

Crossroads Braintree and Chelmsford Ltd

# Crossroads Braintree & Chelmsford

## Inspection report

8 Park Farm  
Witham Road, Black Notley  
Braintree  
Essex  
CM77 8LQ

Tel: 01376529985  
Website: [www.braintrecrossroadscare.org](http://www.braintrecrossroadscare.org)

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07 February 2018  
26 February 2018  
14 September 2018  
17 September 2018

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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

The inspection was announced and took place on 7 and 26 February 2018. We carried out follow up visits to the service on 14 and 17 September 2018. The reason for the later visits is outlined in the background section of this report. Crossroads Braintree & Chelmsford is a domiciliary care agency. They offer a respite break service for carers by providing care and support to family members in their homes. At the time of the inspection, 76 people were using the service, nine of whom were in receipt of the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care; such as help with tasks related to personal hygiene and eating, and so did not look at the support being provided to the other people in the service.

The last inspection of the service took place on 22 November 2016. It was a focused inspection to follow up on concerns found during a comprehensive inspection on 12 September 2016. During both inspections, we had found the service was not maintaining a complete and contemporaneous record in respect of each service user and effective quality control and auditing systems were not in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the quality of the service to at least good.

At this inspection, we looked to see whether the provider had implemented the action plan. We found the provider had made the required improvements to improve the standard of care and they were no longer in breach of any regulations.

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

A business manager had been appointed since our last visit. They had supported the registered manager to address the concerns we had around the management and systems within the service. The registered manager and business manager are referred to as 'the management team' in this report. The management team was visible and supportive and their presence ensured effective leadership within the organisation.

Following the previous inspection, the service had made improvements to how staff recorded people's care plans. Individual risk assessments were in place to mitigate the risk of harm. Staff were aware of the need to promote and maintain people's safety whilst taking a person-centred approach to risk. This enabled people to take calculated risks, which enhanced their well-being and enabled them to live as they chose within their home.

The management team had implemented effective quality assurance systems to monitor people's care plans and ensure regular reviews were completed. This ensured they were up to date and reflected people's

current needs.

Staff knew how to recognise signs of abuse and were confident about what action to take if any concerns arose.

The service had a robust recruitment process in place to ensure that staff had the necessary skills and attributes to support people using the service. New members of staff completed an induction programme during which they completed training sessions and were introduced to, and spent time with, the people that they would be supporting.

Staff had completed a variety of training sessions. This meant people received care from skilled staff who were able to meet their needs. Staff received supervision and annual appraisals to support them in their role and identify any learning needs and opportunities for professional development.

People using the service, and their relatives, consistently spoke highly of the staff who visited them and the care that they received. People spoke positively about the quality of service describing staff as reliable, caring and professional in their approach to their work and explained how staff frequently went the extra mile to ensure their needs were met. We were told of occasions where the service had gone above and beyond what was expected of them.

Staff provided people with individualised care, which empowered them and was centred on their needs and preferences. Consequently, people received care from staff who knew and understood them and with whom they felt comfortable.

People knew how to raise concerns or complaints and were confident the registered manager would listen to and resolve any issues raised. The service actively sought and listened to the views of people supported by the service and acted promptly where areas of concern were identified.

## 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.

Individual risk assessments were in place to mitigate the risk of harm. Staff managed risks associated with people's care to help ensure their freedom was supported and respected.

Staff knew how to recognise signs of abuse and the action to take to protect people from harm.

A robust recruitment process was in place to ensure that staff were recruited safely and appropriate pre-employment safety checks were completed.

### Is the service effective?

Good ●

The service was effective.

Staff were supported to develop the knowledge and skills to enable them to meet people's needs,

Staff received training on the Mental Capacity Act and understood their responsibilities to ensure people were given choices about how they wished to live their lives.

Staff supported people to have enough to eat and drink and to make choices about what they ate and drank.

### Is the service caring?

Good ●

The service was caring.

Staff knew people and their families well and provided person centred care based on people's expressed preferences.

Relatives were involved in planning their family member's care.

People and their relatives, consistently spoke highly of the staff who visited them and the care they received.

### Is the service responsive?

Good ●

The service was responsive.

Systems were in place to ensure care plans were regularly reviewed and reflected people's current needs.

People received person-centred care, which enabled them to live their life in the way that they chose within their own home.

People knew how to raise concerns or complaints and were confident the registered manager would listen and respond promptly to any issues raised.

### **Is the service well-led?**

The service was well led.

The management team had introduced a range of audits to monitor the health, safety and welfare of people. Quality assurance was reviewed and, when necessary, action taken to make improvements to the service.

The management team were visible and supportive and their presence ensured effective leadership within the organisation.

