

Crossroads in Hertfordshire (North and Northeast) - Caring for Carers

Crossroads Care Hertfordshire North

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

This inspection was carried out on 30 August 2016 and was announced. At their last inspection on 30 January 2014 they were found to be meeting all the standards we inspected. At this inspection we found that they had continued to meet the regulations.

Crossroads Care Hertfordshire North is a domiciliary care agency. It offers a respite break service for carers by providing care and support to family members in their own home. At this inspection 54 people were being supported by the service.

The service has a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People were positive about the standard of care and support they received. Care and support plans gave staff clear information on how to support people safely. Individual risks were assessed and reviewed. Staff were given guidance on how to work safely and provided with a handbook which included the provider's policies and values.

Staff were recruited through a robust recruitment process and received the appropriate training for their role. Staff told us they felt equipped and supported in their role. People told us there were enough staff to ensure that their visits were on time and not missed. There were plans in place to develop the staff team to ensure that any visits that needed to be covered would be done so more easily. The management team were also developing champions in key areas such as dementia care and dignity.

People were involved in planning their care and were given choices. Staff ensured they had people's consent before providing support or care and worked in accordance with the Mental Capacity Act 2005.

People were asked for their views and their complaints were responded to appropriately. People, their relatives, staff and professionals were positive about how the service was run and the leadership shown by the management team.

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.

People felt safe when supported by the service.

Individual risks were assessed and staff were familiar with them.

People were supported by sufficient numbers of staff who knew how to raise any concerns.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported for their role.

People had their consent to care and support obtained.

People were supported to eat and drink where needed.

People were supported to liaise with health and social care professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

People had their dignity and privacy promoted.

People were involved in planning their care and support.

Is the service responsive?

Good ●

The service was responsive.

People were happy with the care and support they received.

Care and support plans gave staff clear information about people's needs.

People knew how to make a complaint and they were listened to.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff felt the service was well run.

There were systems in place to monitor the quality of the service.

The values of the provider were shared through the management team, office staff and the support staff.

Crossroads Care Hertfordshire North

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was announced and carried out by one inspector. We announced the inspection to ensure that the registered manager would be available to support us with our inspection.

During the inspection we spoke with five people who used the service, two relatives, six staff members, a member of human resources team, the registered manager and the managing director. We received information from service commissioners. We viewed information relating to four people's care and support. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People felt safe when supported by the service. One person said, "Absolutely safe." Relatives also felt that people were safe. Staff were aware of how to recognise abuse and what to do should they suspect abuse. One staff member said, "I would always report any concerns and I have done it before." We saw that staff had raised any concerns they had with their manager and these had then been reported to external agencies. We discussed with the registered manager the need to ensure the CQC were informed where an allegation of abuse has been passed on to the local authority. Staff had received training in safeguarding people from abuse and there was a policy issued to them in their handbooks to help ensure they had access to up to date information.

People had their individual risks assessed and guidance issued to staff to ensure they knew how to promote their safety and welfare. People told us that they felt their safety was promoted. We saw that where accidents or incidents had occurred, such as a fall, this information was recorded and shared. Actions to reduce the risk of a reoccurrence were then developed. For example, liaising regarding the referrals to an occupational therapist or other external professional. Staff were familiar with people's individual risks and kept informed of changes.

People were supported by sufficient numbers of staff to meet their needs which meant that calls were rarely late or missed. One person told us, "They're always on time." The managing director told us that they had a waiting list and new contracts were not taken on until staff were recruited for people's individual needs or existing staff had the appropriate availability. One relative told us however that in the past three months that two or three visits had been missed due to staff sickness. They said, "They [office staff] always offer an alternative but it's often in the morning when it doesn't suit. I understand sometimes staff are sick but it is frustrating." One person also told us that when their usual staff member was on holiday they couldn't always find a replacement. The registered manager told us that visits to people who required support with personal care, meals or medicines were always prioritised in the event of staff sickness or annual leave if they were unable to cover all calls. We had discussed the last minute sickness with the managing director during our visit to the office and they told us they were currently recruiting for a team to address these last minute issues. Staff told us that they rarely missed calls and were not normally late. Staff also told us that at times when they were unavailable for their usual visits, due to sickness or annual leave, then people sometimes declined the visit. They told us that this was personal preference and not lack of staffing to attend the calls. We reviewed the electronic visit monitor and saw that this gave an up to date account of calls that were completed or outstanding. The registered manager told us that if staff did not log in or out of a call, then the care coordinators would ensure that the visit had been carried out or allocated a staff member to attend.

