

Harrogate & Craven Crossroads

Harrogate and Craven Crossroads - York Branch

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 3 March 2015 and was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location offices to see us.

Harrogate and Craven Crossroads -York branch provides domiciliary support to adults and children in people's homes, so that carers can take a break from their caring role. There were sixty seven people being supported when we carried out our visit.

The service has a registered manager who has worked at the service for over seventeen years. A registered

Summary of findings

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.'

At the previous inspection, which took place on 17 December 2013 the service was compliant with all of the regulations we assessed.

The service had safeguarding vulnerable adults and/or children policies and procedures in place, which were understood by staff. Staff received training in safeguarding vulnerable adults and/or children and all those spoken with confirmed that they would tell someone should any aspect of poor care be observed.

Staff identified and understood individual risks to people and worked with them to minimise these risks whilst also supporting them to remain as independent as possible.

People were positive about the staff who supported them. Appropriate recruitment checks were completed when new staff were employed.

People told us they were able to make choices. Their likes, dislikes and personal preferences were recorded within their care records and were known and understood by staff.

Training was provided for all staff and staff said this supported them in their roles. They received appropriate induction, training, supervision and support.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

People expressed positive comments regarding the service they received. They told us that their relatives were treated with kindness and compassion and said that staff respected people's privacy and maintained their dignity at all times.

People told us that the registered manager and staff responded to their needs. Each person had individual care records which focused on them as a person. They told us that they could choose how to spend their time. The carers being supported said the service was invaluable to them.

The agency had not received any complaints as they dealt with any concerns immediately. The complaints procedure was given to people and people told us they could talk to staff if there was a problem.

The manager and a number of staff had been in post for a long time. They knew the service and the people they supported well.

The registered manager had an effective quality assurance system in place which ensured that the agency provided care to people in their own homes in a safe and effective way.

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?

The service was safe.

The service was safe. People told us that they felt safe leaving their relatives with staff from the agency. Staff were recruited safely and received training to help them to look after people.

Staff knew how to report issues of abuse and said issues raised would be dealt with appropriately. They had been trained in safeguarding procedures.

Good



Is the service effective?

The service was effective.

Staff received induction, training, supervision and support to help them carry out their roles effectively.

The registered manager and staff we spoke with understood the principles of the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards.

Good



Is the service caring?

The service was caring.

The service was caring. People who used the service told us they looked forward to staff from the agency coming to support them and their loved one so that they could take a break from caring.

The carers being supported spoke highly of the carers and the support they provided. It was clear that staff knew and understood their needs well.

Both the carers being supported and those being cared for confirmed that they were treated with dignity and respect.

Outstanding



Is the service responsive?

The service was responsive.

The service was responsive to people's needs. Both the carer and the person being cared for were involved in discussions regarding their care and support needs.

People were clear about how to raise concerns should they have any.

Good



Is the service well-led?

The service was well led.

The registered manager had systems in place which helped to review and develop the service. They sought out the views and opinions of people living at the home, other stakeholders and staff and acted upon any feedback.

Good



Harrogate and Craven Crossroads - York Branch

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 March 2015. It was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location offices to see us.

The inspection team consisted of two inspectors from the Care Quality Commission and two experts by experience who supported the inspection by carrying out some telephone interviews to seek people's views and experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.' Both our experts by experience had experiences of a range of different care services which included domiciliary services.

Prior to our visit we looked at a range of different information which included information we hold about the service. We also looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we looked at six care records, four staff recruitment and training files and we looked at records for assessing and monitoring the quality of the service.

We telephoned and spoke with twenty people receiving support in the form of respite care, once a week, for a period of three or four hours. Everyone with whom we spoke was a carer for a loved one, and cared for within their own home. We also spoke with three staff.

We spoke with the local authority commissioners and safeguarding teams to seek their views of the service provided.

We also received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any information that may have been raised with them about this service.

Is the service safe?