**Good** ●

# Crossroads Braintree & Chelmsford

## **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 7 and 26 February 2018 and was announced. Due to unavoidable circumstances unrelated to the service, the report was not finalised and published. We agreed with the service that it was not proportionate to carry out a new inspection. We therefore returned to office on 14 September 2018 and visited a person who used the service on 17 September 2018 to refresh the information we had gained during our original visits. We used the information from both sets of visits to write this report.

The provider was given 48 hours' notice of the first inspection visit because the service provided was domiciliary care in people's own homes and we needed to make sure the right people would be available to answer our queries.

We visited the office location and met with the registered manager, business manager and administrative staff member. We also visited the home of a person who used the service and met with them and the staff who supported them. We telephoned a member of staff and the family members of two people who used the service to ask them their views about the quality of the support they received.

The inspection team consisted of one inspector who carried out the original visits and a second inspector who carried out the follow-up visits.

As part of the inspection, we reviewed a range of information about the service. This included a Provider Information Return (PIR). A PIR is a form completed by the registered manager to evidence how they are

providing care and any improvements they plan to make. We also looked at safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law.

We looked at the care records for three people who used the service. We also looked at further records relating to the management of the service, including recruitment records and systems to monitor the quality of the care people received.

# Is the service safe?

## Our findings

At the last comprehensive inspection in September 2016, we found that people's risk assessments were not always up to date or reflective of their current needs, and we rated responsive requires improvement. During this inspection, we saw the service had made improvements to the risk assessment and to how staff recorded people's care plans and so the rating had improved to good.

Individual risk assessments had been reviewed and revised as necessary to identify potential risk to people using the service and the staff supporting them. We saw that they provided clear instructions for staff members delivering the care in areas including; mobility; personal care and nutrition. This meant staff were able to promote and maintain people's safety and enable people to take calculated risks, which enhanced their well-being and enabled them to live as they chose within their home. The guidance in the risk assessments was clear and practical. For example, staff were given clear advice on how to use a piece of equipment to support a person transfer which also included instructions to make sure their music was on, to provide reassurance.

The service had undertaken assessments of the environment and any equipment used by staff when supporting people. Where potential risks had been identified, any action taken by the service had been recorded.

Systems were in place to minimise the risk of abuse. Staff received training about how to recognise signs of abuse and were aware of their responsibilities to report concerns both within the organisation and to relevant external agencies. There was a whistleblowing policy in place and staff told us that they would not hesitate to use it if they had any concerns about their colleagues' care, practice or conduct.

To help determine if there were enough staff available to meet the needs of people we looked at staffing rotas and spoke with staff and people using the service. We found that staffing levels were appropriate and ensured a skill mix to meet the needs of people who used the service. Everyone we spoke with confirmed staff had sufficient time to meet their needs. If staff were ever running late people were informed of this by the office or the staff member.

The service had an excellent staff retention record. This meant people received support from regular, permanent members of staff who knew them well and staff were able to develop meaningful relationships and understand the needs of the people they cared for. A member of staff explained to us that to enable people using the service to build up a rapport with staff, they aimed to provide each person with a small number of regular staff. Records confirmed this and showed the same staff usually supported people.

The service had a system in place for recording and monitoring accidents and incidents. The registered manager reviewed the incident records to look for any trends or changes, which may be needed to people's care. Plans were in place to advise staff about what action to take if an emergency situation arose, Staff told us that they felt confident in the on-call system the manager had put in place to support them in an emergency situation.

The service had a robust process in place to ensure the safe recruitment of staff. Each staff file had completed application forms, Disclosure and Barring Service (DBS) checks and evidence of references from previous employers. DBS is a way of checking whether staff have any previous convictions, which allows employers to make safer recruitment decisions. The registered manager had completed all of these checks before staff started working for the service. This meant we were assured the provider was able to make safe recruitment choices.

We looked at the systems in place relating to infection control. We saw that staff had undertaken training in this area and the staff we spoke with said they had access to sufficient amounts of PPE (Personal Protective Equipment), such as gloves and aprons, and could go into the office for additional supplies.

At the time of our initial visit inspection, the service was not supporting anyone with the administration of medication. Instead, the relatives of people supported their family members with medication administration. The registered manager told us if required the service was able to support people with medication and staff members were trained to do so. When we visited in September 2018, staff had started supporting one person with medicines. We visited this person and saw staff had set up effective and safe systems to support the person to manage their medicines. Staff kept detailed medicine records and worked well with family members and other professionals to ensure the medicines were administered consistently and safely.

## Is the service effective?

### Our findings

At our inspection in September 2016 we had rated effective as good. At this inspection, we found staff continued to have the same level of skills, experience and support to enable them to meet people's needs. People continued to have freedom of choice and staff supported people with their health and dietary needs. The rating continues to be good.

