

Brentwood and District Crossroads Care Attendant Scheme

Crossroads Care Brentwood Basildon & Districts

Inspection report

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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

Crossroads Care provides family carers with support to enable them to have a break from their caring responsibilities. It does this in a number of ways, including providing care services in carers' homes to the children, people with disabilities and older adults with support needs which they support. It was this element of the service which we inspected and at the time of our inspection there were approximately 80 people being supported in this way. The service does not provide nursing care.

The inspection took place on 25 April 2016 and was announced. The service met legal requirements at our last inspection in April 2013.

A registered manager was in post at the service. 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.

Staff supported people to remain safe in their homes. People felt safe because they were familiar with the staff supporting them. Risks were assessed and measures put in place to keep people safe. Staff were given enough time to meet people's needs. The manager was improving communication when care visits were cancelled. Staff worked with families where necessary to support people to take their prescribed medicines safely. The provider had a robust recruitment process in place to protect people from the risk of avoidable harm.

Staff felt well supported. Their skills and knowledge were developed so they could meet the specific needs of the people they were supporting. Staff understood people's rights to make choices about the service they received.

Staff supported family carers in ensuring people had enough to eat and drink. Staff understood people's health needs and supported people to have good access to health and social care professionals, when needed.

Staff had enough time to get to know people and their carers and spoke about them with affection. Staff cared about the whole family and were not focused on tasks being carried out. People were spoken to and treated with dignity and respect by staff.

People received support that was personalised. Detailed assessments meant support was tailored to their needs. People and their families were aware of how to make a complaint and there were a number of opportunities available for people to give their feedback about the service.

Staff were enthusiastic and motivated by the ethos of the organisation. The manager was pro-active about developing an open service where the focus was on the people being supported and their carers. There were

systems in place to check the quality of the service.

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 knew how to keep people safe and who to speak to if they were concerned about people's safety.

Staff were given sufficient time to meet people's needs.

Staff worked with family carers to minimise risk.

Is the service effective?

Good ●

The service was Effective

Training and support was in place to develop staff skills to meet people's specific needs.

Staff worked within the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and supported people to make their own choices.

People were supported to have enough to eat and drink and to access health and social care services as required.

Is the service caring?

Good ●

The service was Caring.

Staff had enough time to get to know people well and had developed positive relationships with the families they supported.

Staff had respect for people's privacy and dignity.

Is the service responsive?

Good ●

The service was Responsive.

People received personalised and flexible support from staff who knew how to meet their individual needs.

People and their families knew who to speak to if they had any concerns about the service they received and had opportunities for feedback.

Is the service well-led?

Good ●

- The service was Well Led.
- The staff and manager had a shared ethos and focused on supporting families in their caring role.
- The manager was actively developing the service and implementing improvements.
- There were systems in place to look at the quality of the service.

Crossroads Care Brentwood Basildon & Districts

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.

The inspection took place on 25 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection team consisted of one inspector and one expert by experience, who carried out phone calls after the visit to the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the day of the inspection we visited the agency's office and spoke with the registered manager, the Chief Operating Officer, a senior support worker plus a number of additional office staff. We spoke to or had email contact with eight members of care staff. We visited a family who used the service and met the staff supporting them. We spoke on the phone to an additional two people and twelve family carers.

We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority. We used this information to plan what areas we were going to focus on during our inspection.

We looked at four people's care records and three staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

People and their families told us they felt safe with the staff who supported them. The family members we spoke to said, "If I didn't think he was safe, he wouldn't be here or I wouldn't leave him" and "Yes, completely safe, no anxiety or qualms at all."

Staff, including Trustees received adult safeguarding and Child Protection training and this training helped inform them who they should contact if they had concerns about a person's safety. Staff had a good understanding of what abuse was and were able to describe how they supported people to keep safe. There was a log of any phone calls that came into the service and these were recorded against people's records so that any urgent issues could be dealt with and the manager could assure themselves that people were being supported safely. Families told us that consistency of staff helped them to feel the people they cared for were safe. A relative told us, "The shortest time a person's [staff] been with us was a year. [Person] feels safe and is comfortable in his own home when they're here" and a care worker said, "I don't just come across a client, I'm always introduced."

