had been held and staff had the opportunity to share good practice and any concerns they had. Care workers told us there had been no team meetings and they didn't get a chance to see each other. They told us "We don't have things for staff to get together like coffee mornings and it would be nice. It feels less personal and less supportive", "It would be nice to get more chances to get staff together. It's a chance to share stuff with other staff" and "Only at training do we get to see other staff, apart from that we don't see anyone anymore."

When speaking to the registered manager, she told us it had been a while since the coffee mornings had been arranged as it had been a difficult time for the organisation which she has had to deal with but was something she was hoping to arrange in the near future with the staff as well as the supervision meetings.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers told us the office staff were always available when they called the office if they needed anything. They told us "It is a very good company", "I enjoy my job and they are always there at the end of the phone if you need them" and "If we have problems we can get support over the phone. You can take things up with them if you are worried and chat with them".

Family carers spoke positively about the care workers. They told us "The staff are easy to get on with and they are wonderful", "They are more professional than others and they are better at understanding [person} and they seem better trained, "They are excellent. They are always friendly and polite and the carer who is regular had an immediate rapport with [person] and they got on very well" and "They seem very pleasant with [person] at all times and they seem well trained to me. They look professional."

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans contained a 'Consent to care' section which outlined the person's level of comprehension and whether they were able to consent to their care. Areas in which a person was unable to give verbal consent, records showed the person's next of kin were involved in making decisions in the person's best interests

There were no records which showed that care workers had received training in the Mental Capacity Act 2005 or Deprivation of Liberties Safeguards (DoLS) however care workers were able to provide good practice examples of how they would involve people in their care and to ensure that the person agreed to the care provided. Care workers told us "By talking with people I get a feel about if they are ok that I'm working with them. I try to put people at ease", "With some people with dementia the consent is done with relatives. People themselves may repeat things and I will just nod my head and try not to confuse them", "To get consent from people as I do things I'm always asking them if this is ok" and "You can read a lot by how they are and their mood….and I can pick things up and how things affect them. Everyone is different." Family carers told us "[Person] is able to be in charge" and "We have been able to consent to everything at each stage."

Requires Improvement

Is the service effective?

We recommend that Mental Capacity Act 2005 training is provided to staff.

People's care plans contained information about people's medical history, whether they required any particular support and included aspects such as memory, sight, behaviour and continence. Family carers dealt with the day to day care and arranged all health care appointments for people using the service.

People were mainly supported with their nutritional and hydration needs by the family carer. In some cases people were able to eat and drink independently or lunches/ dinners were prepared by the family carer. Areas in which people needed support, were highlighted in their care plans for example for one person required a light lunch of either sandwiches or soup when they returned from outings and another person needed reminding and gentle prompts to ensure they finished their meal or ate as much as they wanted to.

We saw the service had also identified risks to people with particular needs with their eating and drinking. For example for one person their hand co-ordination was not very good and they needed their food to be cut up for them. Another person, because of their specific condition, care workers needed to ensure the person drank plenty of liquids. Care workers told us "I try to make a meal nicer after it's warmed up by putting extras with it and make a nice effect. It can be more appetising with just some bits added" and "With meals I try to make it appetising and use olives or colourful food alongside the meal." One family carer told us "[Person] did not eat much but they sat with [person] to eat together to encourage them as a person."

Good

Is the service caring?

Our findings

One person using the service told us "Crossroads are all very people orientated." Family carers also spoke positively about the service and told us "When I met Crossroads they were honest straight away and put things straight. They were absolutely right and I can't speak highly enough of them. [Person] always spoke of them as 'my lovely carers'" and "They go the extra mile and I can rely on them."

Feedback from people using the service and family carers showed positive caring relationships had developed between people and staff. One person using the service told us "So far [care worker] who helps me from Crossroads makes me cheerful and has a way to make me laugh. The care worker is a great character and cheers me up." Family carers told us "They have been excellent", "What I wanted was someone I could trust and they have earned this. They have been very kind and caring" and "It's still a very personal service."

