

Crossroads Care Tendring & Colchester

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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 Tendring and Colchester is a domiciliary care agency. It provides personal care to people living in their own homes. The agency supports 280 people. Some of the people using the service had complex needs and the frequency of visits depended on people's individual requirements. Some elements of the service although provided by Crossroads Tendering and Colchester would not need to be registered with the Commission if this was their sole purpose. Because of this, we have focussed our inspection on the people in receipt of personal care only. At the time of our inspection, 46 people were receiving personal care.

People's experience of using this service:

People told us they felt they received care in a safe way. Individual risks to people and the environment had been identified and assessed and measures put in place to manage them and minimise the risk of harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm.

Medicines were managed safely by trained staff who ensured that people received medicines at the right time.

Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's individual needs.

Staff had received a range of training and support to enable them to carry out their role safely. People told us they received the right care and support from staff who were well trained and competent at what they did.

Staff were motivated to deliver care in a person-centred way based on people's preferences and likes. Staff treated people with kindness, compassion and respect and ensured that people's dignity was maintained at all times.

People spoke positively about the care and support they received. People told us they received support from regular staff who knew them well. They told us staff always arrived on time and stayed the right amount of time.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People received support to maintain good nutrition and hydration and their healthcare needs were understood and met.

Records relating to consent for care were accurately completed and people told us they were always offered choice and control over the care they received. Care was delivered in a personalised way which was in line with information recorded in people's care plans.

People and family members knew how to make a complaint and they were confident about raising concerns should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted person centred care and a positive culture within the staff team. People, family members and staff all described the registered manager as supportive and approachable. The registered manager displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed.

Rating at last inspection: Good (Inspection report published in November 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

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 Tendring and Colchester

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: This inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is older people and dementia care.

Service and service type

Crossroads Care Tendring and Colchester is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to people in the Tendring and Colchester surrounding areas. At the time of our inspection the service was supporting 46 people and employed 45 members of staff.

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 that someone was available at the office. Inspection site activity took place on 24 April 2019 and telephone calls to people using the service, staff and relatives were made on additional days. We visited the office site location to see the registered manager and office staff and to review care records and policies and procedures.

What we did when preparing for and carrying out this inspection:

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 and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least 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 four people and seven relatives of people who use the service to ask about their experience of the care provided. We spoke to five members of staff including the registered manager, deputy manager, care co ordinator and care staff.

We also reviewed a range of records. These included four people's care and medication records. We also looked at five staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider. We looked at records relating to recruitment, training and systems for monitoring quality.

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

- Staff told us that they had a full comprehensive induction programme, which included shadow shifts. One staff member told us, "People's safety is really important and the training we have is really good here."
- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- Staff supervision meetings were regular and used to check the staffs understanding of the types of abuse, and their responsibility to report abuse.
- The provider had effective safeguarding and whistleblowing systems in place and staff continued to receive training based upon these. All staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this area. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us, "I feel very safe with the carers, I have two crutches to help me move around and the carers are very good." Another person said, "All I can say about my wife's care is that it is 100%, and she is very safe." A relative commented, "My husband is very well looked after, and they keep him safe when he is walking to the bathroom with his frame. He has very bad arthritis, so he needs help."
- Risk assessments were detailed with category, risk level and actions to reduce the risk.
- Risks to people were regularly assessed and safely managed.
- People's needs, and abilities had been assessed prior to services starting, risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified.

Staffing and recruitment

- People told us staff responded promptly when they needed support and relatives said they felt there were enough staff available.
- At the time of our inspection, we judged staffing levels across the service to be sufficient to meet people's needs. Call times were monitored using a timekeeping system.
- People told us staff arrived on time. One person said, "Staff turn up on time and do what they need to, they help us." Another person said, "I feel very comfortable with the girls and trust them."

Using medicines safely

- People's independence to manage their own medicines was maintained if safe to do so. Any changes to

this was done with people's full consent.

- People told us they were happy with the support they received to take their medicines.
- Records showed that medication was administered as prescribed.

Preventing and controlling infection

- Processes were in place for the prevention and control of infection. All staff had completed infection control training. Unannounced spot check visits were completed by the provider to ensure staff followed the infection control procedures and used personal protective equipment when carrying out personal care, food preparation and handling.
- Staff were aware of the precautions necessary to prevent the spread of infection to others. Personal protective clothing and equipment (PPE) was readily available and we observed staff using it appropriately.