Staff received high quality training which ensured that they had the skills and knowledge to complete their job roles effectively. Staff's understanding of the training was evaluated through the completion of workbooks in line with the training sessions. The registered manager maintained oversight of the training through a training matrix, which identified when staff had completed training and highlighted when refreshers were due.

Where necessary, staff had completed specialist training. For example, one person using the service had a Percutaneous endoscopic gastrostomy (PEG) in situ. Staff supporting the person had completed training and had their competencies assessed to enable them to support the person with this. A PEG is a medical procedure, which involves a tube being passed into a person's stomach through the abdominal wall to provide a means of feeding when their oral intake is not adequate.

An induction programme was in place to support new members of staff when they first joined the service. As part of the programme new starters worked alongside more experienced colleagues before they provided care for people, this ensured that they knew people's preferences and how they wished their support to be delivered.

The management team had completed annual appraisals of performance for all staff. Staff told us they felt well supported and confirmed that they had regular planned supervision sessions and had an up to date annual appraisal. In addition, staff were able to speak informally to a member of the management team at any time. Staff also told us that they received feedback on their progress and ability to carry their roles through spot checks. This is when a senior member of staff observes a staff member working in someone's home.

The staff team communicated effectively. The office staff showed us a series of letters sent to care staff with reminders of any key changes such as when new policies and procedures were being introduced or a reminder to complete a particular work. The registered manager used the training sessions to meet with all the staff for informal team meetings.

Some of the people using the service were not able to independently make important decisions about their care and how they lived their daily lives. The manager understood her responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The 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.

Staff had completed training in respect of the MCA and understood their responsibilities to ensure people were given choices about how they wished to live their lives. Where people did not have the capacity to consent themselves we saw that the service had operated in line with the requirements of the MCA. Where people lacked capacity, the care plans showed that relevant people, such as their relatives or an appropriate health or social care professional had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen.

Information around peoples' ability to make choices was threaded through care plans. For instance, one person's care plan advised a person could sometimes understand but not communicate, and that this varied depending on whether they were having a 'good or bad' day.

Staff supported people to ensure they had enough to eat and drink and to make choices about what they ate and drank. Staff worked with family carers to meet any specific needs around eating and drinking. For instance, care plans gave guidance where people needed thickener. Staff were advised in a person's care plan that their food needed to be mashed due to difficulties with swallowing and that they "liked food such as jelly". This advice helped staff to safely support the person whilst still enjoying their food.

Care records included the contact details of their General Practitioner (GP) and other health professionals so staff could contact them if they had concerns about a person's health. We saw staff had responded promptly to people's changing health needs and where concerns had been identified about a person's health, staff had accessed and continued to liaise with the appropriate healthcare professional. For instance, staff had contacted district nurses to support a person where they had concerns about the risk of pressure sores.

Staff often provided secondary support to families, with other care agencies providing personal care, for example at weekends or early in the morning. We found they worked well with these other agencies. A member of staff showed me how they had agreed to complete monitoring forms to ensure both agencies were communicating well, for the benefit of the family being supported.

## Is the service caring?

### Our findings

At our inspection in September 2016 we had rated caring as good. At this inspection, we found staff continued to have a caring and friendly approach and people were positive about the support they received from staff. Therefore, the rating continues to be good.

Staff provided kind, compassionate care and were passionate about their work and the positive impact that it had on people's lives. People using the service and their relatives were extremely complimentary and enthusiastic about the staff and the care that they provided. Many of the staff had worked for the service for a number of years and had formed positive and meaningful relationships with the people they supported and their families. Relatives told us, "They are a true friend. My [relative] looks forward to them coming and always talks about what they've done" and "They are always on time and cheerful, my family member adores [named member of staff]."

Care plans contained information about people's life histories, including information about significant events in their lives and people who were important to them. When people had difficulty in communicating their view, staff supported them in line with the preferences outlined in their care plans. They also knew how best to communicate with them to ensure they were given time and opportunity to communicate their views. For example, one person's care plan stated they would clap if they wanted to do something and cry if they were unhappy.

Staff supported people to remain as independent as possible within their own home by providing encouragement and support. Care planning encouraged this independence, for example we saw the registered manager had provided guidance which split a task in sections to make it clear which part the person and their family did and where they needed support from staff.

Staff had completed training to ensure that they understood how to respect people's privacy, dignity and rights. All the staff that we spoke with demonstrated a respectful approach towards the people that they cared for and relatives told us that staff maintained people's privacy and treated them with dignity at all times. People using the service told us that they felt comfortable and were happy to have staff in their homes.

The registered manager was committed to establishing a person-centred culture at the service. This positive culture was threaded through the service, for example we saw a note on a rota advising a member of staff that a visit was 1.30pm-2.30pm "or longer if you are chatting." It was clear to see that the staff embodied the same values. The focus was on establishing meaningful relationships with people and in valuing each person as an individual.