Our findings

Without exception, every carer with whom we spoke, told us when they left their loved one to have their respite care, they felt confident that they were leaving them in the hands of genuinely caring care workers. They told us people were safe. Comments included “Yes, indeed, I feel he is very safe with his carer. She is a wonderful person and my husband loves her coming. She engages him in board games which he loves.” “I am very sure my wife is well cared for when I leave for a few hours. Crossroads is a really good service with good kind care workers.” “Absolutely sure my husband is safe and well cared for when I leave him with the carer. She is a wonderful person, very kind and thoughtful” and “Excellent carer. I could not ask for anyone better. I can leave him feeling he is safe and being well cared for.”

We looked at six people’s care plans and saw risk assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. Care plans we looked at had all been reviewed and detailed any changes that staff needed to know when supporting people at home. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. These were clear, updated and signed by the person making any changes. This meant people were protected against the risk of harm because the provider had suitable arrangements in place which staff were aware of.

Everyone we spoke with told us that the staff working for Crossroads were skilled to carry out their work. One person said, “I am very sure my wife is well cared for when I leave for a few hours. Crossroads is a really good service with good kind care workers.”

Records showed that staff recorded accidents and incidents that happened in a person’s home or when they were supporting a person to go out into the community.

The manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was undertaken where necessary and action plans developed to reduce the risk of a reoccurrence.

Safe recruitment practices were followed. We examined four staff recruitment files and saw that appropriate checks had been made to determine whether or not people were suitable to work at this service. People had been checked through the Disclosure and Barring service to check if they had a criminal record and had two references to check their suitability to work in a domiciliary care setting.

All staff working at Crossroads received training in safeguarding vulnerable adults and/or safeguarding vulnerable children from abuse. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. No safeguarding concerns have been raised since the last inspection. We spoke with members of staff about their understanding of protecting vulnerable adults and children. Staff we spoke with were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff were able to give us good examples of when they had concerns and had alerted their manager.

We were given a copy of the Crossroads handbook which is given to staff and people who use the service. This booklet contained information of key policies and procedures such as health and safety, first aid, fire safety, medication, personal care, safeguarding vulnerable adults and safeguarding children and young people.

Staffing levels were determined by the needs of people using the service. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. However, on most occasions staffing was usually provided on a one to one basis so that the main carer could take a break from their caring role.

Before our visit the local authority contracts and compliance team confirmed there were no safeguarding or other concerns that they were aware of. The Care Quality Commission (CQC) had not received any notifications in relation to serious incidents, whistle blowing or safeguarding alerts in the past year. Staff told us they knew how to make a safeguarding alert.

Is the service effective?

Our findings

People told us they received an effective service. A number of people who received a service told us they felt they would have been unable to sustain the same quality of care for their family member if they did not have the kind of support they were receiving from Crossroads. Comments included: - "I really rely on Crossroads giving me the support I get. I do not think I would be able to manage without it." "Without the help I get by the carer I would find it very difficult to manage." "The few hours of respite are a god send, I don't want to be parted from him, but I do need those few hours of help" and "Getting the help I get helps me enormously. I am so very grateful to have such a pleasant, caring but professional carers support me."

People who received a service told us their needs were met by staff who had the right knowledge, skills, experience, and attitudes towards their family member, for whom they provide the service. Comments included "Gosh, yes. I have every confidence in her. My wife is really well looked after by the care worker who comes. She undoubtedly knows what she is doing, I and my wife are always very happy to see her." "My son looks forward to her visit. They get on very well together and she is able to stimulate him and keep him interested in what he likes doing." "Yes, she has a lovely kind caring attitude, nothing fazes her, I am so pleased she comes here and helps me to keep my husband at home" and "I now think of her as being one of the family, she will always be welcomed here, so good at what she does. I can go out with a clear conscience knowing he is being well looked after."

We looked at records of induction, training and supervision. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding vulnerable adults and/or children, first aid and infection control. In addition client specific training was provided for example in the use of a hoist, in caring for people with dementia care needs or in monitoring blood glucose levels. The majority of training was carried out in meetings which staff had to attend.

The registered manager said that all staff received the same training. They told us that they carried out observations which focused on practice to ensure that staff understood the training and ensured that they were carrying this out in practice.