Although we found that many people being supported did not have complex needs, the service managed risk well, and the manager was making improvements in this area. For instance, prior to the arrival of the new manager, staff had not recorded on a daily basis the support they provided. This had now been resolved and daily records were completed by staff and monitored regularly by the manager. This increased oversight of the support people received and meant the manager had a clearer idea of any areas of particular need and risk across the service.

There were risk assessments in people's files, for example a person had been assessed as being at medium risk as they used a mobility aid and would need help should they need to be evacuated from their home in a hurry. Another person was assessed as being at risk because they had epilepsy. Staff were given advice to help minimise risk, for example there was a protocol for managing the persons' epilepsy attached to their file. Where staff had queries on how to keep people safe, for example when faced with an unexpected incident or where a person became unwell, they were given clear advice on what to do. One care worker said, "I've been monitored by a nurse on how to take care of [person] in an emergency situation, to make [person] safe and get them to hospital." Staff knew who to contact in an emergency, including the number to ring if they had concerns outside of office hours.

There were measures in place to minimise other areas of risk, for instance, where staff used their cars to take people out, the manager had checked to make sure the vehicles were safe. Where specialist equipment was used staff felt they had the necessary guidance. One care worker told us, "Equipment-wise I'm very familiar with every single client's equipment and support needs. You don't go to a client if you don't have an introduction, so you'd see it first and be able to practice on any equipment that you're not familiar with."

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included processing applications and conducting employment interviews, seeking references, ensuring the applicant provided proof of their identity and right to work. The service also carried out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults and children. We looked at

recruitment files for three staff and noted that the provider's procedures had been followed. Staff told us that they had only started working once all the necessary checks had been carried out. Checks were renewed every three years so that the manager was able to have updated information about people's suitability to provide care.

Deployment of staff was well managed. There was plenty of time allocated for people to travel between visits and most visits were at least an hour, so staff were not rushed. People told us staff stayed their allocated time. One care worker told us, "I've got pretty good times so I'm not too late for the next client. I have a half an hour before the next client who is usually 10 minutes away from where I am - my clients are planned out quite well."

The service outlined in their statement of purpose that they could not always guarantee cover for sickness and holidays, due to changes in funding arrangements. We also found that the service did not like to send a care worker to support a person if they had not been introduced first. Whilst this was welcomed by people and their families, it did mean arranging cover where staff were unexpectedly absent was not always possible. We felt that whilst people were safe, their families did not always have a clear understanding of the limitations of the service. We also felt that communication over staff absences could be improved. One person said, "They haven't been turning up when they should do. I can understand sickness and bank holiday is but I can't understand their system."

We discussed this with the manager who said they were aware of these concerns and were working with the staff team to ensure greater consistency and improved communication. We also found they were working positively with families to improve communication. We were told by one family member that the manager had visited and they had received a helpful response when they had raised this concern.

The manager told us that the people they supported were largely independent with taking their medication, with only a few people requiring support. This was because people were usually living with family members who took responsibility for administering medicines and this was normally done outside of the times staff visited. Even where staff did not support people with their medicines, they were aware of any changes and monitored people's response to medication changes, as appropriate.

Where needed, staff had training and written advice on exactly how to support people to take their medicines. Staff used clear medicine administration sheets (MARS) to record when they had supported people with medicines. Completed sheets were brought into the office and checked for accuracy. There was an understanding of the importance of getting medication right, so for example the manager said they preferred to type rather than hand write instructions relating to medicines, to minimise risk of error.

Is the service effective?

Our findings

People and their families told us staff had the skills and knowledge to meet their needs. One family member said, "[Staff] has certainly got excellent skills and does anything that needs to be done" and another told us, "Yes, the ones I've met, they seem very equipped to cope. [Person] has [complex health needs] and [staff] are very kind and very able to cope - I know how difficult it is."

