

East Midlands Crossroads-Caring For Carers Harrogate and Craven Crossroads Caring for Carers

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

About the service

Harrogate and Craven Crossroads Caring for Carers is a domiciliary care service providing personal care to 32 people at the time of the inspection. The service can support up to 100 people.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were kept safe from the risks of harm and abuse. Staff knew how to recognise and respond to concerns of abuse and people had risks assessments in place to guide staff to mitigate risk. Recruitment checks were in place to ensure staff were suitable to work at the service. Staff followed best practice guidance to ensure medicines were managed and administered safely.

People received effective support and were involved in developing their care plans. All staff completed an induction to their role and were provided with ongoing training, supervision and appraisal. Staff confirmed they had the right skills and knowledge to support people safely in line with best practice guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said staff were kind, friendly and caring. People and staff shared caring relationships based on respect and valuing people as individuals.

Care was provided in responsive ways, focused on achieving people's chosen goals. Staff worked with people and their families to maintain their relationships and facilitate access to community services. Staff knew people's wishes and preferences, they used this to provide person-centred care.

People told us the service was well managed and they liked staff. Staff spoke positively about the way they were managed, they told us the management team were approachable and listened to them when they had any concerns. There were systems in place to monitor the quality of the service and to respond to concerns and complaints.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was good (published 05 May 2015). Since this rating was awarded the

registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Harrogate and Craven Crossroads Caring for Carers

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

At the time of inspection, there was no registered manager. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager in post at the time of the inspection had completed an application to register as the manager with the Care Quality Commission (CQC). We have referred to this person as the manager throughout the report.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with a social care professional, six members of staff including the manager, senior support workers and support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed evidence provided by a professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were protected from the risk of harm and abuse.
- Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- People and their relatives said they felt safe with staff. A relative told us, "I leave [Name of relative] alone with [Name of staff member], they get on well and have a good catch up, when I come back they are usually singing."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans and risk assessments contained explanations of the control measures and strategies for staff to keep people safe.
- Personal risk assessments were developed and reviewed. Staff supported people to take positive risks to aid their independence. This included being involved in the local community and doing household tasks for themselves. One person told us, "[Name of staff member] has helped with my confidence, I have a bus pass now and can go to the shops."
- Systems were in place to learn from incidents and accidents, to reduce risks, demonstrate continual improvement and keep people safe.

Staffing and recruitment

- People were supported by staff who had been safely recruited and checked to ensure they were suitable to work with vulnerable adults.
- There were enough staff to meet people's needs.

Using medicines safely

- Medicines arrangements were safe and managed appropriately. People received their medicines when they should, which was confirmed in discussions with them.
- Staff who administered medicines completed training and had regular competency checks of their practice.

Preventing and controlling infection

- Infection control was well managed.
- Staff had completed infection prevention and control training. They had access to protective equipment such as gloves and aprons to help prevent the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received effective care following a thorough assessment. This considered what goals they would like to achieve and how they would like to be supported to reach them.
- Staff understood the roles of other health and social care professionals and followed their advice.
- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.
- Staff were knowledgeable about the signs and symptoms, which would alert them to people's changing needs and potential health deterioration, and the action they would need to take.
- Records we looked at showed people had access to a range of health professionals such as GPs, community nurses and dieticians.

Staff support: induction, training, skills and experience

- People were supported by effective, knowledgeable and skilled staff.
- A staff induction and training programme was in place. One staff member told us, "My induction was a great welcome to the company. I shadowed all members of staff on calls and got to meet a lot of the clients and their families, which was really beneficial when I started going to calls on my own."
- People told us staff had the right skills to support them. Comments included, "[Name of staff member] helps [Name of relative] when I am not there and is highly qualified."
- Staff told us they felt supported and completed relevant training. One said, "My training has enabled me to refresh and enhance my knowledge in various areas of my work, which has aided me in supporting my clients and adhering to their specific care plans."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff had good knowledge about people's dietary needs. A member of staff said, "Each client has a care plan which outlines their dietary requirements and what procedures need to be followed to ensure these are met."

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of MCA and gained consent from people before providing their care. One person told us, "They absolutely do ask for my consent, every time."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received support from consistent staff, they formed relationships built on trust, mutual respect and understanding. One person said, "I couldn't imagine life without them, they know us so well, we would be lost without them."
- Staff were considerate, kind and caring in their approach. Staff were knowledgeable about people and knew about their life histories, interests and care preferences.
- Staff were committed to providing people with the best care possible. Staff were keen to further their knowledge and skills to enhance the care they offered.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. People were actively involved in developing their support plans and reviewing these.
- Care plans contained detailed guidance for staff in respect of maintaining people's dignity. People told us their care was done as they wanted it doing and reflected their choices.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were considerate in their approach to providing care in people's family homes. A staff member said, "I would shut curtains and doors when doing all personal care to give the clients the privacy and respect they need. I would communicate with them frequently to make sure that dignity remains at all times."
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves, including house hold tasks, washing and cooking. One person told us, "I can do most things for myself, but they help me out when I need it."
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's needs and information on how best to meet their preferences were identified, met and reviewed.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.
- People and relatives told us, they were involved in planning their care. Comments included, "We usually sit together and talk about things and I am always involved" and "When staff come to the house we work something out which is suitable for [Name of person] and we have an annual review which works well."
- The service was not currently supporting anyone on end of life care. However, the manager was confident staff could meet people's needs.
- One staff member spoke about end of life care training and how they had embedded this learning into their practice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider fully understood about the AIS and arranged for whatever methods of communication people required.
- People's communication needs were identified, and reasonable adjustments were made to make sure information was presented in a way people could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider acknowledged and supported people's needs for maintaining relationships and keeping an interest in community life.
- People regularly engaged in the local community including going shopping, visiting the local city. One person said, "I used to enjoy swimming, now my confidence has improved, [Name of staff member] is sorting it out so as I can go swimming again."

Improving care quality in response to complaints or concerns

- There was systems in place to respond to any complaints. The complaints procedure was available within the service.
- People and relatives told us they felt able to raise concerns and would always contact the office if they

needed to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- People knew the manager and said they were approachable as were all the office staff. All said they could raise issues if needed. People said they had met the manager and they could speak with them when required.
- Staff described the service as having an open culture. And described management as supportive and helpful, and morale as high.
- The provider was conscientious about its duty of candour. Management and staff were open and honest about events and incidents that went wrong. They apologised and learnt from mistakes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager understood their legal responsibility to ensure regulations were being met.
- The service had a strong culture of learning and improvement, and there were robust quality assurance systems in place. Events were notified to CQC when they needed to be.
- Staff were clear about their roles. People told us staff supported them with their needs in a caring and responsible way.
- There were regular staff meetings. These included discussions of good practice and ways the service could improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff and the manager involved people and their relatives in discussions about their care
- Everyone involved with the service had opportunities to complete satisfaction surveys to ensure people could comment on the quality of care delivered to them.
- People, their relatives and staff told us their diverse needs were always respected and given equal consideration.
- The provider continuously learned and improved the service. They used incidents, events and experiences to inform future practice and support, so that people benefitted from improved care.

Working in partnership with others

- Partnership working with other agencies and organisations was effective.
- The service worked closely with key organisations and had good links within the local community to ensure good outcomes for people.