The people we spoke with told us that the training supported people in carrying out effective care. Comments included "Oh yes, I think so. She knows what she is doing and is so caring towards my husband. She keeps him occupied and they talk about all sorts of things, what they have read in the newspaper, what is happening in the world etc." "Yes, very professional, I am sure she has had a lot of training, she does know how to handle him and keeps him happy."

All staff received a minimum of four supervision sessions each year. This included one direct observation where they were assessed by another member of staff carrying out their duties. This enabled management to review practice and to check that their skills and knowledge remained up to date.

The Mental Capacity Act 2005 provides a framework for acting and making decisions on behalf of individuals who lack the capacity to do so for themselves. Deprivations of Liberty Safeguards (DoLS) are part of the MCA (Mental Capacity Act 2005) legislation. The legislation is designed to ensure that any decisions are made in people's best interests. The registered manager and staff we spoke with understood the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards. As those being supported were the person caring for someone it is unlikely that this legislation would apply. However, the registered manager told us that MCA and DoLS training had been provided for all staff.

We saw from care records that people were involved in any decisions. This was a three way process as support was provided to the carer of the person being cared for. However in order to give the carer some respite and time to themselves the person they cared for was supported by staff. Both parties were involved in discussions about the help and support they required.

We saw that information regarding people's health needs was recorded. This was important so that staff could provide the right level of care and support to people. All of the people we spoke with confirmed that they had access to health professionals when they needed them.

We saw that emergency contact details for people's GP and other professionals involved in their care were recorded within people's care records. Staff were able to support

Is the service effective?

people in attending appointments if their carers was unable to do so, for example, by taking them to an appointment. However we were told that it would normally be the carer who attended the appointment.



Is the service caring?

Our findings

Everyone we spoke with said that they 'valued' the staff who supported them and said that staff regularly went the 'extra mile' for them. Staff support people to remain independent and all of the comments received throughout our visit were of a positive nature.

We spoke with twenty family carers and we asked if the care being provided to their loved one was person centred, and if it met their needs. We were informed by those using the service that the staff attending to their families were definitely person centred and did meet their needs. Comments from people included "All the care he receives is centred on what he needs and he likes the care he gets." "She likes craft work. The carer is well aware of her likes and dislikes and does what my wife wants to do. Yes her care is certainly centred on what she wants, and does meet her needs." "If the care he was getting did not meet his needs, and what he wanted to do, then I doubt it would do him much good" and "Yes, he enjoys his carer visiting, he brightens up. They get on well together and like talking about what is happening and all sorts of things."

The service had a strong visible person centred culture and was exceptional in supporting people to express their views. They used creative ways to make sure people had tailored and accessible methods of communication. This included sign language, hand signals, PECS (for autism) and paraplegic communication machines. The registered manager told us that they proactively tried to develop staff skills so that they could meet a diverse range of needs. They told us that each and every care plan was tailored to the specific needs of their clients.

Every person we spoke with who used the service told us they and their family member, had always been treated with respect and kindness by the carer visiting their home. Comments included: "Yes, we both have been treated with respect and kindness from day one. The carer is more like my family than a worker. She is genuinely very caring, nothing is too much for her to do, we welcome her into our home, and we would like her for longer than four hours, but pleased with what we get." "Without any doubt she has always been very respectful – Always knocks on the door and shouts a greeting to us as she comes in – I have told

her just to come in but she still knocks." "I can't praise her too much. My husband loves his garden but can't walk very far – she goes out there with him. I can leave them together knowing she is keeping him happy and he is doing what he loves to do" and "I would not know what to do without her, she is marvellous, takes her to the toilet, keeps her happy with what she likes doing for four hours a week. Has always been respectful and kind and understanding. A lovely lady."

All of the carers told us their support workers were consistently on time. They told us that every worker stayed their full allotted time. Comments included: "Yes, they are always on time, and they stay for the full three hours. There has never been a problem." "Usually on time, just now and then because of the traffic they might arrive about five minutes late but they add it on to the end of their four hours. I can really rely on them coming" and "Yes, on time and always stays their full time. We both look forward to her coming, I would not like to be without her – I know we have to do that on holidays etc. but we always get someone else to come and they have all been good."