The manager supported staff to develop the necessary skills to meet people's needs before they started supporting people, including where people had more complex needs. New staff received comprehensive mandatory induction training over five days. The manager told us that staff used to go on 11 days induction training, irrespective of their experience. This had now been altered so that people's previous experience and training was taken into consideration, for example a highly skilled care worker transferring from another agency would not be expected to start training 'from scratch'. We saw that people who started with limited experience of care received more intense training and so felt that this new development was a reasonable change.

There was a commitment to checking staff who attended training had actually developed the necessary learning and skills. New staff shadowed experienced staff before they started visiting people on their own and there were records of these shadow shifts, which highlighted to the manager where there were still gaps in knowledge or skills. The manager told us, "I'll speak to the trainer to make sure they have taken it in." Staff were also observed by managers to ensure they had the necessary skills to support people.

In addition to mandatory training, there was a flexible response to the learning needs of staff. So for example, additional training had been arranged when the manager felt care workers would benefit from a session on diversity within their caring role. The manager used the local children's nursing team to support staff knowledge in areas such as epilepsy. "There was a group training session for [person with complex health needs] so there are a couple of people at Crossroads who could go and take over care if I couldn't go out."

Staff told us they felt well supported by their manager and other senior staff. They received regular supervision sessions and team meetings, where they felt able to discuss any problems and queries they had with their line manager. One care worker said, "Crossroads have offered absolutely everything in the training, and in supervision they ask 'Is there any training you need?'" Another care worker told us, "Supervision is always useful as I have a very good relationship with my supervisor. I'm looking for further training - I've been supported from day one since I started here."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People's records outlined whether people had capacity and staff had a good understanding of what this meant in practice. Where they had capacity people had signed to show they consented to receiving care.

The service was clear that their primary client was the carer rather than the person being cared for. Despite this we felt there was a commitment to understanding the people they supported and upholding their rights and choices. There was a clear distinction and guidance in people's files if there were differences in views between families and the people being cared for. This helped staff enable people to make choices about the support they received. The manager explained, "We tell staff you don't force someone to have coffee just because that is what their family says." There was also guidance in place where differences in opinion meant people were at risk, for example if a person refused support with a health condition.

Staff respected people's right to make decisions. For instance a care worker told us they supported a person who chose not to have a shower and when this happened they would leave a note for the next member of staff to make sure they offered them a shower. There was guidance in another person's notes which stated, "[Person] is an adult and ultimately entitled to make their own decisions whether or not we perceive them as poor decisions."

Staff had a good knowledge of the health needs of the people they cared for. Where they supported people with a specific health condition there was a commitment to researching the condition and ensuring staff had the right level of skills to meet their needs. So for example, if a person had epilepsy, then staff would go on generic training but then contact would be made with the person's district nurse to find out details about any specific needs that person might have. The manager told us, "All people with epilepsy are different... We are led by the professionals working with the adult or child we support." We felt this showed recognition of people's individual needs and the importance of developing skills tailored to each person.

Staff supported people from the risk of poor nutrition and dehydration. For example, staff were required to complete a food diary for one person to enable ongoing monitoring of what they ate and help minimise risks. Staff also supported the person by giving advice on healthy living options but respected their right to choose what they ate.

Is the service caring?

Our findings

People and their families were enthusiastic about the support they received and told us staff treated them with kindness. The manager valued and prioritised the relationships which developed between staff and the families being supported. We saw this ethos reflected throughout the service. A family member described how their relative with complex needs felt comfortable with the care worker supporting them. They told us, "It's a trusting relationship – [person] knows [care worker] and is still able to recognise and smiles at them." Another family member said, "The carer we have is absolutely marvellous - she really is. She goes out of her way to think of things that need to be done - I really can't believe that such a person exists." A care worker explained why they chose their job after a career break, "The decision to go back was because Crossroads is uncompromised care; it's one-to-one, and I'm not pulled about in all directions."

