

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

About the service

Crossroads Care Hertfordshire North is a registered charity providing practical support to family carers and those they support. In addition, they provide a domiciliary care service to people to assist with personal care.

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

People were positive with the care and support they received and felt safe. Staff knew how to keep people safe and how to report any concerns. There were enough staff to meet people's needs. There were robust recruitment checks in place which were completed before new staff started work. People were assisted and prompted to take their medicines regularly. Staff completed medicine records when they administered people's medicines. People were protected from the risk and spread of infection because staff used effective hygiene procedures and personal protective equipment.

People's consent was obtained before care was provided. 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 were supported to maintain a healthy lifestyle and a varied and nutritious diet. People were assisted to access health care services and professionals when required.

People were positive about the service and in particular the staff who supported them. People told us that staff were kind, caring and respectful. People and their relatives told us the service helped them to achieve a better quality of life and improved outcomes for the carer and those being cared for. People were involved in planning their care. Staff respected people's privacy and maintained their dignity. Staff worked well as a team and shared a values-based ethos, enabling people and their loved ones to continue to live in their own homes with support.

People were aware of the providers complaint and concerns policy and also how to provide positive feedback. People were confident any feedback or concerns raised were addressed in a timely way and to their satisfaction. People were encouraged to provide feedback about the service.

There were quality assurance processes in place which included various audits of all aspects of the service. The registered manager carried out audits to check the quality of the service. People, relatives and staff all felt supported and valued. The registered manager and team worked in partnership with other professionals and organisations to ensure good care outcomes for people.

The registered manager, chief executive office and the management team operated an open transparent and inclusive service. They were committed to improving the quality of people's lives through continuous support, learning and improving. There was a clear focus on person centred care.

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

Rating at last inspection

The last rating for this service was good (published 21 September 2016).

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.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Crossroads Care Hertfordshire North

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 of the office was carried out by one inspector. Two additional inspectors supported the inspection process, they contacted people and staff to obtain feedback.

Service and service type

This service provides care and support to people living in their own homes in the community. Not everyone who used the service received personal care. 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.

Notice of inspection

This inspection was announced. Inspection activity started with the office inspection on 24 June 2019 and ended on 03 July 2019, when people and staff were contacted to obtain feedback.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We sought feedback from the local authority commissioners, and professionals who work with the service.

We spoke with six people who used the service and three relatives about their experience of the service. We spoke with eight members of staff including the registered manager, the nominated individual, recruitment administrator, a staff trainer and care workers.

We reviewed a range of records, covering all aspects of the service. This included three people's care and support plans and medication records. We looked at three staff recruitment and training records. We reviewed quality assurance records and audits, meeting minutes and staff support records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe because the staff are competent and know what they are doing." Relatives also confirmed their family members were safe, with one family member saying, "I have never had any concerns regarding [Name] safety."
- There were systems in place to help ensure people were safe. Staff received training on how to keep people safe and knew how to report concerns. Staff demonstrated they were able to maintain people's safety while supporting people's independence.

Assessing risk, safety monitoring and management

- People's individual risks had been assessed and control measures put in place to help reduce them where possible. People had detailed risk assessments which provided staff with clear information and instructions on how to support people safely. Risk assessments were kept under regular reviews.
- People were supported to take positive risks and were given information to help them make choices. For example, if people choose to mobilise independently without using a support aid there was a risk of them falling, however staff supported them to know the risks and make informed decisions.

Staffing and recruitment

- There was a robust recruitment process in place. The provider carried out all pre-employment checks before staff started working at the service. Staff told us they had to provide various documents to support their application including proof of who they were address and photo identification. References and a disclosure and barring check were completed as part of the process.
- People and staff told us there were enough staff to meet people's needs at their preferred times. Rotas confirmed travel time was given to enable staff adequate time to travel in between visits.

Using medicines safely

- People were supported to take their medicines safely by staff who had received training and had their competency checked. Some people just required prompting and administered their own medicines where it was safe to do so.
- Staff completed regular training in both theory and practice of medicines including regular competency checks which included observed practices. Staff completed medicine administration records when they administered medicines, and these were audited as part of the registered managers quality assurance system.

Preventing and controlling infection

- Staff encouraged and supported people to maintain a good standard of hygiene in their own homes. For

example, staff used personal protective equipment when supporting people with personal care and maintained effective hand hygiene standards. Staff received training on how to reduce the risk of infection and spread of infection.

Learning lessons when things go wrong

- The registered manager and senior staff shared information when accidents or incident occurred, to help reduce similar events happening again.
- Staff used this information to help improve the quality of care and support people received.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same 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

- People and their family carers needs were fully assessed before the provider agreed to support them. This helped ensure that the service could fully meet their needs.
- Staff ensured people were given choices about how they wished to be supported. Information relating to their life history was used to help staff develop personalised care and support plans. This helped consider hobbies and interests and enabled staff and people to be matched.
- This information then informed care plans and risk assessments to help inform staff how best to support people in ways that maximised their choice, wishes and maintained their independence.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. The training provided was relevant to the roles and responsibility of staff to help them support people effectively. Training needs were kept under review and refresher training was provided to all staff regularly.
- New staff received a comprehensive induction which covered all the core care skills staff required. Staff confirmed they completed a comprehensive induction programme which included, mentoring and shadowing of more experienced staff members, and felt well supported.

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

- People where required were supported to eat and drink sufficient amounts to maintain their health and wellbeing. Anyone at risk of malnutrition or dehydration, was referred to health professionals for advice and management. Staff monitored and recorded people`s food and fluid intake where there were concerns.
- Staff received training in food hygiene and encouraged people to be as independent as possible by encouraging them to do as much as they could for themselves.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received care and support that was holistic and not only cared for people but also family and informal carers. In some cases, more than one organisation was working with the person being cared for.
- Staff supported people to access health professionals when needed and helped with effective communication.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA. We found these were met.