People were supported by staff who had been through a robust recruitment process. This included an application that explored any recruitment gaps, verified, written references, proof of identity and a criminal records check. Staff confirmed that these checks happened before they started work. This helped to ensure that those working for the service were of appropriate character for their role.

People were supported to take their medicines safely. One relative told us, "They prompt [person] when I'm

out." We saw from records that people received varying types of support which included reminding to take their medicines and having them administered. We saw that there were plans in place to ensure staff were aware. Staff had received training and competency assessments to enable them to manage medicines appropriately. We also found that regular audits were completed by a member of the management team to help ensure safe working practice was adhered to.

Is the service effective?

Our findings

People were supported by staff who were appropriately trained for their role. People told us that they felt staff were skilled and knowledgeable. One person told us, "They know what they're doing, they're absolutely brilliant." Relatives were also positive about the abilities of staff. However, one relative said that the more mature staff members were more aware of all the little things and the younger staff needed a little more prompting. They stated however that they were good it was just that older staff had more life experience. Staff told us that they received regular training updates and could ask for additional training if they needed it. One staff member said, "The training was mostly done before I started and I can always ask questions." They went on to tell us that they had a week of induction followed by shadowing an experienced staff member. Staff also told us that they had their competency checked. We saw that training covered subjects including moving and handling first aid, dementia and opportunities for further education for example, vocational qualifications. We also saw that there was training available for more specific needs of those supported by the service such as Parkinson's and epilepsy. Staff told us they felt well equipped for their roles. The management team were also developing champions in key areas such as dementia care and dignity.

Staff also told us that they felt well supported by the management team. One staff member said, "It's really good actually, better than anywhere I have ever worked." All the staff we spoke with told us that they were able to go to a member for the management team if needed and told us they were all made to feel comfortable in doing so. One staff member said, "I ring [line manager] every day." Another staff member said, "We can go to our colleagues too, there's always someone who can help."

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. We checked whether the service was working within the principles of the MCA and found that the service was working in accordance with the MCA guidance. During the assessment process staff ensured that the person understood the process and ability to consent. Where they did not have capacity, the representative, in most cases a relative of the person, was part of all decision making. Staff understood their boundaries and were clear who should be involved in best interest decisions. One staff member told us how they had supported a person and their carer to obtain additional support where both had experienced a change in their capacity. This demonstrated that staff were able to work in a way that complied with legislation and also worked with people's best interests in mind.

People were supported as needed to eat and drink sufficient amounts. One person said, "They help me get my breakfast and get ready, then settle me with a drink before they leave." We found that people had differing needs in relation to eating and drinking which ranged from pouring someone a drink to preparing meals. Where concerns were identified, the amount of food and drink consumed was recorded. People's preferences, likes and dislikes in relation to food and drink were recorded to enable staff to meet their dietary needs.

When needed, staff supported people to access health and social care professionals. For example, we saw from records where a person had health complications, after seeking advice from their manager, the staff member contacted a health care professional. We also saw from this person's notes that the staff member remained at the person's house offering reassurance to the person and their relative. We also found that where people's needs had changed or an incident had occurred, staff ensured that they requested a review of their care. A social care professional told us that they had regular contact with members of Crossroads staff should they have concerns about the people they supported. This helped to ensure that people's health and welfare was promoted.

Is the service caring?

Our findings

People were very positive about the kindness and care shown by the staff who supported them. One person said, "They are excellent, very kind and caring." Another person told us, "They know me well." Relatives were also positive. We were told, "They are very supportive."

People had been involved in planning their care and care plans included information about people's preferences, life histories and choices. One relative told us, "We are involved in all the planning and we can ring up if we want something changed and someone will come to see us to arrange it." This included hobbies, interests, music people liked to listen to and where they liked to visit. This meant that staff could suggest appropriate and relevant things for people to do while they spent time with them. Staff responsible for planning people's care and documenting their wishes told us that they tried to match people with staff who had similar backgrounds and personalities. This helped to ensure that people felt comfortable and developed relationships. However, one relative told us that they had needed to remind the service that they only wished for a female staff member to support their relative after a male staff member had arrived at their home.