Learning lessons when things go wrong

- Staff reported accidents and incidents and told us they received feedback on things to do differently to prevent similar issues occurring in the future.
- Records confirmed that when something had gone wrong the registered manager responded appropriately and used such incidents as a learning opportunity.
- The registered manager completed audits of incidents and accidents to ensure continued learning.

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.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- A relative told us, "My [relative] has two different carers and has great continuity which is important to him. He has got to know them very well and them him. They help him get washed and keep him well groomed. They follow the care plan and meet his needs. They will take him out to fun places, so he can jump on trampolines. He can be very challenging and uncooperative, but they interact very well with him and encourage him in many ways. They teach him life skills and are very respectful to him and do the very best for him. I find their support is wonderful, so it is also good for me. They are always on time and the manager communicates with me to check that all is well."
- Records confirmed all staff had regular one to one supervision meetings to review their performance, identify any further training and support needs and to check staffs understanding of their roles and responsibilities.
- The staff training records confirmed they received induction training and on-going training appropriate to their roles and responsibilities to keep up to date with best practice guidelines.
- Records of staff team meetings, evidenced that areas identified for improvement were highlighted with staff. We saw evidence of staff meetings to discuss feedback from internal audits.

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

- People were supported to maintain good health and were referred to appropriate health professionals when required. One person told us, "They make me well presented meals and I am very well looked after. I have a little dog that they like, and they take him out for a walk. I have a list of ladies who will be coming in, so I know who to expect they come on time and there have never been any missed calls. They are well trained and very respectful."
- Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by such professionals.
- One relative told us, "I feel very supported and involved with the carers they are like part of our family and I too feel so comfortable with the girls that come in. They always check with me about food and drinks and they communicate very well, and they discuss [relative's] behaviour with me so they can provide even more support to him. They have a very calming influence on him."

Staff working with other agencies to provide consistent, effective, timely care

- People told us that staff were always on time and that they always provide good quality care that met their needs.
- Staff communicated effectively with other staff. Staff told us the methods they used to communicate included daily notes, team meetings and via an online distribution email list.
- Care plans were regularly updated and audited to ensure that changes in need were documented. This meant that staff knew what was happening in people's lives and knew when changes had occurred that might affect how their needs are met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw evidence of mental capacity assessment being carried out and when a person had capacity that they had the right to make unwise decisions.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans were developed with people and we saw that people had agreed with the content and had signed where they were able to receive care and treatment.

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 relatives told us they felt supported. One person said, "I am partially blind, so they will take me out shopping and always tell me if there are any bargains as I can't see the prices well. The girls are very pleasant, and I really like them." A relative also told us, "My [relative] likes her carers and they sit with her and interact very well with her, she can do a lot of things herself, but they provide companionship and I have no problems with the service."
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed. Another relative told us, "They are very kind to my [relative] and we have continuity with the same girls. He can't remember their names, but he recognises their voices. He is very content with them and sometimes his behaviour can be a bit erratic due to his dementia."
- The staff acknowledged special events in people's lives, such as, birthdays and each person was remembered at Christmas.

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

- People told us they are involved in their support planning.
- We saw evidence in care plans that people had been asked likes/dislikes, preferences and routines.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views and wishes. One staff member told us, "I always ask them what their choices are and ensure I have understood what the person wants at all times."
- When we spoke with staff we found them polite, courteous and engaged and they told us they were openly pleased to be at work.
- People were treated respectfully and were involved in every decision possible.

Respecting and promoting people's privacy, dignity and independence

- People were enabled to be as independent as possible and people's right to privacy and confidentiality was respected. One person said, "They are very respectful and use rubber gloves and aprons when they help me get washed, they are very kind and always come at the same time each day."
- Staff we spoke with respected people's privacy and dignity and spoke about people in a respectful and courteous manner. One person told us, "I have continuity of the same carers and I know them well and they are very nice to me."
- There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared appropriately. We saw people's files were kept secure in filing cabinets and computers were password protected to ensure information about people complied with the General Protection Data Regulation (GDPR).