## Is the service responsive?

### Our findings

At the previous comprehensive inspection in September 2016, we found care plans were not always reviewed as required to ensure they were up to date and reflected people's needs and we rated responsive as requires improvement. During this inspection, we saw the registered manager had introduced measures to address this and responsive had improved to good.

The registered manager and business manager reviewed care plans annually or more frequently if the need arose. There was a new log which recorded when reviews were due, to make sure these were up-to-date. As well as formal reviews, we saw in care records and in our discussion with people and their families that the support and care plans were adapted flexibly as people's needs changed. Where possible the service responded to requests made during reviews, such as altering the time of visits.

In one instance, staff had highlighted their concerns to the registered manager regarding the decline in a person's level of mobility. The person had been reassessed, their care plan updated to reflect the change in their need, and a new risk assessment with up to date guidance was in place. We saw that the service had responded to the changing needs of the person by referring them to other organisations for additional support and guidance. Records showed that where appropriate family members were involved in the review process. The quality of the service provided and customer care satisfaction were also monitored during the review.

Prior to taking on new care packages, the service met with people to discuss their needs and wishes, to establish their expectations and to ascertain that the service was able to meet them. This meant the staff provided person-centred care, which enabled people to live their life in the way they chose within their own home. Relatives felt that this had provided people with the opportunity to build a relationship with staff before receiving care from them.

Care records were person centred, informative and reflected people's current needs. They provided staff with clear guidelines about how people wished to be supported with their daily routines and personal care needs. There was also advice about how to support family carers in their role. We discussed with the registered manager the personal care provided to each individual and found it was flexible and tailored around the needs of the whole family. A member of staff told us they did not work at weekends but if a family member had a special event then the staff member would provide the support to ensure they could attend.

People supported by the service and their relatives knew how to raise a concern or make a complaint if needed. Everyone we spoke with was confident in the registered manager's ability to respond promptly and appropriately to any concerns raised. Records showed these issues had been resolved during care plan reviews and as such had not escalated into formal complaints. A family member told us, "It's a very good service so I haven't had to complain but if I do I would speak to [registered manager] who would do anything for you."

At the time of the inspection, the service was not supporting anyone with end of life care, however the flexible and responsive style of support demonstrated they would adapt well to supporting the whole family should a person's needs deteriorate and they required palliative care.

## Is the service well-led?

### Our findings

At the focused inspection in November 2016, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service was not maintaining a complete and contemporaneous record in respect of each service user and effective quality control and auditing systems were not in place. We rated well-led as requires improvement. At this inspection, we found the management team had addressed our concerns and we rated well-led as good.

Since the last inspection, the service had introduced an effective system to ensure people's care was regularly reviewed and care plans were accurate and up to date. Staff maintained daily records for each person, which provided information about the care they received, their health and the medicines they took. We saw the registered manager gave advice to staff to improve practice around the daily records.

There was a system in place to monitor the quality of the service and ensure any actions identified through audits were implemented. Family members told us the registered manager came and checked on the quality of the service. One relative said, "They visit occasionally to check things are ok and have a look around."

The registered manager had become aware since our last inspection of an isolated concern around poor practice. They had investigated and dealt with the concern openly and thoroughly. They were using the lessons they had learnt from the experience to adapt their management style and consider how they could adapt their quality checks to try and pick up concerns before they were raised to the office. We found the manager had demonstrated a commitment to using this incident to drive improvements.

As part of the quality audit, the management team used satisfaction surveys to gain feedback from people using the service and ensure they were meeting people's needs. We looked at the results and these were overwhelmingly positive about the service provided. The analysis from the surveys showed the service valued feedback so they could use the views of the people they supported and their family members to make things better.

There was an honest and open culture embedded within the service, driven from the top down which placed people using the service at the core of the decisions made. People, staff and relatives were consistently positive about the support they received and had confidence in the registered manager. A family member told us, "The manager is very helpful and accommodating." There was a supportive management team in place, who complemented each other well. A member of staff said, "I just ring the office and things get dealt with, the manager is so normal and down to earth and the business manager is so organised."

The management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). This information is used to monitor the service and ensure they respond appropriately to keep people safe.

The service had a statement of purpose in place, which was seen to be adhered to. A statement of purpose is

a document which describes what a service does, where the service is provided and who it is provided to. The service worked with statutory organisations to deliver support to people and consulted with other professionals, and actively used their advice for the best outcomes for the people using the service. The staff we spoke to had a shared vision about the importance of supporting carers in their role. "We are there for the person who is doing the looking after 24/7, in this job you see what they go through, they are wonderful people."