

Bexley Crossroads Care Limited

Crossroads Care South East London

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 South East London is a specialist voluntary organisation and registered charity that provides care and support to 57 people and/or family care support workers living in their own houses or flats in the community

People's experience of using this service:

- People spoke positively about the service. They said us they felt safe and their needs were being met.
- Care and support was personalised to people's individual needs.
- Assessments were carried out to ensure people's needs could be met. Where risks were identified, management plans were in place to manage these safely.
- Medicines were managed safely and staff followed appropriate infection control practices.
- Appropriate numbers of suitably skilled staff were available to support people's needs.
- Staff had the knowledge and experience to support people's needs. They were supported through induction, training and supervision to ensure they performed their role effectively.
- People were supported to maintain good health and had access healthcare services.
- People were encouraged to eat healthy food for their wellbeing.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's privacy, dignity and independence was promoted.
- There were effective systems in place to assess and monitor the quality of the service provided.
- The service worked with healthcare services and professionals to plan and deliver an effective service.

Rating at last inspection: Requires Improvement (Report published 3 April 2018)

Why we inspected: This was a planned inspection based on previous rating. We saw improvements had been made since our last inspection and the service was rated good overall.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Crossroads Care South East London

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by an inspector and two expert by 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.

Service and service type:

Crossroads Care South East London is a specialist voluntary organisation and registered charity that provides care and support to people and/or family carers living in their own houses or flats in the community. It also provides care and support to people living in a supported living setting so that they could live in their own homes as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager would be in. Inspection activity started on 3 April 2019 and ended on 4 April 2019. We visited the office location to see the registered manager, head of operations and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and accident and incidents. We sought feedback from the local authorities who commission services from the provider and professionals who work with the service. The provider completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 11 people that used the service and sixteen relatives to ask their views about the service. We spoke with five members of staff including the registered manager and the head of operations.

We reviewed a range of records. This included four people's care plans, risk assessments and medicine records. We looked at five staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding and whistleblowing policies in place and care support workers had completed safeguarding adults and children training.
- When speaking with care support workers, they were aware of the different types of abuse and reporting procedures to follow if they had any concerns of abuse. A care support worker told us "It is my responsibility to keep them safe. It could be bruises or any changes in their behaviour. I would contact the manager. As soon as I have highlighted any concerns, they have addressed them."
- Where there were concerns of abuse, the registered manager had notified the relevant healthcare professionals including the local authority and CQC.
- People and family carers told us they felt safe using the service.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments were in place to prevent or reduce the risk of people being harmed in relation to moving and handling, mobility and choking and behaviours that may challenge which included guidance for care support workers to keep people safe. For example, for one person, there was a behavioural management risk assessment in place which detailed the triggers which would cause them discomfort and the support that was required by staff to help them feel at ease, such as giving the person space and providing reassurance.
- People and family carers told us "Yes, they [care support workers] are good and use the hoist safely."
- Care support workers we spoke with understood where people required support to reduce the risk of avoidable harm. A care support worker told us "You always check any equipment is in working order and make sure they are protected from any harm. There are risk assessments in place for everything that we can follow."

Staffing and recruitment

- There was a system in place to review and monitor staffing levels and timekeeping to ensure there were sufficient numbers of staff deployed to meet people's needs.
- People and family carers told us care support workers were on time and stayed the full duration of their visits. They told us "We have one regular carer and two on the double up, they are marvellous, on time and

lovely with [person]."

- Care support workers told us they received details about their shifts on time and they had regular people they supported and cared for. A care support worker told us "I have had a regular person for many years now. There is real continuation and you can get to know someone. We can provide a better service because of this."
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care support workers were employed. A care support worker told us "They did not let me start work before my checks were complete".

Preventing and controlling infection

- The service had an infection control policy in place. Care support workers had received training and were aware of safe infection control practices. They told us they had access to gloves, aprons and other protective clothing which was kept securely in the office.
- People using the service and family carers told us care support workers always wore protective clothing when providing them with personal care.

Learning lessons when things go wrong

- There were systems in place to record and respond to accidents and incidents in a timely manner.
- Accident and incidents were analysed and any lessons learnt were used as opportunities to improve the quality of service which were relayed to care support workers through staff updates and revising policies to embed good practice.

Using medicines safely

- There were procedures in place to manage medicines safely. Medicines administration records (MARs) showed people received their medicines as prescribed.
- Management staff completed monthly medicine audits to ensure any discrepancies and/or gaps were identified and followed up.
- Care support workers completed training to administer medicines and their competency was checked regularly. When speaking to care support workers they were aware of their responsibilities when administering medicines. They told us "I always check and cross reference against the MAR sheet and blister packs. If they refuse their medicines, I would contact the office and GP if needed."