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

- Staff had a good understanding of people's needs, preferences and interests and used this to tailor the care they provided. Staff explained how they offered people choice wherever possible
- We saw evidence within care plans and were told by people that staff treated each person as an individual, respecting their social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- The registered manager explained that all people were matched with staff, they considered personalities, likes and dislikes as well as skills and experience.
- People were supported to take part in social activities and staff supported them with that. The registered manager told us they evidenced any community participation, life skills and new activities completed. This supported staff and relatives to identify if there was a decline or reluctance to participate and what activities were enjoyed.
- The registered manager told us of ways they were meeting the accessible information standards, for example providing large print and pictorial information.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care. One relative said, "The manager communicates well and phones me, I am perfectly happy with the service they provide for my [relative]."
- People and relatives knew how to raise any complaints should they need to. They told us they believed they would be listened to, and any issue would be acted upon in an open and honest way by management. One relative commented, "It's an impeccable service, the ladies are very good, they do all the things that I can't do for my wife like bath her and do her hair nicely. They are very kind and well trained and ask me to sign their book when they have written their notes. Very good I have no complaints."
- No complaints had been received at the time of inspection. People and relatives said that they felt able to speak to the manager or staff at any time. Staff were aware of resolving concerns at a lower level if possible. One relative told us, "I've never needed to complain, but I would tell [registered manager] and they would deal with it."
- The registered manager told us they would use any complaints received as an opportunity to improve the service.

End of life care and support

- There was no one using the service at the time of the inspection that was receiving end of life care.
- The registered manager told us staff would be able to provide competent and compassionate end of life care if required. They liaised well with other professionals and sought advice where necessary.

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; and how the provider understands and acts on duty of candour responsibility

- People were happy with the care they received and told us they had confidence in the registered manager. The registered manager had good oversight of the service, and staff showed a commitment to providing good standards of care
- The culture of the service was kind and caring with a focus on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.
- In addition to knowing all the people who used the service, the provider had a good knowledge of staff and shared their philosophy in an informal way and through formal staff appraisals.
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The provider told us they had an open culture and staff confirmed this. The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that must be met by all providers and details the actions that they should follow when things go wrong, including making an apology and being open and transparent.
- A range of quality audits were completed to assess the quality of care provided. Actions to improve were identified in the audits and were addressed.

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

- The service was well run. One person said, "I can find no fault with this company my wife really likes her carer she has the same one and the company is a very nice company to deal with." A staff member told us, "It's a great company to work for, there is always someone available to help you if you need it."
- Staff were clear in their roles and understood what the provider expected from them as these expectations were outlined at induction, explained in their employee handbook and through the supervision and management they received at the service. This meant people received good treatment from staff who knew what they were doing.
- The registered manager understood their role and shared information with us about all aspects of the service including quality performance, risks and regulatory requirements. We saw evidence the registered manager was clear about their role and in being so, provided people with a better service.

Provider plans and promotes person-centred, high-quality care and good outcomes for people.

- Staff spoke positively about the registered manager. A staff member said, "They are very supportive." A

relative said, "The staff are well trained, and the office are very good it is easy to talk to them and get through to them. I have recommended this service to other people."

- Staff told us that there was an open transparent system for when things go wrong.
- Staff training records and individual copies of staff training certificates evidenced there is a high priority on providing staff training.
- We saw evidence of audits completed for a range of checks including care plans, medication administration charts, social progress reports, daily notes and consent. The provider also completed unannounced spot checks, to ensure staff were completing person centred care.

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

- Effective systems were in place to ensure all staff were involved in developing the service. They received appropriate training and support for them to keep up to date with best practice guidelines in providing high quality, person centred care.
- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service.
- Staff were encouraged to share their views about the service through regular meetings; staff told us they felt well supported, valued and trusted by the registered manager.
- People being supported by the service did not require involvement from many partner agencies, however the registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people.
- People told us that they were involved in all aspects of their care planning.

Continuous learning and improving care

- There was good communication and team meetings took place to give staff the opportunity to discuss the service, policies and procedure and to update on any changes in people's needs or support.
- The registered manager demonstrated an open and positive approach to learning and development. Supervision sessions and staff meetings also helped to ensure that staff were aware of how to provide good quality care.

Working in partnership with others

- The registered manager confirmed they had positive relationships with the local community and shared ideas with other care providers.
- The management team worked in partnership with the local authority safeguarding team and other healthcare professionals to ensure people received care that met their needs.
- The service had links with external services that enabled people to engage in the wider community.