None of the people supported with whom we spoke with said they had experienced any missed calls. Comments included: "No, I have never been in that position. When my usual girl is on holiday or ill, then the Office have sent me another girl." "I have never had a missed call. There was once, a good time ago, when my carer could not come. The office rang me and we agreed another day with another girl who was very nice, we got on well together, then, the original one came back to me, but no, no missed calls." "No never had that happen, always come, my usual carer but if for some reason she can't come, I get somebody else" and "Very reliable, very caring, never been missed at all. The service we receive is excellent."

Staff were positive about the service they provided. One said "We are there for the carers, there to listen, to provide a break, whatever they need really." "Very happy indeed with the help I get from Crossroads. I get three hours a week which allows me to do what I want to do – meet up with friends and have a coffee and a chat." Staff were highly motivated and all spoke positively of their roles. They saw the benefit they were offering and they clearly had an appreciation of people's individual needs.

Is the service responsive?

Our findings

Without exception every person with whom we spoke told us they had been involved in their care plan, understood it, knew the contents, had signed and had agreed it, and felt it met their needs. Comments included: - "Yes, the manager came here and we all discussed what help we needed. Everything was agreed and it is working very nicely." "The manager was present. I found it to be very helpful, I was being listened to and I was able to express the needs of my husband and how we could both be helped." "I was indeed consulted and am happy with the outcome. I have an excellent carer who knows what my wife needs, I find this service very accommodating" and "We both were able to have our say on what would be most helpful for us. The carer has no problem in toileting my wife which is good. We get four hours every week which gives us both something to look forward to. The manager was very helpful too."

Each person had their needs assessed before any service was provided to discuss the help and support required. This included information about the carer as well as the person being cared for.

We spoke to a member of staff who told us "Any suggestions for changes to the care plan are acted upon. We are there to make sure that people get the support they need." The registered manager told us within their provider information return (PIR) that "Prior to any Crossroads service commencing, a thorough exploration of a client's specific care and health needs will have taken place. This involves the care coordinator visiting the family home. We speak to the cared for person and their regular unpaid 'carer' (our client) about their health and wellbeing needs. Together we all agree a care plan which will reflect the cared for person's individual needs and preferences."

Discussions with staff confirmed that rotas were individual to each client. We were told that the service tried to allocate set staff to people so that they got to know the person who was providing support. This meant that people got to know each other. One member of staff told us "I have worked for the service for years. Since it started. People are so appreciative of the service."

We were told that carers took some people out or they engaged them in activities in the home. The manager and staff told us that if people wanted to pursue a particular area of interest then staff would support them so that this

could happen. For example in attending the local bowling club, attending a beauty treatment or going out for a cream tea. The registered manager said "Our main aim is to enable someone to remain as independent as possible for as long as possible and maintain a good quality of life."

We saw that care records were individual to the person being supported. We saw that they were regularly reviewed and updated. They included clear risk assessments so that risks to individuals could be minimised. We saw that client review checklists were available so that people could provide feedback on the service they were receiving.

We asked people if their care plan was reviewed and if they received the support they required. Comments from people included: "The care plan was reviewed just a couple of months ago. We agreed it was working well and that I would retain the four hours of care needed to support my husband." "The manager came, it was before Christmas, we went over the plan and it was decided that I keep my carer for four hours every week. I explained I needed that kind of support because their dementia is progressing a little." "Yes, a few months ago – In the plan we get three hours a week, it is staying that way" and "It is good that there are reviews because things do change. I am able to manage on three hours a week, I would like more and as things progress I might need another hour, at least they know what is happening." Every family carer with whom we spoke told us they had had their care plan reviewed within the period of a year. This meant that the service was responding to any changes in people's support needs.

None of the people who received a service with whom we spoke told us they had made a complaint over the previous year, all said they knew how to make a complaint and would so do if they felt it necessary. All indicated they would make contact with the manager to resolve any difficulties should they arise. Comments included: "No, I have had nothing to complain about but if I needed to I would phone the manager and let her know. I can't imagine any problems." "I have been very pleased with Crossroads; they have given me a superb service. If I really did need to make a complaint I would speak to the manager" and "There has never been a reason to complain; I am very happy with the service. I do know how to make a complaint and would if it was needed."