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection on 10 January 2018, we found care support workers had not always completed mandatory training and received regular supervisions and annual appraisals. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We asked the provider to take action to make improvements and this action has been completed.

- Records showed care support workers had now completed all mandatory training in areas such moving and handling, infection control, first, health and safety, medication and safeguarding. Care support workers received regular supervision and appraisal. A matrix was in place to monitor what had been completed and when refresher training and supervision/appraisals were next due.
- Care support workers we spoke to confirmed this. They told us "Yes I had a supervision last month. They [management staff] ask how you feel about the company, if there is anything worrying us and if we are okay. They are quite good like that" and "Yes, I have had supervision. I am due another one next month and have been contacted to get a date arranged for that."
- Care support workers also spoke positively about the training and spoke very highly of the training tutor. They told us "Training is very good and face to face especially with manual handling. They also train you in specific areas such as epilepsy" and "The tutor is absolutely superb. The quality of the training is far superior. It is very practical, he tells you everything and makes it relevant to the people we support. He makes it interesting and you really learn. He is very approachable and we can ask him questions and can go back to him anytime if we are not confident with anything."
- Feedback from people and family carers reflected caregivers had the skills to carry out their roles effectively. They told us "Both of them are very good at the job" and "The one we have had the longest has had some special training and she is absolutely first class, the other one is also very good and has certainly had some training."
- Care support workers had completed an induction programme based on the care certificate when they started the service and shadowed experienced staff before they provided care and support to people. A care support worker told us "I did shadowing and was introduced to people before I started to care for them. They shadowed me until I was confident enough to care for people on my own. The care plans are all up to date and have lots of information in them which helped me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people used the service, assessments were carried out to ensure their needs could be met. People and their family carers were involved to enable them to make an informed choice about their care.
- During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans.

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. We checked whether the service was working within the principles of the MCA.

- The service obtained consent from people and where a person lacked the capacity to make specific decisions, records showed decisions were made on their behalf in their best interests, which involved the person's next of kin, advocates and relevant healthcare professionals.
- Care support workers understood the principles of the MCA and always asked people's consent before providing care. People and their family carer told us "The care support workers always check with me before they do anything" and "The care support workers never do anything without asking me."

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

- People were supported to eat and drink based on their individual preferences. People's care plans identified areas where they were at potential risk of poor nutrition and dehydration and/or had swallowing difficulties and the appropriate support needed for them was detailed.
- People spoke positively about the support they received with their food and drink.
- Care support workers were aware of their responsibilities when supporting people with their food and drink. They told us "[Person] is at risk of choking and we have to make sure the food is cut up and moist. The person has been seen by the Speech and Language Therapy team and their risk assessments are in place for this."

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

- People were supported to access healthcare service and worked in partnership with other health and social care professionals such as district nurses and GPs.
- People and family carers told us "Our regular carer phoned me to say they had noticed a rash and was making an appointment for [person] to see a Doctor."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and family carers spoke positively about the care they received and care support workers were kind and caring.

- Feedback from people using the service and family carers indicated positive caring relationships had developed between people and care support workers.

- Family carers told us "Our carer is more like a friend than anything else. All the ones we have had are bubbly and have a great sense of humour which is just what [person] relates to."

- People's cultural and religious beliefs were detailed in people's care plans and care support workers had a good understanding of equality and diversity. They told us "It is about treating people as an individual and respecting their beliefs. It is about embracing the differences" and "Everyone deserves to be treated the same and respected."

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

- Records showed people and their family carers were involved with decisions about their care.

- People received information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided.

- Care support workers also encouraged and supported people to make decisions about their care. They told us "I always make sure it's their choice whether they would like a wash in bathroom or bedroom. I let [person] do what they can and want to do. I will ask but always let them lead on what they want me to do for them."

Respecting and promoting people's privacy, dignity and independence

- People and family carers told us their privacy and dignity was respected. "Yes, they are always careful to see that I am not embarrassed."

- Care support workers were able to tell us how they maintained people's privacy and dignity and ensure people were comfortable when providing people with personal care. A care support worker told us "I close the door and curtains, when I am washing the top half, I will cover the rest of them and always let them know what I am doing."

- People were supported with their independence and encouraged to do as much as they can for themselves. People and family carers told us "I am a very independent person and they help me to keep

going" and "They talk to [person] like I do, and ensure that [person] does stay as independent as possible, they say – come on, you can do it."