Time was spent matching staff to the families they supported. We were told senior members of staff carried out complex assessments to help this matching process. For example, young adults of the right calibre might be matched to children as they could relate to their interests and pastimes. A family member told us how they had asked for a change in carer when they didn't get on with the original carer allocated to support them and this was done immediately. The manager tried to make sure each person received their care from a small number of staff. We saw that even in an emergency, office staff tried to make sure that people were being supported by a member of staff who knew them.

Staff cared for the whole family, not just the person they were supporting. As a result, family members felt supported in their caring role and that their needs were respected. Relatives told us, "Crossroads were welcoming and it didn't feel like I was providing them with this really ginormous problem" and "They do the whole 'kit and caboodle' with me. They look after my health, so I can go shopping or to the bank. It's changed my life, unbelievable." Care workers were skilled at working alongside family members which was greatly appreciated. One relative told us, "Our regular carer is bright and breezy and we have a system worked out. We have a routine and it isn't rushed."

Staff spoke about people with compassion and empathy; they knew their life histories and could talk about their interests and pastimes. Staff were focused on the people they cared for rather than the task being carried out and we heard of small gestures which demonstrated caring and positive relationships. A relative told us they had a problem over a bank holiday and their care worker had offered to help. The relative told us, "[Worker] was here for over an hour in their own time - they never billed me for it.." Another care worker spoke with enthusiasm about how the person they cared for had achieved an objective and become more independent. They said, "I am so proud of them."

Staff explained how privacy and dignity was maintained when carrying out personal care tasks. One care worker said, "I assist them to dry where they can't dry and I put a towel over private parts." A care worker described the support provided to a person when taking them to the bathroom. Once they had help guide the person, they told us, "Then [person] says they can handle the rest and I say give me a shout when you're finished. For privacy and dignity, I always say 'please don't lock the door in case I have to help you' while I just wait outside, and [person] is happy with that."

Confidentiality was respected. When we visited the home of a person who received support, we noted that the care worker did not wear a uniform. The care worker told us this was to support people's dignity and confidentiality, for example, "The neighbours don't need to know we are carers when we visit." Care plans were securely locked in the office to protect people's personal information.

Is the service responsive?

Our findings

Staff involved people and their families in planning their care. One relative told us, "I had a meeting with them - we all sat down; carers, manager and myself and [person], and we arranged the care plan." Another family member told us, "We've got a plan all up-to-date and a journal of everything [person] did, written by the staff, even little details. They wrote all about health, health and safety, incredibly thorough."

The service was very flexible and tried to accommodate people's needs. One person told us, "I quite often have respite at short notice - I have had to call them on the odd occasion. I certainly couldn't do without it (Crossroads), because I couldn't get away." A care worker told us, "Changing visit times happen and they always change in the half term and most of the time I adapt my working hours." Staff described how they tried to accommodate extra requests for support, but still ensured people were well cared for by doing an extra assessment when ad hoc activities were arranged, for example supporting people to go to a family party.

Assessments of people's needs were carried out and care plans outlined the support to be provided. Staff told us they would read care plans in people's homes to find out about their needs. The care plans were very personalised, for example one care plan said a person liked the TV programme 'Bargain Hunt' and for another person staff were told, "I need my food cutting into smaller pieces but once that's done I do the rest myself." A care plan outlined phrases staff could try, to reduce potential for conflict, where a person might become distressed. Staff told us they had to read the plans before they met the people they were going to support. A senior care worker told us, "I get staff to read the care plan before they start their first sit with one of the clients. The new carer (staff) sits for an hour with me so they can ask questions and to feel comfortable to carry out the care."

We felt where people had more complex needs, some care plans could have included more detailed advice, and for instance a plan said support was required where a person had incontinence but did not provide the exact detail of what the support was. We discussed this with staff, who told us they received additional information from family members to provide up to date support depending on the persons needs each day.

People's support was reviewed regularly and family members were involved in reviews where appropriate. A care worker told us one of the seniors had visited a person to review their changing needs, after which additional time was added to care visits. As well as arranging reviews to gather people's views there were opportunities to provide feedback about the service they received. One care worker told us, "When I've been out to people, they sometimes say 'Your office rang to make sure everything was alright with the care'." The manager also sent out survey and feedback forms to gather people's views on the service.