- Most people were able to make decisions about their care and support. Where people did not have mental capacity to make certain decisions, the registered manager consulted people's relatives, professionals or independent advocates to decide how to best support the person. This ensured the care and support provided by staff was in people's best interest.
- Staff asked people for their consent before they provided care and support. This was recorded in their care plan.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same 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; equality and diversity

- People told us they were supported by staff who were kind, caring and considerate. One person told us, "They are friendly and respectful people, I have no concerns with anything. They are wonderful people." One relative told us, "The staff are really lovely, and [Name] is looked after well. They are very respectful."
- People and relatives told us staff were always friendly and took time to have a chat while they were supporting people with their care. One relative told us, "They really are fantastic and do always offer to do more than [Name] expects."
- People told us their specific individual needs were taken into account when their care needs were assessed. For example, staff took into account any cultural or religious preferences and observations.
- People told us they were given a choice about the gender of staff who supported them. Relatives confirmed that staff respected people's individuality and provided care that was specific for that person.

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

- People told us they were fully involved in discussions about the care and support they required. Care plans were developed with maximum input from people and their family members.
- Staff helped people to make decisions and choices about their care. They said they chose all aspects of their care including days and times of support. For example, the support for family and informal carers could be provided on a regular or ad hoc basis. This enabled family carers some much needed respite care to support them with their caring responsibilities.
- People told us that staff never assumed that people wanted the same support and always checked what they wanted as well as they were checking care plans for any changes or updates.
- People told us they were supported by a small team of regular staff which meant they had developed meaningful relationships with staff who knew their preferred routines and preferences. One person told us, "I like seeing different people as we can then talk about different things."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were always respectful and maintained and promoted their privacy and dignity. Staff confirmed that when they were supporting people with personal care, they ensured the persons dignity was maintained. A person told us, "They make sure they cover me with a towel and keep the door closed. They are very mindful of my feelings."
- Staff told us they encouraged people to remain independent. One staff member told us, "I think it is important that we don't take away everyday living skills." This helped to reduce the reliance on support and helped people to feel less dependent.

- People were supported to access advocates when they needed support or advice with a range of topics. An advocate is an independent person who offers this type of support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff supported them in a way that met their individual needs. This was confirmed by relatives we spoke with.
- People and their relatives told us the service was flexible enough to respond to their changing needs or additional support when required. For example, if people needed care to be provided on a different day or time this could be accommodated. One person told us, "If I needed to change my care visit times I would only have to ask." Staff confirmed that they operated a person led service and carefully considered people's requirements before agreeing to take on a new care package.
- People's care plans reflected their care needs and preferences. One relative told us, "[Name`s] care plan is reviewed to make sure the package still meets their needs. They genuinely care, they check with me too to make sure my wellbeing is okay. It shows they have a genuine caring approach."
- People and relatives confirmed they were involved in reviewing their care plans to ensure they continued to meet their needs. One person told us, "I have read my care plan. It details what staff are to do for me and when. They write what they have done for me each day in the diary. My care plan is regularly reviewed, and amendments made where needed."

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.

- Most people who used the service were able to communicate verbally with staff. They could also understand information given to them by the service, for example their care plans, how to raise a concern and emergency contact details.
- The registered manager told us they would provide information in other formats if this was required to support people to understand it. For example, by providing documents and information in another format or using translation services to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. One person told us, "I have never raised a complaint. I have a strong relationship with the team and would feel comfortable to do so if I needed to." Another person told us, "I would be very confident to raise a complaint however, I can't see that the occasion would arise because they are so responsive to anything we ask."
- People and relatives told us they were happy with the quality of the service provided to them. The

registered manager told us they used learning from complaints to improve the service. Any learning was shared with staff to help prevent a similar reoccurrence.

End of life care and support

- The service was not providing any end of life care at the time of the inspection. The registered manager told us that if this was required they would provide this type of support.
- As part of the assessment process people were asked if they had any specific end of life care wishes. The registered manager told us that people did not always feel comfortable with discussing this topic initially, so it was kept under review.

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. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- People told us the service was good at meeting their individual needs. One person told us, "I would recommend the service and I have done. I have also recommended the service to other care staff as the staff of Crossroads all seem to be happy and supported in their role."
- The registered manager appropriately reported relevant issues to us and commissioners of the service.
- There was a strong emphasis on providing truly holistic person-centred care. The service 'cared' for the person with support needs and also the 'informal family carer.'
- The service had effective quality monitoring systems to check that people received consistently safe, effective, and good-quality care.
- Regular audits had been completed to help identify any potential areas which required development.

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

- Staff told us they enjoyed their job and they were well supported, and this enabled them to work effectively as a team.
- The registered manager was supported by a team of locality managers as well as project managers, also by human resource and training personnel. Locality managers were responsible for supervising their own teams as well as completing quality monitoring work-based observations.
- Staff said team meetings were useful in ensuring they always had up to date information and could share good practice and learning with their colleagues.
- Staff told us they felt valued and their contribution to the service was recognised and appreciated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they their opinions were sought and felt their feedback was listened to. Senior staff visited people in their own homes to discuss if they were happy with the service or anything needed to be amended.
- Annual surveys were also sent out to people, relatives and staff to get feedback about the service. Information was then analysed, and actions addressed through an action plan. The senior management team were committed to making continual improvements and the development of all aspects of the service.
- People`s individual characteristics were considered in relation to religion and or any cultural wishes or observations.

Working in partnership with others

- The service worked in partnership with health and social care professionals and other organisations involved in supporting people. This ensured a consistent approach and meant that people`s care was joined up.