- Care support workers understood the importance of promoting people's independence. They told us "I ask always them what do you want to wear and allow them to do what they can and not take that away from them. It is their home and we do what they want to do" and "I try and maintain their independence. It empowers them to continue to do what they can."

Is the service responsive?

Our findings

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

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 and family carers spoke positively about the service they received which was in accordance to their needs and preferences. People told us "Because they know me so well it is very much adapted to me." Family carers told us "They treat [person] as a person with a past as well as a present" and "They know us as people rather than clients."

- People's care plans were person centred and provided staff guidance on how their needs should be met. The care plans included people's medical conditions, preferences and the level of support they required. Care plans were reviewed and updated when people's needs changed.

- People's care plans contained information which showed how people communicated and how staff should communicate with them. Staff understood the Accessible Information Standard (AIS) and were able to provide examples of how they ensured this met people's information and communication needs. For example, for one person, a care support worker told us "We have picture cards for the person and they point to what they want."

- People and family carers were involved with ensuring people received the care that was appropriate to the person's needs.

- People were supported to go into the community and participate in activities that interested them and kept them stimulated. People and family carers told us "One of the care support workers is interested in painting which is one of [person's] interests so they look at art books and the paintings [person] does. Also one of the care support workers who drives takes [person] out too."

- We also saw some positive feedback about a care support worker who suggested additional ideas to support people to continue enjoying their hobbies and things they had done in the past. The feedback included "...I thought I'd let you know how much we like [care support worker]. She was good company for [person] and has plans to bring some of her music (rock and roll) over next week to see if it brings back memories as it was very popular in our youth. We look forward to seeing her again."

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman if people felt their complaints had not been handled appropriately.

- Records showed complaints had been investigated and responded to promptly by the registered manager.

End of life care and support

- No one at the service currently received end of life care, however the registered manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.
- We saw some positive feedback from the relatives of two people who had been previously supported by the service at this stage of their lives. The feedback included "I just wanted to thank you personally for the care, compassion and dignity that you have showed towards my lovely [person] whilst Crossroads were caring for them. In particular I want to give a special thanks to [care support workers names]. As well as caring for [person] in their professional capacity they became [person's] friends. Thank you so much" and "May I take this opportunity to thank you all, especially [care support workers names] for all you did for [person] and myself. They were kind and compassionate and looked after [person] well. Thank you also for your card in sympathy, it was much appreciated."

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

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 with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection on 10 January 2018, we found care support workers had not always completed mandatory training and received regular supervisions and annual appraisals.

We asked the provider to take action to make improvements and this action has been completed.

- Records showed care support workers had now completed all mandatory training and received regular supervision and appraisal.
- A matrix was in place to monitor what had been completed and when refresher training and supervision/appraisals were next due.
- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2014 and had notified the CQC of any significant events at the service. People and family carers spoke positively about the service. They told us "They provide a good service in the main."
- There was an organisational structure in place and staff understood their individual roles responsibilities and the contribution they made to the service. People and family carers spoke positively about the management and office team.
- The service had an out-of-hours system in place for both people/family carers and staff if any support was needed out of regular working hours. Care support workers spoke very positively about the out of hours support they received. A care support worker told us "The on call person is fantastic. She always answers the phone and gets back to you."
- The provider had a system in place to assess and monitor the quality of the service. The head of operations carried out various audits in areas including care files and medicines. Where issues were identified action was taken to improve on the quality of the service.

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

- We found the service obtained feedback from people and family carers about the service through review meetings and surveys. Feedback from surveys were analysed to ensure they improved the service where needed.
- Questionnaires were also sent to obtain feedback from care support workers. Feedback was positive and showed care support workers felt comfortable giving feedback to their manager and were kept informed of matters with regard to the delivery of the service. Care support workers told us "I always feel I can raise any concerns and they will always address it quickly. You always feel you are listened to" and "The management staff are open and always approachable. They always say give us a call if you need anything."
- Care support meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Care support workers confirmed this and told us "We have one tomorrow! We have these meetings scheduled in for the year now. It is an opportunity for us to feedback and we get informed about what's going on with the company."
- Monthly staff updates were also emailed to care support workers which provided information on various areas of the service such as training, timekeeping as well key strategic objectives of the organisation. A care support worker told us "We have the staff zone, any updates and minutes of meeting are always emailed to us."
- Care support workers spoke positively about the management and their contributions and involvement in the way the service was delivered was encouraged. They told us "I feel empowered that I can speak to them openly. Communication is always forth coming" and "They are really keen to ask us and get our feedback about things."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide joined up care.
- The service had good links with other resources and organisations in the local community to support people's needs such as the Carers Trust Partnership Agreement, Bexley Carers Partnership Board and Skills for Care.