Is the service responsive?

The service had not received any complaints since 2001. However we saw this had been recorded, investigated and the outcome was recorded. The complaints policy was included within the welcome pack for people.

Is the service well-led?

Our findings

Without exception people who received a service told us they were very happy with the service they were receiving and gave a great deal of praise and recognition to the registered manager and the office staff. They all felt the registered manager was a very good manager. Comments included: "I think she is a very good manager, always helpful and understands the needs of carers." "Yes, she is a good leader; the organisation runs on good oiled wheels and provides me with excellent respite care." "Yes, a good all round manager, one who knows her job and who is very approachable" and "Yes, I think they are all very good down at the office, a team who cares about giving and helping carers have some time for themselves."

People who received a service told us they were asked for feedback by the Manager. Comments included: "Yes, I have been asked to give information back to the Office. I get a form to fill in, I am happy to do it." "I have recently had a survey form to complete. I have not done it yet but I will, and send it back." "Very happy to fill in the form that came to me, it is such a good service" and "I value what they do for me and yes I fill in a survey form when I get them, it's the least I can do."

Staff told us that they had regular team meetings and all of those spoken with confirmed that they felt able to raise issues. They told us they could suggest changes to the registered manager who would listen.

When we visited there was a registered manager in post who had worked at the agency for over seventeen years. During our visit when we spoke with the registered manager we found them to be very knowledgeable about all the people receiving a service from the agency. People we spoke confirmed that they knew who the manager was if they needed to contact the agency. One person said, "Managers are in regular contact."

Several people we spoke with stated they had contacted the office on small issues, for example a change of time or adjustment to the care plan, and the response from managers was very quick. People we spoke with were confident about contacting the office if necessary.

People told us that they felt that the service operated in a way that enabled open, transparent and effective

communication, and staff from the agency seemed to know what was expected of them. People told us that members of staff from the agency were all motivated, caring and very supportive.

People we spoke with told us they had filled in questionnaires and survey forms about the service. We saw the results from the 2013 survey and saw that comments from people were positive. The overall result from people being asked to rate the service was 85% stating it was an excellent service and 15% as good. There were no satisfactory or poor ratings from people. The manager informed us that the new surveys had just been sent out in February 2015 and the results from these had not yet been completed. People made comments about the service such as 'Invaluable, A Godsend, Fantastic, Caring and Friendly' were just some of the comments we saw.

Staff we spoke with told us they received good training and support from the agency. Staff received regular support and advice from their manager via phone calls and face to face meetings. Staff we spoke with told us they received supervision from their line manager and that they met regularly as a team. Staff told us the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. One member of staff told us "We have a team meeting once a month. They are good in the office as well."

The discussions with staff about training, appraisals and supervision demonstrated that senior staff had the time to provide support for members of staff. The care plans demonstrated that staff had time to assess people's needs, regularly review those needs and spend time with people discussing their plan of care.

We found effective management systems were in place to ensure the service was well led.

There was a motivated staff team who were respectful towards one another and the people they supported. We found the ethos of the agency was positive and there was an open and transparent culture. Staff we spoke with were clear about any concerns they may have and about who they could talk to. They told us that if they had any concerns they could talk with the manager.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The manager undertook spot checks to review the quality of the service provided.

Is the service well-led?

This included arriving at times when the staff were there to observe the standard of care provided and attending outside of visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

We saw from records that staff meetings were held monthly, which gave opportunities for staff to contribute to the running of the agency. We saw the minutes from the meeting agenda for February 2015. We saw that staff meetings were used to discuss updates, for example, health and safety was discussed. Monthly staff meetings also included a training topic, for example at the last meeting staff had training in fire safety. This meant that staff were kept informed and up to date with any changes to their practice and staff had opportunities to discuss any issues they encountered.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months.

We saw from records we looked at that the organisation had carried out an internal quality audit of the agency in October 2013. This audit found that the service continued to provide a good service. The organisation's internal audit had identified areas of improvement for the agency to make if they wished to achieve the top scale of their internal audit of level 3. We spoke with the registered manager who told us that the agency had consistently maintained level 2.