Staff knew the people they supported well. One person told us, "It's like being part of a family." A staff member told us, "When I am allocated new clients or cover calls, I am always sent the care plan prior to the visit and [the care planner or care coordinator] are available to answer any queries." They had spent time establishing trusted and beneficial relationships. One person told us, "My carer [staff member] is going on holiday and they told me before they told their boss so I would be prepared for it."

At times staff told us that people did not want a replacement staff member when their usual staff member was unavailable. One staff member said, "We give people the choice, one person will at times agree to it but we need to do two joint visits first so they can get comfortable with them." People were encouraged to express their choices and these were recorded. For example, at times visits may have been declined at the time of staff arriving at their home.

Confidentiality was promoted and records relating to people were stored securely in the office. The care plan stated where in the person's home the care records were held to enable staff to find locate them.

Privacy and dignity was respected and staff knew how to promote this. One person told us, "They make you feel very comfortable." Staff told us how they ensured that the way they communicated with people and how they supported them with personal care was done in a way that maintained their dignity and treated them as individuals.

Is the service responsive?

Our findings

People told us that their care and support needs were met. One person said, "Whatever you want, they do it for you." Another person told us, "I'm helped how I like it, they do everything you ask." Staff told us that care and support was only delivered in the way that people had requested. The managing director told us that the way in which they structured their visits and contracts enabled them to provide a service that met people's needs. They stated they were not bound to contracts that did not allow sufficient time with a person.

Staff felt that they had sufficient time to meet people's physical and emotional needs. One staff member told us that they enjoyed having the time to get to know people, they said, "I love it, best job I've ever had." We reviewed daily notes and saw that visits were recorded as being delivered in accordance with people's plans. We did note however that the hard copy plans did not always reflect the notes and updates on the electronic plan. The registered manager and a care co-ordinator updated these at the time of the inspection to ensure they were accurate. We saw that the electronic monitoring system showed that staff had logged in at the planned time and then logged out at the end of the allotted time. This helped to ensure that people received care that met their needs and in accordance with their plan.

People knew how to raise complaints and this information was given to them when they started to use the service. However, the service had not received many complaints. One person said, "I can't fault it. If I had a problem, which I don't, they'd sort it 100%." Those that had been received had been dealt with promptly and in a way that showed people that their feedback was important. Records of complaints showed a full investigation and any actions needed to prevent a reoccurrence.

Is the service well-led?

Our findings

People and their relatives were positive about the management of the service and the leadership shown by the management team. One person said, "It's very well run." Another person said, "They do everything very well, I'm happy." A relative told us, "They don't fall down anywhere."

Professionals were also positive about the service with one professional who said that they rarely heard negative feedback about the service and the service appeared well organised and actively promoted in a positive way.

There were systems in place to monitor the quality of the service and obtain feedback from people who used the service. These included monitoring the electronic call system to review staff performance. This information was shared with staff to see how they could do things better.

The management team sought feedback from people and their relatives. People and their relatives were regularly contacted and asked questions which included about the quality of support provided and how they found the staff. This was added onto a spread sheet and reviewed for any action needed. For example, to adjust the time of a visit or support a person in contacting a day centre. We saw that the service had recently commenced a survey process with an external agency to further encourage people, their relatives and staff to give honest and constructive feedback.

There were regular team meetings held to help keep staff informed. The meetings included updates for staff and any lessons learned. Feedback about how these meetings ran was taken from staff by the management team. We saw that staff had raised points about the time allowed for meetings and not feeling there was sufficient 'catch up' time in them and that time ran out before they could discuss any other issues. As an action we saw that there had now an additional 30 minutes added before the meeting to chat and also the management team asked staff to contact them before meetings to add subjects to the agenda to be sure everything was discussed. Staff also told us that they were able to pop into the office regularly and see a member of the management team and they did not need to wait for supervisions or meetings to discuss something or receive feedback.

The values of the provider were set out in the staff handbook which was given to each staff member at the start of their employment. These values, which included ensuring people received high quality of care and felt supported and involved, were shared by the management team and staff providing the care and support. Staff were clear as to what was expected of them and the management team monitored staff performance to help ensure they worked in accordance with these values. Staff told us they felt respected and valued. One staff member said, "In the time I have been working for the company I have been made to feel part of the team and valued as a member of staff."

The registered manager was currently working towards achieving investors in people status and a gold award with a local training provider. We also saw that they had developed a dementia care strategy to help them continue to drive improvement and maintain and develop the standards they strived to for.