People knew how to complain. Everyone was given information on who to speak to if they had any concerns. Staff knew what to do if they received a complaint. One care worker told us, "I'd go straight to my line manager if there was a complaint to find out what to do, though I've never had that before. I've had no complaints only compliments - it's been absolutely fantastic."

Is the service well-led?

Our findings

Crossroads Statement of Purpose stated that its aims were to support carers in their own home, "Giving them time to be themselves." The manager told us, "If someone wants us we want to be there." This unique ethos was highlighted by people, relatives and staff. One relative told us, "It was quite difficult to find anyone to care for [person] and give companionship and Crossroads were on a list - they were the first company I spoke to who said 'We can accommodate you'. They were like a breath of fresh air."

Staff were enthusiastic and motivated by the focus on supporting family carers. Care workers told us, "I really find it the most rewarding job I've done, hand on my heart" and "I really enjoy it, every day is so different." This enthusiasm meant that staff 'went that extra mile' for the service. The manager told us when they moved offices they used the organisations mini-bus to save money and five members of staff turned up on a Saturday to help with the move, even bringing their families to help.

The manager had made a number of improvements to the service since they had arrived the previous year. This involved introducing new structures and systems, such as the new daily records for staff to complete. They were also focused on shifting the culture of the service to become more focused on the families being supported. The manager told us that in the past they felt the service had been based on staff availability but now they wanted to, "Be what they need not what we think they need." One relative told us communication over staff absences had started to improve and that they felt the changes in management were the main reason. They said, "It's improved in the last few months. The manager is new, she came in last year."

When we visited the service it had just moved to new and improved premises. The manager explained that the previous premises had not been in an ideal location for visitors but this would improve now that they were just off Wickford high street. The move reflected the increasingly open culture developing in the service. The manager told us, "We encourage carers to come into the office, its open, its honest and you get to hear about things." The new, accessible premises were also seen as a key to developing a more flexible service to the families being supported.

During our inspection we observed that roles within the office were clearly defined with the manager delegating appropriately to senior officers. Staff were positive about the organisation as a place to develop their careers. One senior member of staff told us, "I feel it's a long-term career for me. I'm trusted in my job - our manager puts a lot of trust in the senior support workers."

The manager recognised and promoted the importance of a strong team, for example care workers were supported and paid to attend team meetings. The meetings were seen as positive, for instance a member of staff told us they were used as an opportunity to share positive feedback with the team. Staff told us they felt able to be open during meetings, for example to discuss the challenges they experienced when providing a more flexible service. There were also senior carer meetings, to support communication throughout the service. There was a recognition of the potential isolation experienced by care workers and the manager told us this was minimised as many of them also worked at the day centre run by the service. The centre was also used as a resource to observe and train staff before they started their care work in the

community.

There was a focus on best practice and innovation. The manager told us, "We want best practice, we don't want minimum standards." There was a commitment to challenging poor practice; the manager described an incident where they had challenged the practice of a care worker. Despite facing extremely challenging circumstances, they demonstrated their commitment to the quality of care. There was a passion for tapping into resources within the local community, for example by attending a Mental Health forum and linking in with specialist teams and workers when dealing with specific conditions. The manager told us that recruitment of the right kind of staff was the service's biggest challenge, and so they were being increasingly flexible. For example, the manager had changed the previous ruling that only staff that drove could be employed.

The service belongs to an umbrella organisation, called The Carers Trust. We saw that there were benefits from a wider access to best practice examples and resources such as policies, legal advice and insurance. The service retained its identity as a standalone charity however with responsibility for areas such as finance and employment.

The manager told us there had been improvements in the way the service checked the quality of the service over the last 12 months and this process was on-going. For example, where they had set up new checks, the manager was now able to measure improvements over time, and see where there were still gaps in the quality of the service. The manager was also working with the Board of Trustees to increase its robustness so it could support the service to remain focused on its aims and remain financially sustainable.