Care workers understood the importance of building caring relationships with the people they support. Care workers told us "It's easier if people are at ease with each other. You can build up a rapport with people that way", "I use the name they like and try to show general politeness and I have been lucky and had very good relationships with people so far" and "We show respect for the other family members and we talk with them and involve them, but stick mainly with the person receiving the care."

We found people were treated with respect and dignity. Family carers told us "The staff have been very respectful all round really. They are very friendly and they are obviously fond of [person], "[Person] does have personal care and they help [person] with dignity and safety" and "They do [person's] personal care and this is always done well." When speaking to care workers, they had a good understanding and were aware of the importance of treating people with respect and dignity. Care workers also understood what privacy and dignity meant in relation to supporting people with personal care. Care workers told us "For personal care I try not to be rough and stay calm and patient. I treat people like you would do helping your own mum" and "By talking with people I get a feel about if they are ok when I'm working with them. I try to put people at ease."

When speaking to care workers, they indicated a good understanding of caring, respectful and compassionate behaviour towards the people using the service. They told us "I talk to people and take the time and get a good idea that they are ok about things as I help them", "It's not easy for them to have strangers in, so, I try to have a little chat with them to make them feel at ease", Everybody is an individual and I can usually find some common ground and gain their trust and this all takes time to let people trust you. To let them talk and let them open up. People like to have someone to talk to" and "It's part of the job to be patient and you have to be understanding."

People were supported to express their views and be involved in making decisions about their care, treatment and support where possible. People's care plans showed how they were able to communicate and detailed how care workers should communicate with them. For example, in one person's care plan it stated care workers should speak slowly and clearly as the person would get confused. For another person it specified care workers to give the person time to formulate their words and not finish their sentences or interrupt as the person did understand things but found it hard to communicate their responses.

Family carers also told us there were reviews to discuss their relatives care. They told us "They call me now and again and they let me know of any changes and check it all out when they call", "We fill in a report and we have reviews with them to update the care book and the care plan is updated as well. They make sure we are agreeable to it all", "The agency have involved me about how it works. It's a good relationship" and "Over the years they have done reviews and involved me fully. It's like having friends. I can trust them like friends. It's been a god send."

Good

Is the service responsive?

Our findings

People's care plans provided information about people's life history and medical background. There was a detailed support plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicines, religious and cultural needs.

Care plans were person-centred, detailed and specific to each person and their needs. We saw that people's care preferences, daily routine likes and dislikes were reflected. For example in one person's care plan it showed the person liked doing jigsaws, knitting, enjoyed looking at family photos and putting food out for the birds and another person's, care plan showed that they liked to go for a walk and watch horse racing. Family carers told us "They know about [person's] likes and dislikes and these are in the plan. For instance person] has a meal in bed some days because [person] likes this and they understand how the dementia affects them. They've even found a game [person] can play and likes on their phone" and "They tried to help [person] by trying to stimulate her. They are remarkable. It was much more than just staying with [person]." One care worker told us "I try to treat people as individuals as they have their own beliefs."

Records showed staff carried out an initial assessment and risk assessment when people start with the service and from the information obtained during the assessment; an individualised care plan was developed. One person told us "They are excellent. The manager did an assessment with me. After that I agreed to what was in the care plan. They stick to that and they note things in the book." Family carers told us they were also involved with this process, they told us "I met the care workers when it was set up and the office staff came over and spoke to us both. They spoke to [person] but wanted me here. It was very professional and as they spoke they still looked at [person] but I knew I would be fully involved", "They came and did risk assessments and told us about Crossroads and a lady did come out and introduced us. She did the assessments and the risk assessments are now in the folder. They are very complete" and "They have been very responsive and logical in their approach."

In people's care plans, there was a section entitled 'autonomy and independence' which details areas in which a person was able to do things for themselves and areas in which they would require support. For example in one person care plan, it showed that the person was able to wash themselves but needed help with getting dressed. Family carers told us "[Person] was very independent and they knew [person] was this way. They could really see how to handle [person]" and "Crossroads are more about social support and they do lunch on the days they call. They help with [person's] lunch and they do teas and things and [person] has their company." Care workers understood and told us how they ensured they retained a person's independence where they could. One care worker told us "I try to encourage people be as mobile as they can and do as much as they can for themselves. But I keep reassuring them I'm here to help if they need it. I don't take over but just help."

People were supported to follow their interests and maintain links with the wider community. One person using the service told us "They do a bit of tidying up and make the bed and they help me go shopping now I can't drive." Family carers also told us "[Person] now has a care worker to help [person] get out and they are very good. "Care worker often takes [person] into Harrow."

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Care plans were reviewed on a yearly basis and the office staff told us that if there were any changes, there would be a reassessment and the care plan would be changed accordingly. Family carers confirmed this and told us "People in the office frequently speak with me and I have been able to fine tune the care", "I have been able to discuss things with them right from the start and as and when", "They do an annual review and do a form for [person's] needs and mine. My needs also change and they respect this. They have been very flexible to the changes that I have sought" and "They have been very good and we have a very detailed care plan and though we've been fully involved it's partly an on going process."

The service had clear procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. One person using the service told us "I cannot fault them and I have no complaints." Family carers told us "I would know how to complain but it's not been needed", "We've had no reason to complain but we would speak up if needed", "If there

Good

Is the service responsive?

have been issues the agency have tried their best to sort things" and "I have had no complaints but if I have raised things they will always follow them up." There were no recorded complaints received about the service.

Requires Improvement

Is the service well-led?

Our findings

People and family carers spoke positively about the service and that the registered manager and office staff were approachable and easily contactable. There was a management structure in place with a team of care workers, three office staff and the registered manager.

The registered manager told us the organisation had been going through a difficult and challenging time in trying to sustain the business. The registered manager had also come back from long term sickness. When speaking with the registered manager, she told us that due to a difficult period, things like supervision meetings and coffee/team meetings had been delayed and they were in the process of arranging supervision meetings and a coffee morning for staff in the near future. She also told us that they were in the process of looking at new initiatives to expand the business and recruiting more staff.

However, there were no robust arrangements for staff to be supported in the absence of the registered manager and of any clear plans in place to show measures the service had taken to ensure staff received the support they needed once the registered manager had returned. The service had three office staff who managed the day to day running of the service however there was no evidence to show that the performance of staff was being monitored. Supervision meetings were still not being conducted and there was no evidence that staff team meetings were taking place for staff to have the opportunity to share good practice or any concerns they had and how issues about the service were being communicated to staff on a regular basis.

When speaking to care workers they told us they did not feel supported and the management were not open and transparent. Care workers told us “The managers are not as good nowadays and not as open as they once were”, “I’m not as motivated. I don’t even get told of someone leaving these days. Now they are not as good at communication” and “We would like to be updated and given more information about the company and what’s going on.”

We found little evidence of how the service was assessing and monitoring the quality of care being provided. Records showed that no quality monitoring spot checks had been conducted for staff. When we asked about the spot checks, we were told by the office staff that spot checks had not been conducted however they would sometimes call the person using the service or the family carer to check things were okay.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Questionnaires had been sent out to people using the service and their family carers. We saw that positive feedback had been received and family carers felt that the service made a positive difference to their lives. Some of the comments received included “It gives my wife to have ‘me’ time and visit her friends”, “Whilst my wife is being looked after, I have been able to relax and visit places from time to time”, “It has given me a life” and “The service has made an enormous difference. We trust the care workers and can visit our family and friends with confidence.”

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 18 HSCA (RA) Regulations 2014 Staffing Suitable arrangements were not in place to ensure staff received appropriate support, supervision and appraisal.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processing were not operating effectively to assess, monitor and improve the quality and safety of the services being provided.